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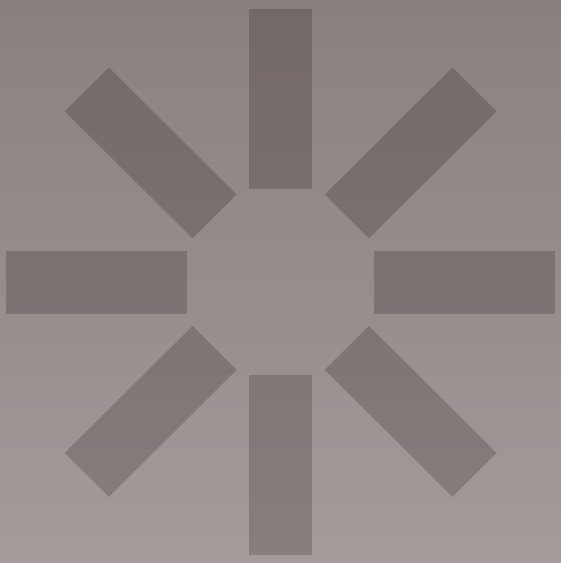
USAID's Collective Action to Reduce Gender-Based Violence (CARE-GBV)

Foundational Elements for Gender-Based Violence Programming in Development

Section 2.0. Core Principles



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ACRONYMS AND ABBREVIATIONS

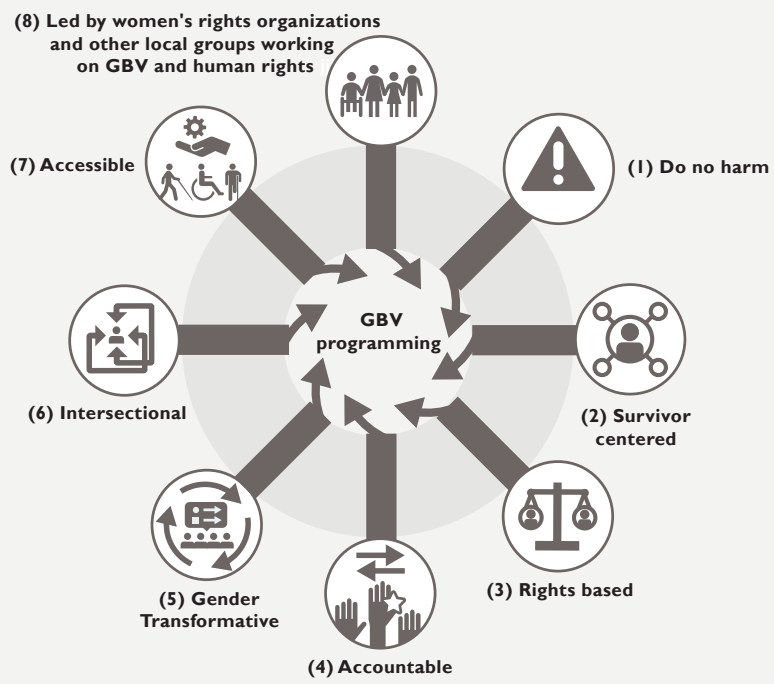
GBV	Gender-based violence
IGWG	Interagency Gender Working Group
IPV	Intimate partner violence
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities
SEA	Sexual exploitation and abuse
SOGIESC	Sexual orientation, gender identity, gender expression, and sex characteristics
SOPs	Standard operating procedures
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Addressing gender-based violence (GBV) through development programming is an urgent need. GBV affects millions of people each day, cutting across all cultures, sexual orientations, gender identities, disability statuses, economic levels, and life stages. GBV undermines societies' economic and political stability and limits the success of development programs. All GBV programming must be carefully designed and implemented to improve lives, address underlying factors, and meet intended objectives.

