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GBViE Theory of Change Narrative

INTRODUCTION

At least one in three females – over one billion worldwide – will experience physical and/or sexual violence in their lifetime[1], simply because they are female. The experience or threat of Gender-Based Violence (GBV) is most often inflicted by men against women and girls, and directly or indirectly affects most girls and boys. At the far end of the GBV spectrum is femicide. The World Health Organization (WHO) estimates that over 35 per cent of all murders of women globally are committed by an intimate partner[2]. An estimated 5,000 murders each year are committed in the name of 'honour.'[3] At least 117 million women are believed to be 'missing', e.g., never born because of a cultural preference for sons rather than daughters, and gender-biased sex selection.[4]

Those living in settings affected by armed conflict, natural disasters and other humanitarian emergencies are particularly affected by GBV. Preventing, mitigating and responding to GBV in emergencies (GBViE) is considered a lifesaving priority and an essential component of humanitarian action.

UNICEF's vision for the elimination of GBViE is grounded in three outcomes: (i) support survivors with access to a comprehensive set of services; (ii) mitigate the risk of GBV across humanitarian sectors; and (iii) prevent GBV by addressing its underlying conditions and drivers. These outcomes are supported by an ongoing and simultaneous effort to coordinate with the humanitarian community and with governments, civil society and non-governmental organizations (NGOs) on systems strengthening. This is done is close support to and from other CPHA workstreams and UNICEF sections beyond CPHA.

As part of the wider Child Protection in Humanitarian Action work the GBV workstream aims to ensure girls' and women's safety, dignity and rights to care, support and protection from GBV in Emergencies (GBViE) are realized.

1 The World Health Organization defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work." Jewkes, R., P. Sen, and C. Garcia-Moreno, 'Sexual Violence', chapter 6 in E. Krug et al., eds., World Report on Violence and Health, WHO, Geneva, 2002.

2 World Health Organization (WHO), 'Femicide', Understanding and Addressing Violence Against Women Information Sheet Series, WHO, Geneva, 2012. Research has highlighted the scale of the problem: a WHO study found that, globally, 35.6 per cent of women have at some point experienced non-partner sexual violence, or physical or sexual violence by an intimate partner, or both. See: WHO, London School of Hygiene and Tropical Medicine, and South African Medical Research Council, Global and Regional Estimates of Violence against Women: Prevalence and health effects of intimate partner violence and non- partner sexual violence, WHO, Geneva, 2013

