VSO Position Paper on Gender-Based Violence

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Introduction

VSO puts people at the centre of its poverty eradication and development approach, believing that people are the best agents of systemic and sustainable change. This is underpinned by our People First strategy and Volunteer for Development framework that sets out how we will fight marginalization, poverty and injustice for a fairer world for all.

Our strategic priorities emphasise the importance of achieving quality outcomes for those most affected by marginalisation and poverty and creating spaces for those who are most excluded to plan, implement, advocate for and monitor change. As an indicator of sustainable and people-centred development, gender equality is an area of focus for us. Acknowledging that gender-based violence (GBV) is a barrier to this commitment, a human rights issue and undermines the effectiveness of the programmes, we have developed this position paper to highlight our approach to GBV as integral to our goal for achieving gender equality and social inclusion and outline strategies to prevent, mitigate and respond to GBV.

International frameworks

Gender-based violence (GBV), as defined by UN Women, refers to any harmful acts directed at an individual or a group of individuals based on their gender. Which is rooted in gender inequality, the abuse of power and harmful norms.

The incorporation of VAWG (rather than GBV) in the Sustainable Development Goals signals that the subject is now part of the UN and national governments' plans to address poverty and ensure sustainable development. Target 5.2 calls for the elimination of all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. Target 5.3 calls for the elimination of all harmful practices, such as child, early and forced marriage and female genital mutilation.

Women's right to live free from violence is upheld by international agreements such as the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), especially through *General Recommendations 12 and 19*, and the 1993 *UN Declaration on the Elimination of Violence against Women*. Few mechanisms address the violence specifically faced by girls. It is perceived to be generally covered under mechanisms that protect children against violence. However, the *Beijing Platform for Action Strategic Objective L.7* calls for the eradication of violence against the girl-child and the 51st session of the UN Commission on the Status of Women was on the *'Elimination of all forms of discrimination and violence against the girl child'* (2007). Protection of sexual minorities against violence and discrimination is currently covered in the *UN Human Rights Council's 2011 and 2016 resolutions*.

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VSO works to strengthen governance capacity of Pakistan Forum for Democratic Policing (PFDP), to respond to and manage GBV cases effectively as part of our amplify change project.

Our Position

VSO adopts a comprehensive understanding of Gender-based violence (GBV), defining it as any physical, sexual, emotional, psychological or socio-economical abuse, or harmful acts, that are perpetuated against a person's will resulting from power inequalities that are rooted in gender inequalities and harmful gender norms.

Whilst, violence against women and girls (VAWG) is rooted in gender inequalities and used to maintain power inequities through control of women and girls' bodies, decision, actions and opportunities, however, GBV affects people everywhere and refers to all forms of violence that are based on systemic gender inequalities and harmful gender norms. This, can also include violence experienced by marginalised groups of men and boys; for example those who experience violence as a result of their non-conformity to gendered norms and sexual violence against vulnerable men and boys[1]. GBV can also intersect with issues of race, ethnicity, sexuality, disability, or any other aspects of power and systemic gender inequality that disempowers women, girls, and other vulnerable groups.

In order to address GBV, solutions must challenge the underlying root causes of gender inequality, and harmful and oppressive gendered social norms.

VSO focuses on a range of types of violence, which vary across different intervention contexts, and which include (but are not limited to) intimate partner violence, sexual violence, child, early and forced marriage, female genital cutting,[2] acid attacks, economic violence[3], trafficking and forced prostitution, sexual harassment including within the workplace, abuse of sexual minorities and forced medical treatment of people living with disabilities.

VSO's approach to GBV aims to encompass emotional violence and abuse, as well as direct and indirect violence/ structural violence[4].

Our volunteering for development approach to address GBV is rooted withing VSO's three core approaches: social inclusion and gender, resilience and social accountability.

- **Social Inclusion and Gender:** As one of the leading partners of Leave No One Behind agenda as per the sustainable development goals 2030, we aim to understand the systemic causes of discrimination with the ultimate aim of addressing it. Using the approach of social inclusion and gender, we are able to identify factors of exclusion and, inequality, and challenge stereotypes and address harmful social and gender norms. Gender equality is crucial for social inclusion. We use the Social Exclusion and Gender Analysis (SEGA) process to work towards this aim. GBV is analysed as one of the indications of social exclusion ad gender inequality.

- **Resilience:** A core principle in our work is sustainability. We work towards sustainable development and solutions, by working with communities to identify and implement resilience action plans that address the shocks and stresses they face.

- **Social Accountability:** Lastly, we work with partners and individuals to support them to hold public officials, service providers and people in power accountable. In turn, this works to bridge the gap between communities and those in positions of power. It is crucial for policy makers and service providers at national and international levels to address GBV and integrate it into their development policies, strategies, and action plans in all sectors.

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[1] It should be recognised that all violence against men and boys is not necessarily a direct product of unequal gender relations. Including violence against men and boys under GBV can enable men to take over the space created by women's rights activists to address VAWG. Further, in any context where violence against boys and men exists, it is highly likely that VAWG exists too, but this may be less visible because of women and girls' experiences in domestic spheres and their relative lack of voice. Therefore, while VSO recognises GBV to include men and boys, VSO will always ensure that the safety and empowerment of women and girls underpins any work on GBV.
[2] Sometimes referred to as female genital mutilation, although VSO prefers the more neutral term of 'cutting'
[3] Economic violence involves making or attempting to make a person financially dependent by maintaining total control over financial resources, withholding access to money, and/or forbidding attendance at school or employment (https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence) .
[4] The European Institute for Gender Equality distinguishes between two forms of violence: direct violence – which includes physical, psychological, and economic violence perpetrated by individuals and often condoned or even justified by society – and indirect violence, which represents a type of structural violence, characterised by the norms, attitudes and stereotypes around gender that operate within a larger societal context. Indirect violence creates and perpetuates attitudes and stereotypes that normalize violence against women.