To guide the process of GBV program design and implementation, USAID staff and implementing partners should apply eight core principles in all aspects of GBV programming—both standalone GBV programming and sectoral programs with integrated GBV programming—throughout USAID's program cycle. These core principles are: (1) do no harm, (2) survivor centered, (3) rights based, (4) accountable, (5) gender transformative, (6) intersectional, (7) accessible, and (8) led by women's rights organizations and other local groups working on GBV and human rights.

At a Glance: Core Principles of GBV Programming



The core principles are deeply interconnected and interdependent. For example, centering GBV programs on survivors of GBV necessarily requires that program implementers protect the intended program participants from any harm or rights violations that may result from program design. Likewise, Working with representative women's rights groups and other local groups working on GBV helps enforce accountability for program implementers and funders and can promote an intersectional approach in which inequalities based on race, class, ethnicity, citizenship, and gender are understood as overlapping and compounding the risk of discrimination and GBV (see Core Principle #6: Intersectionality).

In this section, each core principle is described, followed by an explanation of why the principle matters for successful GBV programming and a list of useful tools and resources. A series of questions for USAID staff to use to gauge program implementers' adherence to the principle is also provided. In addition, Text boxes with program examples illustrate how these principles have been put into practice.

Core Principle #1: Do No Harm

What Is a "Do-No-Harm" Approach in GBV Programming?

When using a do-no-harm approach, GBV prevention and response programming prioritizes, above all, not jeopardizing the physical or emotional well-being of survivors, staff, program participants, and community members. While the approach is applicable to all development interventions (USAID 2011), being intentional about doing no harm during GBV program design and implementation is critical to the safety of participants, staff, and community members.

To do no harm, all programs that integrate or focus on GBV should:

- Prioritize the physical and emotional safety of program participants, survivors of GBV, their children, and other family or dependents. All organizations should promote the safety of survivors or those at risk of GBV through detailed risk analysis to ensure that all interventions do not inadvertently cause harm.
- Include mechanisms to ask survivors if they feel safe and have a safety plan (including a safe place to stay), and what support they would like to promote their well-being. In fact, evidence suggests that safety planning, as well as other kinds of support, promotes survivor well-being (Decker et al. 2020).
- Consider how to keep staff, family members, and community members safe. Given that GBV is widespread, it is safe to assume that some staff and community members are themselves survivors of GBV or at risk of GBV. In addition, perpetrators and people in power may target those who provide services to survivors (such as medical staff, social workers, and program staff) and those who challenge commonly held beliefs about GBV.

Key Points: Do-No-Harm Approach

- Promotes the physical and mental safety of all program participants and staff with the understanding that anyone can be a survivor or at risk of GBV
- Assesses potential risk of programming to those who may be survivors or at risk of GBV and implements measures to mitigate that risk
- Ensures programs practice survivor-centered approaches (see Core Principle #2 below)
- Is informed by those who are knowledgeable about GBV and potential risks that program participants might face, as well as how to mitigate these risks
- Is implemented through mechanisms such as safety audits and plans (see Section 3.0. Program Elements: Risk Mitigation)
- Ensures autonomy and confidentiality for all program participants, staff, and community members
- Is context specific and engages local GBV specialists or others in conducting assessments and generating solutions

- Respect the choices program participants make by implementing policies and practices that prioritize autonomy in all matters related to their safety. Survivors of GBV have the right to decide whether to share their experience and whether to seek help. Only the survivor knows what is best for them and the potential consequences of their choices.
- Recognize the complex realities of program participants, whose vulnerabilities are frequently the result of intersecting identities and roles. For example, in a socially rigid context, people with diverse sexual orientations, gender identities, gender expressions, and sex characteristics (SOGIESC) and people who engage in sex work may be especially at risk of secondary harm from programs that do not respect their autonomy.

> Only the survivor knows what is best for them and the potential consequences of their choices.