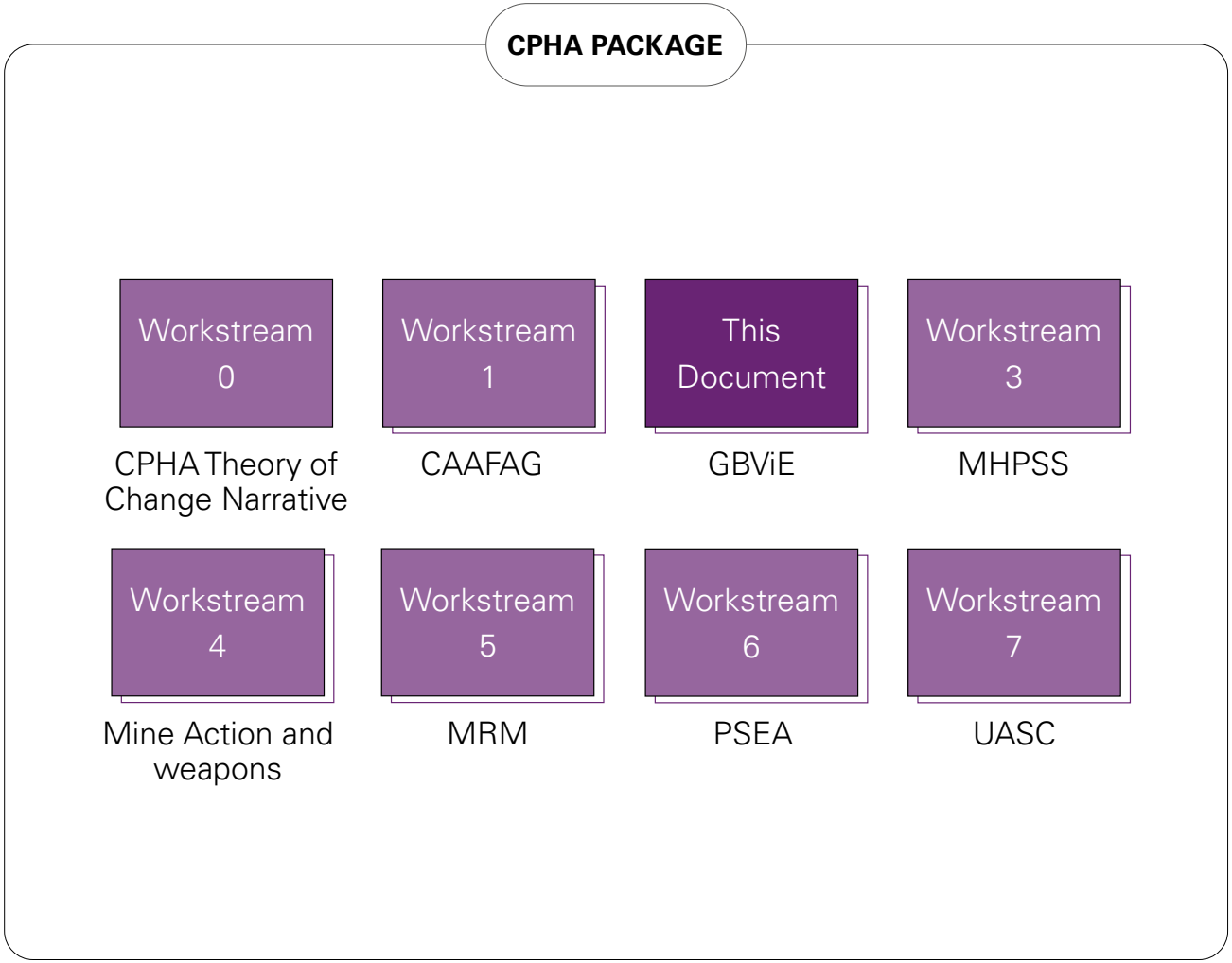
3 WHO, 2012.

4 United Nations Population Fund, Sex Imbalances at Birth: Current trends, consequences and policy implications, UNFPA, Asia and Pacific Regional Office, 2012.

CPHA AND GBVIE

The Child Protection in Humanitarian Action (CPHA) section is one of five sections of the UNICEF Child Protection Programme Division. The mandate of CPHA encompasses interventions aimed at saving lives, alleviating suffering, preventing violations, maintaining human dignity, and protecting the rights of affected populations wherever there are acute humanitarian needs. This is regardless of the type of crisis[5] and irrespective of the gross national income level of a country, or the legal status of the affected populations.

GBViE is one of seven CPHA workstreams, the other six are: The key populations for



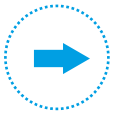
5 Sudden-onset or protracted emergency, natural disaster, public health emergency, complex emergency, international or internal armed conflict, among others.

which these workstreams work is not limited to children. The CPHA Theory of Change (ToC) explains that the term Protection is used, rather than Child Protection, as a way of encompass all aspects of child protection, and also protection issues for women, for families, including caregivers, and communities. Gender-Based Violence in Emergencies (GBViE), Protection against Sexual Exploitation and Abuse (PSEA), Mental Health and Psychosocial Support (MHPSS) all provide services to children and to women.

GBViE is an important component of the work done by CPHA which is strongly guided by the CCCs. GBViE is one of ten Child Protection commitments under the CCCs and GBV risk mitigation is integrated across all sectors and cross cutting areas within the CCCs.[6] A minimum package on GBV risk mitigation is included as a change strategy in the UNICEF Strategic Plan for 2022-2025 and accompanying indicator H5.5 and highlighted in the Gender Action Plan 2022-2025. UNICEF's GBV work is guided by the Operational Guide on Gender-based Violence in Emergencies.

Commitment: **Survivors of GBV and their children can access timely, quality, multisectoral response services and GBV is prevented.**

Benchmarks:



Quality, coordinated, survivor-centred and age- appropriate response services are timely, available and used by survivors of GBV;

GBV prevention programmes are implemented;

Humanitarian programmes implement actions that address and reduce risks of GBV.