VSO volunteer in Zimbabwe rendering legal advice to survivors of gender-based violence as part of our Speak It Loud project, supported by UN Trust fund.

Why a consideration of GBV is important

Gender based violence (GBV) is global human rights violation and public health concern. The WHO reports that globally about 1 in 3 (30%) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime[5]. Studies show that women with a disability are two to three times more likely to be physically or sexually abused than non-disabled women and the risk may be much higher in a humanitarian crisis situation (World report on disability - 2011). Research has shown that GBV results from a confluence of the individual, relationship, societal and political factors that are driven by pervasive patriarchal norms that perceive use of violence as an acceptable practice (Heise 1998).

We acknowledge our responsibility to create an environment for our primary actors, staff and volunteers that is safe, enriching and that enables them to realise their full potential. GBV fundamentally undermines this aim. We recognise that for women, girls, sexual minorities and those who do not identify as male or female, the violence they face, and fear

tends to be driven by gender inequality. In fact, gender inequality plays a fundamental role in driving their social exclusion more broadly.

VSO understands gender equality to be the equality between women, men, girls, boys and those who do not identify as male or female in terms of rights, resources, opportunities and protections.

Evidence also shows that not tackling GBV in institutions and programmes undermines not just the human rights of those who experience or fear violence, but can undermine the effectiveness of those very institutions and programmes

In order to realise the full potential of our relational volunteering model, we strive to build mutually trusting relationships between VSO, our volunteers, communities and partner organisations so that people are empowered to affect change through such engagement, supported by our institution, which champions an environment free of violence and discrimination.

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[5] https://www.who.int/news-room/fact-sheets/detail/violence-against-women;

Our Approach to GBV

GBV is recognised to be a barrier to our commitment to integrate and embed gender and social inclusion across our programs. Therefore, based on our volunteering for development framework and the core approaches at its foundation, we address GBV through the following:

- Ensuring vulnerable groups of women and men and children, are at the centre of identifying GBV issues and promoting solutions, keeping in mind the intersectionality of multiple levels and types of discrimination and systemic injustices
- Using the relational and blended volunteering model[6], through partnering with community-based organisations and women's organisations who have expertise working on GBV
- Addressing the root causes of gender-based inequalities to work to transform harmful gender roles, norms, attitudes, beliefs, and gender power imbalance for transformative change.
- Emphasising ongoing learning of how GBV directly or indirectly impacts our core programs, in order to improve integration of addressing GBV in programming
- Establishing a supportive organisational structure that empowers vulnerable women, girls, men, boys, non-binary people, LGBTQI and persons with disability, creating alliances from other organisations and working in targeted communities;
- Engaging men and boys is crucial to changing harmful gender norms and eliminating harmful traditional practices, as they are the key decision-makers who influence the future and lives of their children and wives.

We use the following approaches to ensure that GBV is embedded in all our programs which aim to achieve social inclusion and gender equality:

Integration
Social inclusion and gender is integrated and embedded across all programs. We conduct Social Exclusion and Gender Analysis (SEGA) to understand the different gender roles and dynamics of inequality and exclusion of different groups of women, men, girls and boys in targeted societies. The results of SEGA analysis are used in all phases of program cycle to ensure that all programs are designed, implemented, monitored and evaluated to contribute to achieving our goal of social inclusion and gender equality. We recognise that GBV is one of the key issues that influences and undermines social inclusion and gender equality and vice versa. We understand GBV as part of the organisation's broader work on social inclusion and gender, which focuses on vulnerable groups affected by pervasive patriarchal norms, poverty and marginalisation from a rights-based perspective.

We are committed to understanding how GBV influences the ability of our primary actors to participate in and benefit from our programmes and whether our programmes have (unintended) consequences such as increasing or mitigating GBV, even when GBV is not a focus. We are also committed to using our analysis to understand and identify ways of addressing the gendered norms and inequalities that drive GBVin a way that is responsive to, and informed by, the actual priorities of the community. And in line with our principle of placing people at the heart of the development process and providing a system that responds to GBV and enables primary actors who are experiencing violence to raise it in anonymity and in safety.

Our work in Nepal, and Kenya integrate GBV into education programs through the provision of services to survivors of violence, and through raising awareness of parents and teachers on gender inequitable norms to transform gender roles, norms and power imbalance. VSO has identified GBV as a priority issue that cuts across all of our core programme areas of health, education, and livelihoods, and affects women and girls disproportionally. We are committed to ensuring that the safety and empowerment of women and girls underpins any work we do.

Intersectionality
Intersectionality is a method used to understand inequalities and social exclusion based on multiple factors. The concept was developed by Kimberlé Crenshaw who assessed how the various identity factors of an individual, like race, gender, age, caste, ethnicity, sexual orientation, disability, interact with the political, social and geographic factors to shape social inequalities (Vasquez, 2016). Through this approach, the multiple levels of discrimination that one faces,

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[6] Volunteering is a relational practice, reliant upon the relationships formed between volunteers and those they are working alongside.

like racism, sexism and homophobia are viewed as interrelated and not independent of each other (Raab, 2012). We are building an intersectional feminist analysis within our programming, as well as promoting this conversation with a variety of partners.