- Ensure that staff and volunteers maintain strict confidentiality of program participants. Programs should never pressure participants and staff to share their experiences or identify as survivors, and should always ensure confidential reporting and service access. Protecting the confidentiality of survivors requires attention both to a program's interactions with survivors and the documentation of survivor cases (Idris 2021). It is important to remember that in small communities, people with unique characteristics may be known without identifying information being shared.
- Have effective processes in place to protect the confidentiality of digital files and records. Programs should also ensure that information is managed appropriately—within the organization, by funders, and through national information management systems. Confidentiality must extend to protecting identifying information in reports, advocacy documents, and case studies for funders, fundraising, and publicity (Idris 2021).

Why Is the Do-No-Harm Approach Important for GBV Grantmaking and Oversight?

Similar to how all programs need to understand the context in order to achieve their objectives, GBV programs require an understanding of the context to be aware of and carefully plan for avoiding potential harm to program participants. Relevant contextual factors include underlying social norms, relationships, political contexts, power dynamics, and potential negative outcomes of the GBV intervention. Partnering with local organizations working on GBV or human rights is critical to help implementers understand these dynamics. The stakes for such planning are inherently high in the context of GBV because lives can be at risk.

This core principle encourages weighing the potential costs of action vs. inaction—and choosing inaction if activities are likely to place program participants, staff, or community members in greater danger without a feasible way to mitigate the risks. Where possible, implementing organizations should consult GBV experts and allocate resources to ensure that programming can protect the safety of all involved. USAID staff may need to be flexible if an implementing partner must change its activities due to potential harm.

Implementing organizations must deliberately design, implement, and monitor their activities according to the do-no-harm core principle. Do no harm also goes beyond safety planning to include safeguarding survivors' choices and confidentiality. In consultation with GBV experts, USAID staff who provide technical oversight have an important role to play in the application of the do-no-harm principle.

Tools and Resources

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Core Principle #2: Survivor Centered

What Is a Survivor-Centered Approach?[1]

A survivor-centered approach is the hallmark of high-quality GBV programming and is closely connected to the do-no-harm and rights-based principles. Survivor-centered GBV programming promotes and protects the rights and dignity of survivors and is designed to meet survivors' explicit needs and the needs of those most at risk of GBV. Promoting survivor agency and dignity is a key objective of a survivor-centered approach (Dyantyi and Sidzumo 2019).

Survivor centeredness is reflected through organizational policies and structures, as well as staff knowledge, skills, attitudes, and practices, and is fundamental to all aspects of GBV programming. A survivor-centered approach is not just for organizations that provide direct services to survivors; it is for all organizations that work on GBV, whether they focus on prevention or response.

Survivor-centered programming is responsive to the intersectional identities of survivors of GBV, including those who experience multiple and overlapping systems of oppression based on sexual orientation, gender identity and expression, and sex characteristics; disabilities; racial or ethnic identities; religious affiliation; nationality; immigrant or refugee status; and other identities (see discussion on intersectionality in Section 1.0. Introduction and Section 2.0. Core Principles: Intersectionality). In addition, as is true for all kinds of programming, context matters and a commitment to locally led programs will support incorporating survivor-centered approaches that are context specific.

Key Points: Survivor-Centered Approach

- Is the hallmark of quality GBV programming
- Is closely related to the do-no-harm and rights-based core principles
- Promotes the dignity, rights, agency, and empowerment of survivors of GBV
- Is important to ***all*** organizations that work on GBV—whether they provide direct services or focus on prevention
- Is responsive to the intersectional identities of survivors of GBV
- Assumes that staff, as well as program participants, may be survivors of GBV even if they have not shared their survivor status
- Is context specific and should be locally led

Implementing organizations should incorporate six key strategies for a survivor-centered approach:

- Engage women's rights organizations and other local groups working on GBV and human rights (see Principle #8: Led by Women's Rights and Other Local Organizations)

[1] This section is based on CARE-GBV 2021.