6 UNICEF (2020), Core Commitment for Children in Humanitarian Action, https://www.corecommitments.unicef.org/ccc-2-3-5, last accessed on 13/10/21

BACKGROUND OF TOC DEVELOPMENT/REVISION

In 2019 the UNICEF Evaluation Offices conducted an Evaluability Assessment (EA) of CPHA which identified strengths and challenges in the current system and provided recommendations intended to improve programme design and implementation of CPHA-related programmes and ultimately strengthen CPHA evaluability in the future. The primary recommendation of the EA was:

UNICEF should develop a comprehensive CPHA programme impact pathway and associated results framework with indicators at different levels. All CPHA work streams should fall within its scope, with particular attention to children and the armed conflict agenda.

Two overarching objectives were defined:

A

Develop holistic, multi-sectoral ToC and package of interventions and indicators for all CPHA workstreams. For each of these, include required contributions from different sectors.

B

Co-create one overarching conceptual framework that brings together all ToCs for all workstreams and will contribute to meaningful inclusion in a new Strategy for Child Protection, as well as guidance, to CPHA practitioners in different humanitarian situations.

This document was created by the GBViE work stream in response to the first overarching objective defined in the management response to the EA.

WHO CAN BENEFIT FROM THIS TOC?

The primary purpose of this ToC, is to encourage collective responsibility of all UNICEF offices and its partners for GBViE outcomes, programming logic, and to introduce shared indicators that can help measure whether the sector is collectively achieving these.

Four key audiences for the ToC have been identified:

UNICEF teams at all levels (headquarters, Regional Offices (ROs), Country Offices (COs) and Field Offices (FOs), as a programme design and management tool, because it helps to:

- Understand and explain the approach to GBViE in emergencies and its interdependencies;
- Inform policy making;
- Plan, design and monitor programming;
- Co-ordinate national and international support and identify gaps;
- Identify and leverage wider developmental and humanitarian efforts, including work Allied Sectors, to maximise results.

Governments being CEDAW Parties with accountabilities under the CCCs, as a programme design and management tool, because it helps to:

- Understand and explain the CPHA system in emergencies and its interdependencies;
- Inform policy making;
- Plan, design and monitor programming;
- Co-ordinate national and international support and identify gaps;
- Identify and leverage wider developmental and humanitarian efforts to maximise results.

Donors, because it helps to:

- Align international support for GBViE with country-level objectives;
- Recognise where specific objectives have interdependencies with other stakeholders;
- Identify the most strategic use of resources and partners to achieve objectives;
- Identify and leverage wider developmental and humanitarian efforts, including work in Allied Sectors, to maximise results.

Partners, UN sister organisations and civil society organisations, because it helps to:

- Understand how specific GBViE activities contribute to the sector overall;
- Inform design of programmes that understand interdependencies with other stakeholders, including work in Allied Sectors, to maximise results;
- Distinguish between implementation failure and theory failure and inform adaptation and advocacy as needed.

This ToC was created and revised as part of a wider effort to create ToCs for each of the seven CPHA workstreams. While each of the individual workstream ToCs can be used as a stand-alone ToC for specific workstream programming, for example to strengthen GBViE programming specifically, multiple ToCs can be used at the same time to develop and monitor broader CPHA programmes that can include activities across workstreams. **The overarching CPHA ToC largely follows the logic of the individual workstream ToCs which generally have pillars around prevention, response and mechanisms and systems.** The programming approaches across the workstreams are similar and in line with the overall UNICEF Child Protection Strategy 2021 - 2030.

TIMEFRAME

Setting a time-frame for a ToC is not essential since it is best practice to use a ToC as a living document that is constantly updated. However, given changes in UNICEF and in the contexts where it works, it is important to review the underlying logics and assumptions after a number of years of programming. For this ToC, and indeed the overarching ToC for CPHA, it was decided to follow the same timelines as the period set for the recently released UNICEF Strategic Plan. This means that this ToC will be relevant for the period 2022 to 2025 when it should be reviewed. Especially the strategic shift that is underway towards more prevention programming in Child Protection warrants a review by 2025.