Our intersectional understanding of gender and social inclusion is applied to how we understand and analyse GBV and the actions we take to tackle this problem. When we design our health, education and livelihood programs, we address the exclusion of women and girls, and men and boys from ethnic and sexual minorities and ensure that they equally participate and equally benefit from the services provided. We recognize the double forms of discrimination that women and girls with disability face owing to their sex and disability. VSO integrates disabled people, particularly women and girls, into all its programs, ensures their needs are considered from the project design stage, and regularly monitors and reports on them to ensure our programmes effectively address and respond to the reality of persons with disabilities.

To give one example, in Ethiopia, during the COVID-19 pandemic in 2020, internally displaced children and their families, persons with disabilities, sex workers and economically disadvantaged women were disproportionately affected. Based on these assessments, VSO in Ethiopia responded by deploying community volunteers to raise awareness against GBV, who directly reached 2100 community members on GBV prevention and response. Mass awareness campaigns were organized using community radio, television and

social media reaching out to over 1.5 million people. 285 survivors were referred to GBV referral services to access legal, medical, and psychological support.

VSO also collaborated with other NGOs to highlight aspects relating to the protection of young vulnerable girls and migrant women who returned from Arab countries and the challenges they faced during the pandemic in relation to domestic abuse and gender-based violence. Our intersectional analysis of these emerging issues draws upon VSO people-first principles. They are discussed, and solutions are defined, through listening to community members, their indigenous knowledge, and their voices.

Engagement and Partnerships

Our blended volunteering model merges "outsider" and "insider" knowledge and expertise, enabling. organisations, networks and individuals to provide expertise on social exclusion and gender inequality issues in various ways. We develop partnerships at various levels including with communities and primary actors, government and service providers, Civil Society Organisations (CSOs) or networks/platforms, as well as with intergovernmental organizations, UN, donors, etc.

We create meaningful involvement by strengthening community leadership, especially amongst women and young people. One such example is the Sisters for Sisters Education project in Nepal which was focused on strengthening the capacity of adolescent girls to be peer mentors. These skills and experience can help these young girls be more empowered to take decisions in their own lives but more importantly, take up leadership roles within the community that challenge gender and social norms that perpetuate GBV. We also work with men, boys and community leaders, recognising that long term systemic change cannot be accomplished without the involvement of these stakeholders. As part of the partnership process, we support organisations to reflect on mechanisms to prevent discriminatory working practices (e.g., sexual harassment policy and code of conduct), model positive alternatives and enable collaboration (VSO, n.d.).

VSO Youth volunteers spreading awareness through Radio Drama Sessions and theatre on COVID, GBV and harmful social norms in Tanzania.

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Youth alumni volunteers working with teenage survivors of gender based violence (GBV) in the slums of Nairobi as part of the 'One Million Stars campaign that aims to End Violence'.

Behaviour and gender norm change

Working to change harmful behaviour and gender norms is key to addressing GBV through gender transformative change. We partner with various stakeholders from government to community partners to exchange experiences and contribute to changing behaviours and norms. For example, in Nepal, the FCDO funded project SAHAJ (Strengthening Access to holistic, gender-responsive, and accountable justice) 2019-2021, where the mid-term evaluation findings shows that layered interventions of family-centred approaches, school-centred approaches and grassroots level social accountability approaches are most effective at preventing and reducing violence against women and changing harmful gender norms related to breaking the culture of silence and improving the justice-seeking behavior of GBV survivors.

Our FCDO-funded resilient livelihoods Project in Tanzania, Lake Zone Youth Empowerment (2018-2021), empowers marginalised youth, particularly girls and young mothers, to become economically active and has influenced positive gender norms change., This initiative has also contributed to reducing teenage pregnancies and GBV.

In Kenya, the FCDO-funded Education for Life – Leave No Girl Behind project (2019-2023), tackles the barriers adolescent girls face when accessing education including Female Genital Cutting/Mutilation, child marriage, domestic violence, stigma and discrimination.

In Zimbabwe, The Speak it Loud project (2019-2022), funded by the UN Trust Fund, is working with women's rights groups, youth groups and community service organisation to amplify the voices of women's movements to end violence against women and girls.

In Ethiopia, Nepal and Rwanda where we have specifically targeted women with disabilities while addressing issues of GBV, we have built awareness on GBV through social media and broadcasting, linking rights holders with duty bearers. The interventions have sought to bring about transformational change in communities through addressing harmful gender norms and behaviours. National and community volunteers have also played a major role in challenging stereotypes and empowering women and girls with disabilities. This has led to increased reporting of GBV cases being identified in Ethiopia, Nepal and Rwanda resulting in referrals and action-taken towards justice.

Research, Learning and Advocacy

We use research, evidence and learning to inform our work. VSO captures the impact of programmes and looks at the intended and unintended consequences on mitigating GBV in both their GBV and non GBV programmes. Through SEGA and SIG core approaches, we have generated data that informs program design and implementation and set up criteria to measure the impacts of the programs' activities on GBV. VSO's significant change stories uses SEGA to capture the context of GBV within their programs and subsequently, best practice and opportunities for improvement in their GBV work. This evidence informs policy priorities, processes and advocacy strategies.

1,000 solar tablets distributed to children from marginalised communities in Lilongwe - Malawi to enable them to continue the high-quality learning solution from their homes during the COVID lockdown. Volunteers supported them remotely with content.

We recognize that certain groups have been denied adequate representation in policies and have been excluded from societal participation and perpetually face harmful social norms and stigma. Based on our experience and focus on gender equality we have identified potential areas for influencing policies and advocacy in areas related to domestic violence, marital rape, child marriage, FGM, women trafficking, girl's dropout due to pregnancy.