- Assume program participants and organizational staff include survivors of GBV, Whether or not they have self-identified as survivors (see Section 4.0. Process Elements: Values, Organizational Culture, and Leadership)
- Develop and implement standard operating procedures (SOPs), safeguarding policies, and ways of working (see Section 4.0. Process Elements: Values, Organizational Culture, and Leadership)
- Map GBV programming and survivor resources and develop referral networks (see Section 4.0. Process Elements: Strategic Planning and Design: Referral Network Mapping)
- Train and work with all staff to build their knowledge and ability to promote survivor-centered attitudes and practices (see Section 4.0. Process Elements: Training Annex)
- Strengthen multisectoral approaches to GBV (see Section 4.0. Process Elements: Coordination and Collaboration)

A survivor-centered approach should be used throughout the USAID program cycle (USAID 2020b), including in strategic planning; program and activity design and implementation; monitoring and evaluation; and collaborating, learning, and adapting.

As some survivors of GBV may be experiencing trauma, a trauma-informed approach is part of being survivor centered. A trauma-informed approach acknowledges trauma, including primary and vicarious trauma, and responds with policies, procedures, and practices that seek to actively prevent re-traumatization. It includes prioritizing physical, psychological, and emotional safety for all providers and survivors. It also assumes that everyone, regardless of their personal experiences, can benefit from this approach. When programs understand and address trauma, They create opportunities for survivors to regain a sense of control and empowerment (Hopper et al. 2010).

Box 2.1. Safely Consulting with LGBTQI+ Stakeholders

Survivor-centered approaches require consultation with stakeholders who are representative of the targeted populations. Consulting with LGBTQI+ stakeholders is particularly important to develop programming that is inclusive and meets the needs of these populations. Because of risks to LGBTQI+ people in many contexts due to stigma, anti-LGBTQI+ violence, reprisals, and criminalization, such consultations must be done with care to promote safety and security that uphold the principle of "do no harm."

Why Is a Survivor-Centered Approach Important for GBV Grantmaking and Technical Oversight?

A survivor-centered approach is fundamental for all effective GBV programming. It promotes the dignity, rights, agency, and empowerment of all staff and program participants, including survivors. It also helps provide a programming context where healing and recovery can take place.

A survivor-centered approach improves the likelihood of programmatic success by promoting survivors' ability to identify, express, and pursue their needs and wishes without judgment, and it reinforces their capacity to make decisions. It also ensures that those implementing the program are not putting their own wishes or judgment ahead of those of survivors.

With the proper resources and funding, any agency addressing GBV can implement a survivor-centered approach. Developing and institutionalizing a survivor-centered approach does not require a large financial investment. However, it does require the commitment of staff time to develop policies, map GBV resources and develop referral networks, Train staff, develop relationships with women's rights and other organizations, and promote positive attitudes and practices related to GBV among staff and in communities. Organizations without this capacity may want to contract a GBV specialist.

USAID staff and implementing partners that are consulting with survivors or individuals at risk should take precautions such as:

- Reach out to contacts individually, rather than through group emails
- Ensure a private meeting space with doors and windows closed to the stakeholders' comfort level
- Invite everyone in the consultation to share their preferred pronouns
- Review the confidentiality standards for the conversation
- After the introduction, confirm that individuals want to proceed before beginning the conversation
- If a stakeholder relays a traumatizing encounter, do not press for further details
- Keep stakeholders' identities confidential and encrypt any reports on the meeting
- Do not take pictures of or with stakeholders unless they offer or ask you to, and always ensure you have permission to disseminate or share the pictures elsewhere

Tools and Resources

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Core Principle #3: Rights Based

What Is a Rights-Based Approach?

Rights-based approaches to programming address human rights, Which the United Nations (UN) defines as "rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, The right to work and education, and many more" (UN n.d.). These approaches respect, protect, and fulfill human rights by redressing discriminatory practices and unjust distributions of power. They also affirm that both state and nonstate actors have an obligation to protect, respect, and remedy human rights violations that occur in settings under their control.