WHO ARE THE KEY GROUPS AND HOW CAN YOU REACH THEM?

The key groups the GBViE workstream is trying to reach are:

1. Survivors of GBV and girls and women at risk;
2. Communities affected by humanitarian crisis;
3. GBV specialized service providers;
4. Practitioners working across other programmatic sectors;
5. Partner governments, policy makers, and Implementing Partners (IPs) that GBViE teams work with and through.

Five main entry points to reaching the key audiences were identified:

1. **Individual-level interventions** which include comprehensive services for GBV survivors;
2. **Community-level interventions and services** as an entry point at the community level;
3. **Societal-level interventions** as an entry point for addressing social norms and structures that underpin GBV;
4. **Coordination** as an entry point with humanitarian partners, governments and implementing partners;
5. **Advocacy and systems strengthening** as an indirect entry point by shaping the context of the prevention and response services.

Building on this we suggest three complementary types of actions to provide GBV preventive and responsive services:

1. **Support services** aimed at ensuring GBV survivors' physical and psychosocial healing and recovery, protection from further violence, and access to justice, where available;
2. **Mitigating risk of GBV across sectors** aimed to reduce GBV by addressing risk factors and promoting girls' and women's safety and resilience;
3. **Prevention** aimed at addressing the root causes of GBV by empowering girls and women economically and socially, supporting legal and policy reform, and transforming harmful social norms.

As we will see these entry points as well as the complementary types of actions have been incorporated in the ToC and they come back as Outcomes.

DESIRED CHANGE

The impact statement for this ToC is:

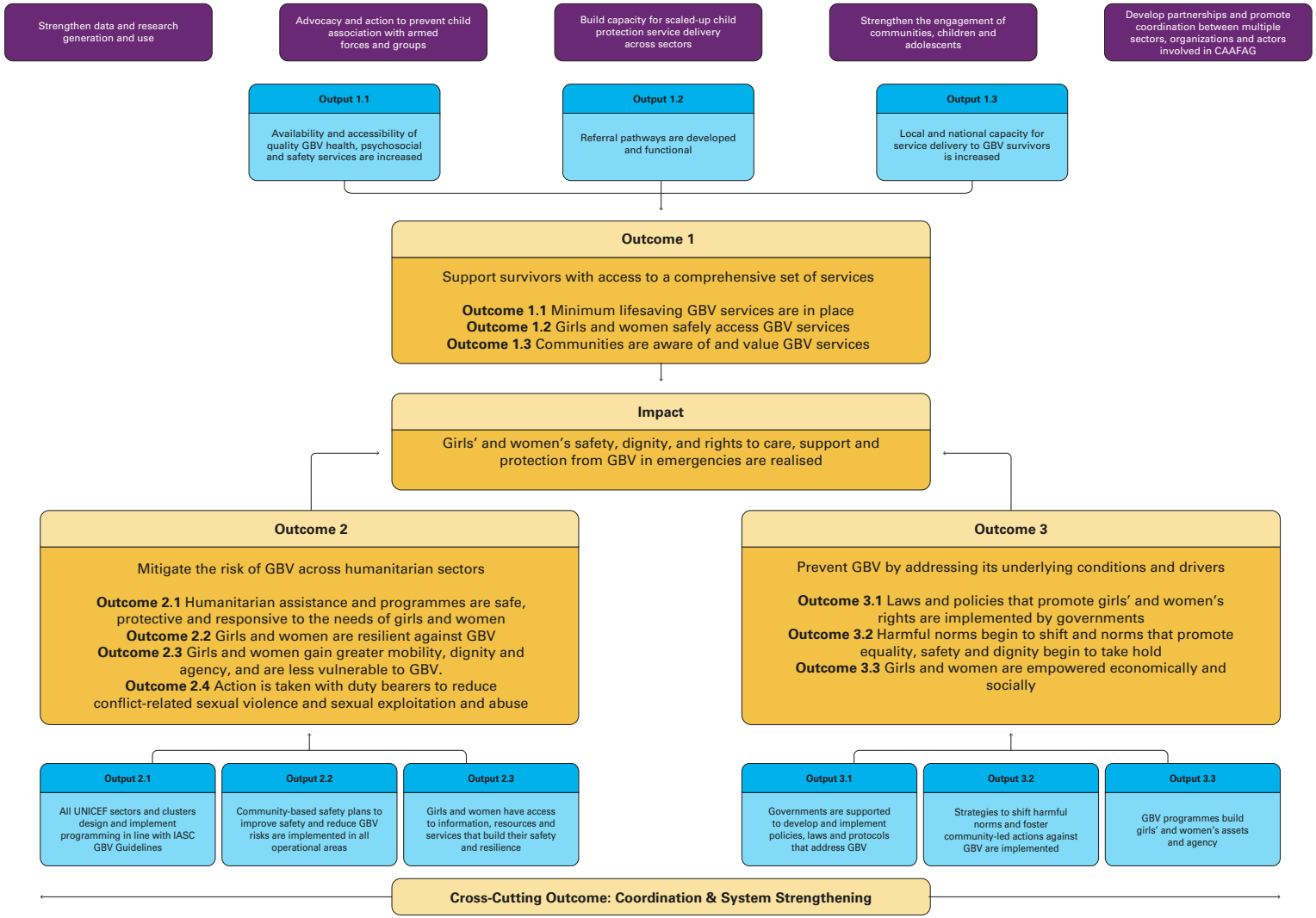
Girls' and women's safety, dignity and rights to care, support and protection from GBV in emergencies are realized