Our research and experiences have shown that many countries have passed legislations on these issues however there is a huge gap in its implementation. We will scale up our interventions surrounding survival centric approach to GBV and male engagement as we believe that ending gender-based violence against women and girls will not be possible without the active involvement of men and boys to change patriarchal attitudes and norms. For example, our work in Bangladesh on advocating against child marriage highlights our policy advocacy work, ensures that we are aligned to the existing laws of the country and international conventions that the relevant government has signed onto. VSO also supports communities in their own analysis and facilitates critical reflection and community conversations to identify ways to address GBV.

Organisational/safeguarding commitment through institutional approach

VSO also looks inwards in their approach to SIG and ensures that the organisation's policies and practices are free of any forms of abuse based on gender, race, class, disability, and sexuality. VSO has a 'zero tolerance' approach to abuse, exploitation, and harassment, including sexual harassment in the workplace. VSO staff and volunteers are also mindful to use inclusive language and challenge negatively perpetuating stereotypes. Ensuring that the leadership, culture, training and policies are such that staff and volunteers are familiar with and cognisant of the power dynamics to create a supportive culture of inclusion and empowerment.

Key GBV Issues Identified

VSO focuses on three thematic areas (education, health and livelihoods) and places marginalised communities needs and aspirations at the centre of their work. The following are some GBV issues that the communities VSO works with face within these practice areas. Within each of the thematic program, VSO addresses key GBV issues that are practiced in the targeted communities and affect the quality and impact of the program on the targeted population.

Education

School girls are more prone to sexual harassment and violence on and around campus. In various academic studies, 76-85% of school-going adolescents reported that they had been sexually harassed (Gyawali, 2020). Whether they face sexual harassment on their way to school, or in public transport or within the school areas, this violence can affect the girls' mental health, self-image and can be a direct or indirect deterrent from going to school.

Adolescent girls who have dropped out are less likely to have control over their own sexual and reproductive health and rights and face other negative social, health and development consequences. Little or no schooling directly affects higher rates of poor maternal health, gender inequality, child mortality, teenage pregnancy rates, child marriages and increased HIV infection rates (Prakash et al., 2017). With more education, especially secondary education, girls are more likely to marry later, become a mother later, have less risk of maternal and child morbidity and mortality and overall, have increased knowledge and control of their sexual health (Bhagavatheeswaran et al.,2016).

Structural Violence against girls hinder their participation in quality education. For example, the burden of domestic and unpaid care work at home falls more on the girl child. Furthermore, social norms also see parents giving greater value to investing more in boys' education. Lastly, gender expectation and socialised acceptance of violence directed towards girls lowers the likelihood of girls completing education (UNICEF Innocenti Research Centre and the Government & Netherlands, 2009).

VSO's Social Exclusion and Gender Analysis (SEGA) reports across 21 countries programs, also highlighted that poor infrastructure and poverty associated with discriminatory social practices on the basis of multiple identities such as gender, ethnicity, and disability are the main structural factors that restrict women and girls' access to education. For example, due to weak social infrastructure in rural areas, schools are far from where girls live and they often feel unsafe walking to and from school. Some girls face sexual abuse, harassment, and abduction on the way to school and are often eve teased[7] as evidenced in Bangladesh and Ghana. Lack of infrastructure like running water and gender friendly latrines, lead menstruating girls to miss schools during their monthly periods, and often lead to adolescent girls dropping out of schools.

VSO SEGA's reports from Cambodia, Myanmar, Pakistan and Thailand, highlighted that children of religious and ethnic minorities, children who could not speak the national language, often face discrimination, and excluded from the education system. Lack of infrastructure like sufficient classrooms, disabled friendly infrastructures, computers, materials for extracurricular activities, and trained teachers affected the quality of education that children received in schools. Parents and care givers treated and raise girls and boys differently, girls were expected to do household chores, especially in poor families who kept their daughters out of school, as the girls have more economic benefit to the family when they are doing household chores so the parents could go to work.

> **"We do not go to school because our parents do not have the money, the money they have, they prefer to put our brothers into school because they will take care of their future family. We are soon going to get married."**
>
> **FGD Girls, 12-18 years Mozambique SEGA 2018**

Patriarchal norms, values and practices reinforc and sustain beliefs that a woman or girl is less important to the family, where girls are not allowed to experience the same level of education opportunity as male members of the family. The education level of parents can determine their willingness to invest in education of their children, both male and female, however in some countries like Nepal, Bangladesh, Ghana and Malawi, poor parents prefer to send their boy children to school as they are seen as future bread earners and carers for their families.

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[7] The making of unwanted sexual remarks or advances by a man to a woman in a public place (Oxford's English dictionary).

VSO believes that education is the right of all children and is committed to leaving no child behind. Therefore, our educations programs focus on ensuring that those children who are most at risk of missing out, especially girls, those with disabilities, refugees, and those living in disaster- or conflict-affected areas are able to access a quality education.

We also advocate for policies and provisions for equity and inclusion within education services including gender transformative approaches, access of marginalized girls to education, strengthening accountability (including resources and budget advocacy), positive gender norm change to eliminate violence against women and girls. We address the root causes of gender-based inequalities and work to transform harmful gender roles, norms and power imbalance that advantage boys and men over girls and women.