Similarly, a rights-based approach to the prevention of and response to GBV is based on the understanding that (1) every survivor is endowed with human rights and (2) state and nonstate entities have a critical role and duty to protect, respect, and remedy human rights. At its most basic level, GBV is a violation of a person's human rights; everyone has the right to live free from violence and to access education, Work, and health care. GBV includes acts of physical, sexual, psychological, and economic violence, Which are themselves rights violations. These acts can also prevent survivors and their families from full enjoyment of their rights. For example, a husband may use GBV to prohibit his wife from accessing contraception, a student may leave university after a sexual assault, or a boss may make the workplace a hostile environment for an employee by allowing sexual harassment.

Key Points: Rights-Based Approach

- Recognizes that GBV is a violation of human rights and that state and nonstate actors have the responsibility to protect people against GBV, respect people's right to live free from GBV, and remedy acts of GBV
- Recognizes that GBV can also deprive survivors of other rights, such as the right to work, health care, and education
- Ensures that rights bearers—including women, girls, LGBTQI+ people, and all others at high risk of GBV—are aware of their rights and how to advocate for them
- Works to strengthen the accountability of state and nonstate actors to ensure respect for rights

GBV programs may not redress all the rights violated through GBV, but their activities should be grounded in full respect for human rights. No survivor should be turned away from services based on their race, ethnicity, class, caste, Tribal affiliation, disability, native language, religion, sexual orientation, gender identity, gender expression, sex characteristics, legal status, or profession. Each survivor should be treated with respect and dignity.

Rights-based approaches aim to:

- Raise awareness about the rights of women, girls, and all survivors of GBV and how to claim their rights
- Work within the operational context to strengthen the accountability of all state and nonstate actors for ensuring the rights of all people to live free from violence
- Promote gender-equitable norms that amplify the equal rights of all people
- Change legislation to improve state responses to survivors of violence

Why Is a Rights-Based Approach Important for GBV Grantmaking and Technical Oversight?

The use of a rights-based approach is critical for grantmaking and technical oversight because, ideally, such approaches improve the ability of program participants to understand and advocate for their own rights. It also enhances the ability of programs to uphold the human rights standards established at global, national, and local levels.

Human rights initiatives, such as those the UN launched, clearly demonstrate that local, grassroots efforts have successfully elevated GBV to a globally recognized issue. Still, participants of GBV programs may not know that GBV is considered a human rights violation based on the international treaties their countries have ratified. Survivors and targets of GBV may not even see themselves as rights-bearing entities. Further, country laws may or may not recognize certain forms of violence as violations of human rights—for example, homophobic or transphobic violence, or marital rape. Consequently, it is imperative that GBV programs include activities to improve understanding of human rights and increase institutional accountability for upholding them.

Tools and Resources

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Core Principle #4: Accountable

What Is an Approach That Promotes Accountability?

Accountability means using power responsibly and being answerable to stakeholders, primarily those who are affected by the exercise of this power (CHS Alliance et al. 2014). Accountability applies to the state, perpetrators of GBV, funders, and implementers of development programs. GBV programming must be designed such that program leaders and staff are held accountable to survivors; women, girls, and people with diverse SOGIESC; program participants; and broader communities.

Accountability in the context of GBV programming means:

- Funders and implementers of GBV programming are responsible for its effects, including intended or unintended consequences.
- Funders and implementing organizations are accountable to the communities where they work.
- Funders and implementers are responsible for building relationships of trust with local leaders, partnering with community members during the design and implementation of activities, and establishing or verifying the existence of effective and confidential feedback loops to report any issues that arise.
- Legal and judicial systems, traditional justice mechanisms, and informal response mechanisms are engaged and made stronger and more responsive so that perpetrators are held responsible.

Key Points: Accountability

- Means using power responsibly
- Applies to funders, implementing organizations, perpetrators of GBV, and state and nonstate actors
- Means that funders are responsible for programmatic impacts, including intended and unintended consequences of programming
- Ensures that programs are equitable and participatory
- Implies that funders, including USAID, and implementing partners are responsible or addressing GBV when it happens in their institutions

In addition, broad systems of accountability are needed to address the root causes of GBV, make certain that organizations and leaders are not perpetuating patriarchal norms and systems of authority that allow GBV to exist, and monitor whether programs are equitable and participatory. Equitable programming is accessible to all people, including those marginalized because of poverty, gender discrimination, or discrimination on the basis of race, age, disability, religion, or SOGIESC. It also focuses on:

- *Fairness*: From the perspective of preventing and responding to GBV, This means that all people are free to pursue education, careers, housing, legal status, opportunities, relationships, family composition, health care, and other choices without discrimination.