Broadly speaking this will be achieved if these preconditions are in place:

- Survivors of GBV are support with access to a comprehensive set of services;
- GBV risks are mitigated across humanitarian sectors;
- GBV is prevented by addressing its underlying conditions and drivers;

GBVIE THEORY OF CHANGE

Figure 1: GBViE Theory of Change diagram



WHAT IS THE UNDERLYING RESULTS LOGIC?

Girls and women have a right to live free from the threat of GBV and to receive care and support when they experience violence. GBV is a fundamental threat to girls' and women's safety and dignity and a barrier to the realization of their rights. When GBV occurs, access to comprehensive services ensure that survivors receive care, support and protection from further harm.

The three main areas of interventions/ services under the GBV workstream are the Access to comprehensive services for GBV survivors, GBV risk mitigation across humanitarian sectors, and GBV prevention. These areas of work make up the three preliminary outcome chains in the GBV Theory of Change and each is highlighted further in this section where the underlying outcomes logic is also highlighted.

Outcome 1:
Support survivors with access to a comprehensive set of services.

GBV survivors require timely, quality care for physical and psychosocial recovery. The overall logic is that comprehensive services ensure the fulfilment of a survivor's right to lifesaving care and contribute to her safety and dignity.

This outcome is delivered by increasing the availability of high quality, coordinated and age-appropriate health, protection, psychosocial and justice services and systems. UNICEF should always ensure that lifesaving services are appropriate for children and are able to address complex cases, such as girls recruited into armed forces who are survivors of GBV. At the onset of an emergency or when starting up GBViE programmes, this includes:

- Post-rape health care to address the physical consequences of rape;
- Psychosocial support and individual GBV case management for survivors to address the trauma and social effects of sexual violence;
- Safety options, including safe shelters (or other emergency accommodation options), emergency cash and other measures to protect survivors who are at immediate risk of further harm; and referral pathways across services that are safe, confidential and effective.

Once these are set up, services should be expanded to include:

- Healthcare for other types of GBV including intimate partner violence, child marriage, and female genital mutilation/ cutting (FGM/C), among others;
- Psychosocial support and individual GBV case management for survivors of other types of GBV including intimate partner violence, child marriage and FGM/C, among others; and,
- Access to legal advice and representation for survivors of all types of GBV.

Even when services are in place, survivors may not be able to safely access them. Often survivors are unaware of services (or the benefits of seeking care) and face stigma, threats, and potential ongoing harm when they disclose violence. Working with communities to identify and proactively address these barriers is essential. Communities must be informed about available GBV services, supportive of survivors, and able to safely orient them toward care.

Outcome 2:
GBV risks are mitigated across humanitarian sectors.

Humanitarian services and systems humanitarian crises can increase the risk and instances of GBV, if they are not designed with girls' and women's safety in mind. The overall logic is that by ensuring that GBV risks are considered across humanitarian programs and action is taken to mitigate them, programming across all sectors is delivered in the safest, most accessible, and effective way for women and girls.