"We have seen a very high absenteeism in female student compared to male students because female students are only allowed to go to school when they finish the household chores. Female students miss classes or arrive to school very late. Sometimes they miss school just to fetch water."
A teacher from Afar region, Ethiopia SEGA 2019

"We are poor. We cannot afford the educational expenditure; govt only provide the books for free. It becomes difficult for teen aged girls to attend school due to teasing and tendency of early marriage."
FGD Respondent from Gaibandha, Bangladesh, SEGA 2020

VSO Community Volunteers facilitating the Gender Transformative norms interventions, to prevent gender based violence, breaking the culture of silence and improve justice seeking behaviour of GBV survivors in the Strengthening Access to Holistic, Gender Responsive, and Accountable Justice (SAHAJ) program in Nepal.

Health

Gender-based violence can lead to fatal and non-fatal outcomes including injury, alcohol and/or drug abuse, sexual disorders, depression, suicide and homicide to name a few *(IASC Guidelines for Gender Based Violence Interventions in Humanitarian Settings TOT IASC Guidelines, n.d.)*. These effects have both short-term and long-term impacts on the individual, and their ability to contribute to their families, society and to the economy and nation at large.

Primary health service institutions often lack the capacity and skills to provide essential gender-sensitive GBV services, yet they are often the first point of contact for survivors of GBV for treatment for injuries, reproductive health support or other treatment (Colombini et al., 2017). Lack of clear clinical guidelines (including referral, standards and protocols for rape/sexual violence survivors and rape kits, psychosocial support, etc.), training, effective referral services, bias and discriminatory attitudes of health professionals are some of the noted barriers to GBV support services.

Social and gender norms, and limiting policies and laws are often some of the factors that lead to the violation of women's and vulnerable men's and boys' sexual and reproductive health and rights (SRHR). For example, migrants or refugees may be excluded from legal frameworks of access to maternal healthcare or family planning services. Criminalisation of LGBTQI populations in many countries severely affects their ability to access even basic health care or to take legal redress against GBV perpetrators. Lesbian, gay, bisexual and queer women and transgender men in some societies are at particular risk of so-called corrective rape. In conflict situations, the use of male rape against opposing heterosexual male populations is the ultimate expression of humiliation, power and control and yet remains under-reported and ignored due to the associated shame and stigma experienced by the victims.

Gender norms that condone men's use of violence as a form of discipline and control reinforce gender inequality and perpetuate gender-based violence. Even now, globally 28 per cent think it is justified for a man to beat his wife (UNDP 2020.Gender Social Norms Index).

VSO's SEGA findings from Bangladesh, Ethiopia, Mozambique, Rwanda, Sierra Leone, Tanzania, Uganda, Zambia, and Zimbabwe also highlighted how the barriers to accessing health services are associated with individual feelings and perceptions about health care facilities and staff, for example women report that they do not feel well-served. There are many reports of patients feeling disrespected and being poorly treated, and this is especially the case for poor rural women or woman from pastoralist communities. Due to this, many prefer to use traditional birth attendants or healers, sometimes with devastating health consequences.

In addition, women may lack support from households and families (especially their husband/male partners) and some are refused permission to go to hospital as they are expected to carry out the household chores. Other barriers to accessing health services include a lack of money to pay for transportation, language barriers and a lack of awareness about existing services. Also, women's lack of decision- making ability to seek reproductive health services, for instance family planning services have a negative impact on the health and wellbeing of women and girls.

In Ethiopia, women suffering from fistula, which is often the result of prolonged labour due to early marriage and pregnancy, are highly stigmatized, with many living in near total isolation, excluded from the family homestead and unable to participate in community activities or any form of livelihood.

Intimate partner and sexual violence has serious short- and long-term physical, mental, sexual and reproductive health problems for survivors and for their children, and can lead to high social and economic costs. 42% of women who experience intimate partner report an injury as a result of this violence. Women who have experienced intimate partner violence are 1.5 times more likely to have a sexually transmitted infection and, in some regions, HIV, compared to women who have not experienced such violence.

> "A woman was born to have babies, and this is what makes a woman, a woman. If God sends you coconuts you have to break all of them and eat. A woman who has many children here, is a good woman and her man loves and treats her well, because she makes him feel like a real man."
> **FGD, women 25-45 years old, Mozambique SEGA 2018**

In Mozambique, women feel an obligation to have many children, believing that this is their role. Women's desire to please men and to maintain peace in the family is strong, with men having decision-making power over women's sexuality and fertility, all of which discourages women from using family planning services.

VSO is committed to addressing gender inequality, and harmful social, cultural and gendered norms such as early marriage, female genital mutilation/ cutting, in order to bring about transformational norm change for gender equality and to eliminate GBV in our health programs.

Livelihoods

Poverty has been cited to increase the risk of gender-based violence. Financial insecurity and lack of economic independence reduces a GBV survivor's capacity to leave and increases vulnerability to violence (Bultrini, 2010). Additionally, those who are economically insecure have fewer support services, have more risky coping strategies and are often in conflict locations (Peterman et al., 2019). Conversely, experiencing GBV can further push women into poverty. Studies showed that women experiencing Intimate Partner Violence (IPV) are more frequently working in casual or part-time capacities with earnings 60% lower than women who have not experienced IPV (Puri, 2016). Furthermore, GBV also costs the state billions of dollars (European Institute for Gender Equality, n.d.).

Control over productive sources, assets and property, while empowering women, can be a source of violence within a household or community if not accompanied by gender transformative behaviour- and social norm-change interventions (Bultrini, 2010). For example, in a study conducted in Tanzania, it was found that women's income, while increasing the level of overall income within the

Interaction on rights of GBV survivors on SRHR in Mashonaland Central — Zimbabwe as part of the Speak It Loud project.