- *Gender equitability*: This means promoting norms that support equitable power among people of all genders, Which has been identified as critical for the prevention of GBV.

Participatory programming respects the rights of diverse members of communities—including survivors of GBV—by facilitating their meaningful participation in informing and guiding planning and implementation.

Why Is Accountability Important for Grantmaking and Technical Oversight?

A commitment to accountability by USAID and its implementing partners to those they seek to serve—women, girls, and all those at risk of GBV—should shape how all GBV programming is designed. This requires funders and implementing organizations to recognize the multiple forms of GBV, and differentiate the prevention and response needs of survivors to effectively address the needs of program participants. For example, organizations that implement health programs that engage men and boys must ensure that activities are carefully designed to do no harm and are accountable to women and girls, Who are disproportionately affected by GBV. The *Engaging Men in Accountable Practices* approach uses an intervention design that honors women's leadership and engages men in ways that improve the lives of women and girls.

A commitment to accountability also means that within USAID and implementing partner organizations, staff should not perpetuate the same gender norms and inequalities that allow GBV to continue and must address GBV when it happens in their workplaces. This includes preventing and addressing sexual exploitation and abuse (SEA) (See the USAID SEA policy [USAID 2020a] and Section 4.0. Process Elements: Organizational Culture and Values).

Tools and Resources

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Core Principle #5: Gender Transformative

What Is a Gender-Transformative Approach?

A gender-transformative approach to GBV strives to examine, question, and change the underlying gender norms that drive the imbalance of power in relationships, communities, and systems. Gender-transformative policies and programs seek to change unequal gender dynamics and power structures to promote equality and achieve program objectives.

This approach attempts to promote gender equality in the following ways:

- Fosters critical examination of inequalities and gender roles, norms, and dynamics
- Recognizes and strengthens norms that support equality and an enabling environment that prevents GBV
- Promotes the relative position of women, girls, people of diverse SOGIESC, and other marginalized and underrepresented groups
- Transforms the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities (Interagency Gender Working Group [IGWG] 2017)

Key Points: Gender-Transformative Approach

- Seeks to change unequal gender dynamics and power structures
- Promotes gender equality by shifting norms and transforming social structures
- Helps ensure that USAID is funding programs that address an underlying cause of GBV

Why Is a Gender-Transformative Approach Important for Grantmaking and Technical Oversight?

USAID and its implementing partners are responsible for ensuring that their programs respond effectively to gender inequality or, ideally, contribute to gender equality through gender-transformative approaches. While multiple contributing factors drive individual incidents of GBV, at its core, GBV seeks to maintain, and is a function of, inequitable systems of power, especially gender inequality. Gender-transformative programs can be effective in preventing violence, because they shift norms toward gender equality.

At a Glance: The Role of Gender Transformation

"Gender transformation actively examines, questions, and changes rigid gender norms and imbalances of power that advantage boys and men over girls and women. It aspires to tackle the root causes of gender inequality and reshape unequal power relations; it moves beyond individual self-improvement among girls and women towards redressing the power dynamics and structures that serve to reinforce gendered inequalities."

Source: UNICEF 2020, 1

Evidence from the What Works to Prevent Violence against Women and Girls Programme suggests that combining economic interventions such as microfinance, with gender-transformative programming for women is effective in preventing them from experiencing intimate partner violence (IPV). Additionally, interventions such as livelihood programs that combine economic strengthening with explicit gender-transformative approaches show promise for reducing men's self-reported perpetration of IPV (Kerr-Wilson et al. 2020).