Three complementary strategies reflect the importance of community-centred interventions as well as the responsibilities held by state and non- state actors, including those within the humanitarian system, for protecting the rights and safety of girls and women:

- Building girls' and women's safety and resilience by delivering targeted interventions together with them to make them less vulnerable to GBV. This includes:
  - » Engaging, empowering and supporting the leadership of women and girls in programme design, implementation, and monitoring and evaluation (M&E);
  - » Conducting community-based safety audits25 and safety planning;
  - » Distributing dignity kits containing targeted non-food items to help girls and women retain their dignity and move safely through the community, promoting their health, mobility and protection; and,

  - » Establishing safe spaces for women and girls where they can safely and confidentially access information, support, services (such as group psychosocial services and individual case management) and other important resources and assistance.

- Making humanitarian systems and services safe, protective and responsive to the needs and rights of girls and women. As cluster lead agency for water, sanitation and hygiene (WASH), nutrition, education and child protection, UNICEF is responsible for ensuring that UNICEF-led clusters and partners mitigation GBViE risks in humanitarian assistance programmes through implementation of the IASC GBV Guidelines. This is achieved by:

  - » Carrying out well-designed WASH interventions, which may reduce the risk of violence, such as ensuring that latrines have adequate lighting and locks. In creating a safe environment for women and girls, the WASH cluster can make safety, dignity and access central to programming and to defining success;

  - » Conducting programme safety audits and planning with all sectors to identify and address immediate safety risks within humanitarian programmes and settings (e.g. camps); using the GBV Guidelines and findings of the safety audits to implement key actions to reduce risks; and referring any survivors who may disclose instances of GBV to the appropriate services, using the GBV Pocket Guide in cases where specialised services are not in place;

  - » Monitoring conflict-related sexual violence and advocacy to promote accountability and deter violence such as the Monitoring, Analysis and Reporting Arrangements (MARA) on conflict-related sexual violence established by UNSCR 1960 or the Monitoring and Reporting Mechanism (MRM) on grave violations against children established by UNSCR 1612.

Outcome 3:
Prevent GBV by addressing its underlying conditions and drivers.

GBV is rooted in gender inequality and harmful norms that perpetuate and normalise violence. Preventing violence requires long-term investments in empowering girls and women economically and socially, supporting legal and policy reform, and transforming harmful social norms.

The underlying logic of this work is that tackling the structural underpinnings and social norms of GBV contributes to a safer, more equitable environment for girls and women where they are able to realize their rights.

GBV prevention activities include:

- *Social norm interventions* that transform harmful norms and behaviours, and promote healthy, safe and equitable ones. For example, the UNICEF programme *Communities Care: Transforming lives and preventing violence* uses a participatory, community-based approach to deliver timely, coordinated, compassionate care and support to survivors. It further strives to reduce tolerance for GBV within the community and to promote community-led action to prevent it. This programme has shown promising results among participants in Somalia, where there has been more than a 14 per cent reduction in the belief that husbands have the right to use violence against their wives;
- *Supporting economic and social empowerment* of women and girls by partnering with organizations that build their protective assets through financial literacy activities and linkages with livelihoods and vocational opportunities. Such livelihoods and other economic empowerment programmes, when effectively designed, have been shown to reduce the likelihood of GBV for women and girls;
- *Legal and judicial* reform to ensure that laws and policies are in place to protect girls and women from GBV and that national laws are aligned with international human rights standards.

Cross-Cutting Outcomes

Coordination and systems strengthening are key strategies that enable the realization of all outcomes. This includes ensuring a well-coordinated, strategic, adequate, coherent and effective humanitarian response to GBV as well as improving national and local systems across different sectors to prevent and respond to GBV.

RISKS AND BOTTLENECKS

The team has identified a number of risks and bottlenecks that need to be dealt with, or prevented, in the day-to-day work of GBViE. The most important ones are mentioned in this section.