> "Although we [women] do all the work when it comes to market, we cannot take it. The man owns the land and owns the harvest."
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> **Voices from the Margins, Mwanza, Tanzania 2018**
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> "My husband forbids any income. I do batik on the side but if he sees it, he will prevent it, I do it in a hidden way."
>
> **Voices from the Margins, Mwanza, Tanzania SEGA 2018**

VSO community volunteer, working with vulnerable women in Nigeria, to enhance their skills on income-generating activities including sewing face masks, production of soap and sanitisers.

household, was a cause of frequent arguments and conflict withing the households. These conflicts were based on the gendered social norm that men are the earning members of the family, withwomen expected to be solely engaged in unpaid care work. Therefore, women's earnings were seen as a threat to men's sense of masculinity, with GBV used as a method by men to exert gender-based power inequities (Abramsky et al., 2019). Even when women are part of the productive labour force, their domestic and reproductive roles do not lessen which leads to a "double burden" for women (Ferrant et al., 2014). Care activities, the responsibility for which falls on women more than men by a factor of between 2 – 10 times, need to be more fairly redistributed in order for women to attain greater empowerment.

Sexual harassment in the workplace is a barrier to women's participation in the workforce. A study found that people are less likely to join a company perceived to have a sexual harassment problem (Sierra et al., 2008). Furthermore, there are economic effects of sexual harassment like health costs incurred from physical and psychological effects, increased absenteeism, job loss etc (Clay, 2017). All of this prevents women from taking up economically rewarding positions, with one study finding that in some cases women may choose not to take promotions at all for fear of working later hours which increases the chance of violence (Gulati et al., 2021).

VSO's SEGA reports from Tanzania also highlights that women bear the disproportionate burden of taking care of household chores, as well as the majority of time-consuming and menial agricultural tasks. At the same time, women do not own property and land and are therefore unable to access finance, business support, and markets, due to living at a distance from them, and due to a lack of information. (Women's work is mainly restricted to informal, micro, low-growth, and low-profit activities. They experience time poverty and have little or no free time to invest in developing their business. Similarly, women's decision-making power is curbed, preventing them further from tapping into their potential.

VSO's livelihood programs address the barriers to social, and economic independence, including tackling the harmfulgender norms that underlie and perpetuate oppression and violence against women and girls. Our programs seek to recognise, reduce, and redistribute unpaid care work by women, and to provide financial education to both women and men to help create an understanding that the economic value of women's participation in income generating activities is critical, and should be appreciated and recognised contributing to the well-being of the household. We design behaviour change approaches in productive livelihood activities that promote, protect and respect the rights of women. Resilient livelihoods interventions are designed on the 'do-no-harm principle', through a better understanding of community culture and norms to ensure that retrogressive ones are avoided in all forms, through the use of positive behaviour change methodologies.

Using our volunteering for development framework, this work will increase women's earnings and bargaining power within and beyond the household and challenge negative gender norms to bring about transformational change.

Fragile context and other intersecting Issues

During periods of insecurity, whether through man-made conflict or natural disasters, women and girls as well as vulnerable men and boys are more likely to be victims of sexual and gender-based violence. For example, during the 1994 Rwandan genocide, at least 250,000, and perhaps as many as 500,000 women were raped (UNHCR, 2012). During and after conflict, gender norms may become more conservative and GBV may be used to enact those norms; even in pre and post-conflict settings IPV (Intimate Partner Violence) is the most rampant form of violence against women (UNHCR, 2012). While research is limited, there is evidence that rape is used by men against other men in conflict situations to exert power and control, and in an attempt to emasculate those seen as enemies or as the defeated. Those who identify as LGBTQI, and non-binary people are also even more at risk of SGBV especially in situations of insecurity, conflict or natural disaster.

The IPCC [International Panel on Climate Change] found that gender inequalities are further exaggerated by climate-related hazards, putting additional pressure on resources, leading to conflict over land, natural resources and water bodies and as a result increasing the burden on women and girls and levels of gender-based violence. Due to the ascribed gender roles, women are responsible for food provision and water collection- when food and water is scarce, it is the women and girls who often go hungry and have to walk for miles to get clean water; often they are blamed and abused if they are not able to provide food and water. Climate change has also resulted in climate induced migration leaving women and girls at increased risk to GBV. In particular, female migrants often face the 'triple discrimination' of being women, unprotected workers, and migrants (UNESCO, 2017).

Displaced and refugee women and vulnerable men are considered to be one of the most vulnerable population to SGBV (Sexual Gender Based Violence). Refugees, asylum seekers and undocumented workers show that they are especially vulnerable to sexual violence from rape, sexual harassment to sexual exploitation (Keygnaert et al., 2012).

Vulnerable women, girls, men and boys with disabilities face higher rates of violence (Plan, 2013). People with disabilities are more likely to face incidents of violence (Rioux et al., 1997). Women and girls are already likely to face additional barriers thoughout their lives, such as the life cycle receiving less access to education, and are prone to higher SRHR violations to health services, and lack of legal support (World Bank, 2019).

VSO's SEGA reports from fragile countries like the Philippines, Nigeria, and Ethiopia also highlights increased levels of GBV, experienced by vulnerable women and men, people with disabilities, ethnic minorities and LGBTQI. Often GBV is used as a weapon of war in conflict. During and after a conflict or humanitarian crisis, sexual and gender based violence tend to increase for women and girls but men are also subjected to sexual violence, or forced to perpetrate sexual violence against others, including their family members.

VSO works in fragile areas where we actively address the drivers of fragilities, ensuring the wellbeing of the most marginalised and vulnerable women and men, refugees, and addressing GBV through long-term approaches combined with immediate, emergency responses. Within our programs, we also include a, longer-term rehabilitation approach.