Program Examples: Shifting Norms to Decrease Intimate Partner Violence

SASA! is a community mobilization approach developed by Raising Voices, an international nongovernmental organization in Uganda. SASA! seeks to shift social norms that drive the acceptability of IPV by focusing on developing more equitable concepts of the power that women and men share, at both the individual and community levels (Carison and Raising Voices 2013). A randomized controlled trial evaluation showed that SASA! was effective in reducing the overall prevalence of IPV in communities (Abramsky 2016).

Another example of transformative programming is Program H from Promundo (Kato-Wallace 2019). Designed for young men, Program H encourages critical reflection about rigid norms related to manhood and encourages transformation of the stereotypical roles associated with gender. The results of eight studies on Program H around the world found evidence of positive changes among program participants: more gender-equitable attitudes and behaviors overall, improved couple communication, improved attitudes related to caregiving, and reduced GBV. Program H was named by the World Bank and the World Health Organization as a best practice in promoting gender equality and preventing GBV, and was cited by UNICEF and the UN for its effectiveness. It was also commended by the Pan-American Health Organization, The United Nations Development Programme, and the United Nations Population Fund (UNFPA). It was officially adopted by ministries of health in Brazil, Chile, Croatia, and Mexico, among other countries (Promundo 2022).

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Core Principle #6: Intersectional

What Is an Intersectional Approach?

An intersectional approach acknowledges that individuals may face different power imbalances based on multiple interconnected social identities that disadvantage them. Addressing GBV with an intersectional lens includes identifying how overlapping and compounding forms of oppression produce different experiences of violence and how intersecting forms of oppression create distinct barriers to and risks of accessing support services and care (Imkaan 2019, Crenshaw 1989). An intersectional approach supports designing appropriate programming to meet individual needs.

Why Is an Intersectional Approach Important for GBV Grantmaking and Technical Oversight?

Intersectionality is an approach to understanding individual lived experiences given that identities shape daily realities and priorities. People can face power imbalances and higher risks of violence based on discrimination related to various aspects of their identities such as sex, race, ethnicity, gender identity, gender expression, class, disability, religion, sexual orientation, sex characteristics, marital status, HIV status, migrant or refugee status, and education, among many others. These identities can limit certain groups' access to power, leadership, decision-making, and safety, even in groups led by women and girls or members of other marginalized and underrepresented populations. Intersecting forms of oppression can also create unique barriers to accessing programming, support services, and care (Crenshaw 1989).

Key Points: Intersectional Approach

- Acknowledges and plans around the power imbalances and overlapping forms of oppression facing individuals with varied social identities
- Analyzes how individuals' identities can affect their risk and experience of GBV and their access to GBV services
- Helps USAID adapt programs to the lived experiences of all marginalized and underrepresented people

USAID staff should support implementing organizations in applying an intersectional and survivor-centered approach to support learning about and adapting services to survivors' varied realities and experiences. By improving awareness and understanding the context of survivors' lives, an intersectional framework can inform the services provided to them and help gauge the effects of policies and programs on the people they are intending to assist (UNFPA 2021).

Program Example: Addressing Child, Early, and Forced Marriage among Roma Women and Girls Using an Intersectional Approach

Serbia's Association of Roma Novi Bečej uses an intersectional approach in its programming, which focuses on both prevention of child, early, and forced marriages, and improving access to services and justice for Roma women and girls, who experience high risk of GBV and institutional discrimination due to their status as Roma. The association works to address the needs of lesbian, bisexual, transgender, and intersex Roma women, Roma women with disabilities, and trafficked women, girls, and sex workers. Programming seeks to tailor approaches for these distinct, but overlapping, groups of Roma women and girls. For example, The SOS Helpline provides counseling and legal assistance daily in four different languages, as well as follow up through in-person assistance as needed. A project evaluation to identify gaps in service provision to particular populations found that the reach to women and girls with disabilities was limited, both because of challenges with accessible transportation and because disability is highly stigmatized in the Roma community (Koprivica 2019).

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Core Principle #7: Accessible

What Is an Accessible Approach?