- Shortage of quality basic health, psychosocial, safety, social service, legal and economic services for girls and women, including lack of capacity, expertise and supplies for services;
- Limited access and use of services by girls and women, which increases their vulnerability and decreases their agency;
- Social expectations and norms that support male dominance and demonstration of power through violence against girls and women;
- Girls and women are blamed for the violence they are exposed to and related stigma, silence and lack of trust;
- Lack of and/or poor implementation of laws and policies that protect girls and women;
- Few agencies involved in specialized GBV programming and therefore limited capacity and expertise on the ground;
- Insufficient sector-specific and cross-sector coordination;
- Humanitarian response does not adequately engage girls and women as active participants and decision-makers;
- Lack of institutional buy-in or "will" among senior leaders to prioritize protection needs of girls and women;
- Appropriate human and financial resources are not allocated to addressing GBV before, during, and after crisis;
- Questioning that GBV is an issue, or lack of awareness that there is anything that can be done about it;
- Limited evidence, programming is not standardized and lack of innovative solutions
- Limited availability of information/data and understanding of risks for girls and women;

ASSUMPTIONS

Assumption 1: The workforce of the health, education, WASH, ECD, and nutrition sectors and social protection, livelihoods, shelter & settlement, and camp management actors will support GBV risk mitigation and service delivery through the integration of GBV into the work of their sectors.

Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 63, The Alliance Minimum Standards for CPHA, Pillar 4: Standards to working across sectors, p224.

Assumption 2: Stronger linkages between social protection systems and GBV systems will enable sustainable GBV outcomes and stronger primary prevention.

Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 62, comments from CPHA experts.

Assumption 3: Long-term strengthening of national systems, including those for coordination, in humanitarian responses, leads to stronger, effective, efficient, and inclusive national service delivery modalities and policy/legal framework that are fit for purpose.

Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 62, comments from CPHA experts.

Assumption 4: The sector-wide vision on CPHA to engage and participate in primary, secondary and tertiary prevention activities **leads to** a stronger preventive and responsive GBV programming in humanitarian contexts.

Source(s): Terre des hommes Jordan (2018), Theory of Change, p. 7, UNICEF (2021) Child Protection Strategy, comments from CPHA experts.

Assumption 5: Social and gender norms change and behavioural change strategies, linked to systems strengthening work, will have a measurable impact in the lives of children, women and families, and on the impact of CPHA programmes including primary prevention.

Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 63, comments from CPHA experts.

Assumption 6: Addressing key factors that increase girls' and women's vulnerability to discrimination, exclusion and rights violations, including violations related gender, age, disability, legal and migratory status, in humanitarian settings, will lead to equitable child protection outcomes.

Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 62, comments from CPHA experts.

Assumption 7: Rigorous research and data on GBV knowledge gaps and effectiveness of programming, most of all in the field of primary prevention, and including improved disaggregated data and interoperable information management systems, will lead to better policies, reach of services, and improved GBV programming.

Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 62, comments from CPHA experts.

Assumption 8: The CPHA learning agenda will create an environment that encourages CPHA and aligned sectors and actors to learn from their evidence and from others which will lead to adaptation and innovation and foster collaboration and evidence-sharing across the CPHA sector.

Source(s): Evidence-Based Policymaking Collaborative (2018), Evidence Toolkit on Learning Agendas, p. 3, comments from CPHA experts.

Assumption 9: Stronger public and private partnerships, responsible business conduct, and donor engagement will contribute to improvements in normative frameworks, policies, resourcing, core assets and innovations for GBV in humanitarian action.

Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 62.

Assumption 10: Advocacy and policy dialogue by CPHA and its partners will result in governments and donors increasing investments in GBV systems, especially in cross-cutting primary prevention programmes.

Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 63, and comments from CPHA experts.

Assumption 11: CPHA teams, partners, and government institutions, taking responsibility to improve practices and organise their teams efficiently will lead to effective and efficient teams and social service workforces across sectors that are available and capacitated to respond to humanitarian crisis.

Source(s): Aghina et al. (year unknown), The five trademarks of agile organizations, and comments from CPHA experts.

Assumption 12: Promoting gender equality and women's empowerment will strengthen primary prevention as GBV is a manifestation of gender inequality at individual, community and societal levels.

Source(s): CPHA GBViE team inputs.

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Published by UNICEF
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Website: www.unicef.org
Twitter: https://twitter.com/unicefprotects

Suggested citation: **GBViE Theory of Change Narrative**