As women and girls are disproportionately affected by natural disasters, climate change and conflict, we advocate for systemic change, pushing for greater awareness of these issues and seeking solutions. Due to cultural and gender norms, women and other marginalized groups are more vulnerable and negatively impacted by disasters, so we advocate to ensure that there are systemic policies and systems in place that work to change attitudes, beliefs and norms. We continue advocating for women-led disaster response and resilience at local, national and global levels as increasingly this has been effective in bringing change to the lives of women themselves and within communities.

VSO's Commitment to Addressing GBV

1. Strengthening Organisational Infrastructure

At VSO, we are committed to a socially inclusive and gender-sensitive organisational culture, which is proactive and supportive in identifying and reporting any incidences of abuse and harassment. We have a zero tolerance approach towards abuse, exploitation and harassment, and recognising that power dynamics often prevent women and vulnerable men from reporting, we create systems and environment that challenges stereotypes and in turn, changes norms and practices that perpetuate and excuse GBV. We are committed to allocating sufficient resources to integrate social inclusion and gender.

Organisational Capacity
- Provide awareness sessions on the Code of Conduct, policies and other internal mechanisms that contribute towards VSO's 'Zero Tolerance' policy Employees and Volunteers read and sign Code of Conduct and global safeguarding policy as part of induction with line manager.
- Use inclusive communication including language (that accounts for all identities) and non-discriminatory images and media.
- Strengthen organisational practise at all levels to recognise and address the power inequalities within the organisation.
- Ensure that safeguarding risk assessments are embedded in Project Design cycle to ensure that safeguarding and child protection risks are identified and mitigation measures are designed into the project.
- Training for employees and volunteers on our safeguarding policy and practice, which includes recognising signs and symptoms of abuse, power relationships and reporting.
- Encourage open forums and safe spaces for dialogue and discussions on safeguarding and power relations.

Internal Policies and Complaint Mechanisms
- Follow the internal complaint mechanisms through clear reporting, investigation and reporting structures, establishing transparency and equal access to the system.
- Provide a variety of confidential channels for to report concerns reporting.
- Review policies, processes and overall system to identify and address any gaps that prevents reporting of harassment and abuse.

Integrate GBV into Human Resources Practices and Performance Evaluation Mechanisms
- Include targets to mitigate and address GBV within the job profile and objectives of safeguarding focal persons.
- Ensure all feedback, reflection and leadership assessment processes are designed to ensure staff's safety, comfort, rights, and dignity.
- Ensure that people are familiar with the framework of our Inclusion and Diversity Policy, which outlines how the policy is applied and how we are inclusive in our practice.

2. Research, Learning and Integration

VSO is committed to understanding how GBV inhibits the social inclusion and gender equality of primary actors of different programs, assessing unintended consequences and opportunities for mitigation. Reflections on gender, gender roles and norms, power relations and inequities and notions of masculinity as well as the context-specific types of gender-based violence in the community is crucial to address GBV issues into program design, implementation and evaluation. VSO is committed to ensuring that community reactions are incorporated and diversity of voices are heard. VSO is also committed to ensuring that the intersecting issues of gender, sexuality, disability, age and other identities and factors are considered and incorporated at all stages from programme design to evaluation.

Deepen the understanding of GBV issues and factors that affect the effective and sustainable impact of our programs.
- We integrate GBV into SEGA, which includes elements such as social and gender norms in the targeted community; access to and control of resources; causes and effects of violence against women and vulnerable men; and barriers to women's and vulnerable men's participation in decision-making at home and in public.
- Use the SEGA results regularly in designing and implementing gender sensitive and inclusive programs to ensure that root causes of GBV are addressed appropriately and VSO programs' activities contribute to challenging patriarchal gender norms and notions of dominant masculinity among targeted population.
- Co-create knowledge on the issues of GBV with partner organisations to develop context-based, evidence-based programming, engaging key stakeholders, especially those who are marginalised and from vulnerable communities with intersecting disadvantages like women with disabilities, displaced and refugee women.
- Engage in regular reflection and analysis of the intended and unintended effects of VSO programs on GBV and conversely, how GBV affects VSO programs.

Conduct GBV Research as part of Programme Development
- Collect i inclusive and gender responsive data, data on disability and experiences on GBV as part of the programme's monitoring and evaluation plan, specifically incorporating questions into baseline and endline assessments.
- Gather primary research from ongoing learnings on VSO's work to measure impact of the programmes.
- Develop case studies about best practice, barriers and opportunities.
- Review available secondary research within the country and conduct context-specific research that builds on the data.
- Follow ethical guidelines to prevent harm to individuals and communities participating in any research activities.

Incorporate GBV analysis at all stages of programs' implementation
- Assess opportunities for integration of findings into programmes.
- Integrate learnings from programs' GBV activities to mitigate negative intended and unintended consequences.
- Use evidence to inform policy priorities and processes.

3. Enhancing Skills and Knowledge

VSO is committed to ensuring expertise on GBV exists both globally and at a project-level. We are also committed to building on the existing strength of our staff, volunteers and partners through training and support and building a shared understanding of GBV, its root causes and how to address it. VSO is committed to ongoing learning through self-reflection on attitudes, norms and practices that are against SIG into its programs and organisation structure/culture.

Training Volunteers and Staff
- Capacitate volunteers and staff on the understanding of GBV as an integral entity into development interventions aim to reduce poverty and achieve economic empowerment for marginalised groups; provide equal access to health and education services and social protection to marginalised women and men; and enhance the participation of marginalised women, girls, men and boys into a sustainable development process.
- Capacitate and accompany staffs and volunteers on SEGA (Social Exclusion and Gender Analysis), ensuring they are equipped with the knowledge, and tools of how to conduct gender and GBV analysis and apply its results into programs' design, implementation and M&E.
- Support volunteers and staff on applying this knowledge to identify and report abuse and model inclusive and non-discriminatory behaviours.

Train volunteers and staff analyse, address and remove gender barriers, context specific structural and systemic constraints and power imbalance as part of the Social Inclusion and Gender training. Continuously review systems and process to enable Learning
- Assist Partner organisations to reflect on existing discriminatory mechanisms within their organisation.
- Build institutional capacities of grassroots NGOs, specifically women-led and community-based groups who can advocate for social accountability.
- Actively engage community members from vulnerable population like those with disability, women from ethnic minorities, LGBTQI+ communities, and refugee women and displaced women etc and facilitate incorporation of intersectional issues to daily practice and behaviours.
- Document evidence on learnings, including case studies.

Support and increase accessibility to tools and methodology on GBV analysis and integration
- Develop contextualized tools and training on gender and social inclusion.
- Develop tools and training on gender mainstreaming.
- Develop tools and training on policy advocacy based on VSO learnings on GBV.
- Carry out iterative and reflective Social Inclusion and Gender trainings, that are contextualised and engages people across the organisation.

4. Partnership and Advocacy

VSO's relational and blended volunteering model is built on the idea that volunteers are fully embedded within communities to support the primary actors and key stakeholders who are affected by GBV and social exclusion at large. VSO is committed to collaborating and building networks among volunteers, partners, stakeholders and primary actors, representing a diversity of voices.

Explore new partnerships working with organisations with experience in gender, women's empowerment, GBV programming and advocacy

- Identify opportunities to partner with women's rights, women's empowerment, GBV prevention and response organisations, as well as with LGBTQI+ organisations.
- Partner with organisations that meet our minimum standards in safeguarding and our zero tolerance approach towards abuse, exploitation and harassment.

Advance GBV prevention advocacy in networks

- Conduct advocacy mapping and enable collaboration with other social movement networks and non-traditional actors.
- Initiate, or support GBV networks in our partnership engagements through our programs.
- Share learning and knowledge on GBV along as part of volunteer development, partnerships and people-centred approaches.
- Develop effective referral pathways based on the GBV Guiding Principles of Safety, Confidentiality, Respect and Non-Discrimination.[8]
- Support the development and usage of social accountability mechanisms to conduct evidence-based advocacy.
- Clear guidelines on external advocacy, ensuring inclusive language and non-gender perpetuating images.

Engaging men in dialogues related to state policy and laws on violence against women and girls and highlighting their role as allies and support in ending violence against women as part of the Speak It Loud project, in Zimbabwe.

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[8] Refer to IASC's Guidelines for Integration GBV at https://interagencystandingcommittee.org/system/files/2021-01/IASC%20Guidelines%20for%20Integrating%20Gender-Based%20Violence%20Interventions%20in%20Humanitarian%20Action%2C%202015.pdf

5. Implement Effective GBV Prevention Strategies

Public health defines GBV prevention as existing at three levels: primary, secondary and tertiary. Primary strategies target issues prior to the occurrence of violence, whereas secondary and tertiary often occur after. Working on these three levels have the ultimate goal of ensuring further violence is prevented. Secondary strategies work to minimise the effects and prevent another incident from occurring while tertiary focuses on long-term prevention like ensuring strong policies and punishment of offenders (Partners4Prevention, n.d.). Effective prevention strategies require a multi-dimensional and intersectional approach which not only addresses GBV directly but also the root causes of GBV and its sectoral impacts on the quality of health, education, livelihood and well-being of the targeted population.

Primary Interventions
- Develop community-based intervention to change harmful attitudes on gender; reduce social acceptability of violence against women and, vulnerable men and prevent other forms of GBV.
- Implement behaviour-and social-norm change interventions, with a focus on power dynamics, gender norms, and rights.
- Incorporate strategies into programming that mitigate GBV issues like women's economic empowerment.
  - Encourage infrastructure of school that enables safety for girls like having separate sanitation facilities, improved lighting, and wheelchair accessibility for those with disability.
  - Work with couples to develop healthy relationships.
- Engage men and boys to challenge harmful forms of masculinity and work with positive role models.
- Engage persons with disabilities in particular women and girls with disabilities in all planning, trainings, information sharing processes related to GBV.
- Ensure all trainings and manuals designed for prevention of GBV and support services incorporates aspects related to women and girls with disabilities and are sensitive.
- Work on building community resilience and the agency of women and men amongst marginalised social groups.

Secondary Interventions
- Partner with duty-bearers (especially health and justice) to build their capacity to provide gender-sensitive services to GBV survivors.
- Develop effective referral systems to provide support to GBV survivors.
- Advocate for legal change to consider GBV as crime and violation of human rights, including early marriage for girls, girls' drop off schools, wife beating, marital rape, sexual abuse at home and in public place, and female genital cutting.

Tertiary Interventions
- Monitor and enforce policies and laws on gender equality, women's human rights, laws related to persons with disabilities, LGBTQI+ populations and other social inclusion laws.
- Strengthening existing monitoring systems.
- Advocate for increased access to health and criminal justice system for GBV survivors.
- Improve access to knowledge for organisations working on gender equality, women's rights advocacy.

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Youth from Kenya, who is part of the Youth Entrepreneurship and Empowerment Project [YEEP].