While there are many forms of accessibility, in GBV programming, accessibility calls for programming and services characterized by an enabling environment that provides safety, autonomy, confidentiality, and a context free from stigma and discrimination for all program participants and program staff, including those who have disabilities of various types. This may entail providing program staff protected time to promote accessibility, altering the timing of services, creating alternative ways of reaching populations (such as through home visits or specialized case-management services), and other modifications to typical program delivery, as well as staff training and sensitization.

Establishing GBV programming and services—including for prevention, risk mitigation, and response—as accessible to persons with disabilities requires purposeful planning during the design, implementation, and monitoring and evaluation of activities and programs. Programs should include persons with physical, cognitive, sensory, and other types of disabilities. This should be done with leadership from persons with disabilities by partnering with disability rights advocates, as well as organizations governed and staffed by persons with disabilities.

Key Points: Accessibility

- Means an enabling environment that provides safety, autonomy, confidentiality, and a context free from stigma and discrimination
- Requires purposeful planning and should be done with leadership from persons with disabilities
- Requires funding to enable organizations to make their services and programming accessible to persons with a range of disabilities

Making services accessible also requires that organizations budget appropriate resources. While not all accommodations for persons with disabilities require a budget, some do, and USAID staff should encourage implementing partners to include these costs in their budget requests. Another approach is to support the development of national laws, policies, and implementation plans that include funding to make services more accessible.

In addition, organizations need to make their internal policies and procedures that address sexual harassment and other forms of GBV available in ways persons with various types of disabilities can access. They must also have accessible systems in place for holding program staff, including leadership, accountable to survivors and others.

For some persons with disabilities, accessibility means knowing they are welcome, Will not face stigma and discrimination, and will be treated as whole individuals who represent diverse identities. Organizations must make this welcoming environment apparent to potential participants through both their promotion of services and their actions.

Why Is an Accessible Approach Important for GBV Grantmaking and Oversight?

UNFPA's 2021 disability inclusion strategy states that women with disabilities experience GBV up to 10 times more often than other women (UNFPA 2021). The strategy further states:

"For women with disabilities, gender-based violence […] is often compounded by disability-specific violence such as caregivers withholding or removing assistive devices or refusing to assist with daily living. Women with disabilities are routinely denied their right to bodily autonomy as they experience forced or coerced sterilization, forced contraception, denial of access to contraception, growth attenuation and/or other forced medical procedures to control menstruation, and removal of their children from their custody. In addition, support services for women experiencing violence tend not to be accessible to women and girls with disabilities or respond inadequately to their specific needs; this lack of positive response reinforces a lack of self-confidence and self-respect and reinforces an internalized belief that violence is acceptable" (UNFPA 2021).

"... support services for women experiencing violence tend not to be accessible to women and girls with disabilities or respond inadequately to their specific needs..."

UNFPA 2021

Including survivors with disabilities in programming can help implementing partners meet the intersectional needs of survivors with disabilities who may face compounded forms of oppression such as gender inequity, ableism, misogyny, and racism.

Promoting positive attitudes and increasing skills among GBV service providers can promote access to GBV prevention and response services, as well as rates of help-seeking among survivors of GBV with disabilities (UNFPA 2021, ADD International n.d.). This includes believing survivors with disabilities who report violence and protecting confidentiality (Women's Refugee Commission 2015).

Tools and Resources

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Core Principle #8: Led by Women's Rights Organizations and Other Local Groups Working on GBV and Human Rights

What Is an Approach Led by Women's Rights Organizations and Other Groups Working on GBV and Human Rights?

As articulated throughout these core principles, GBV programs need to be guided by those most affected by the issue. This principle—that efforts should be led by women's rights organizations and other local groups working on GBV and human rights—prioritizes leadership and decision-making by women's rights organizations and other groups (see Section 1.0. Introduction: Box 1.2. GBV and Diversity) that represent the people most negatively affected by structural and systemic patriarchal gender norms. Individuals who experience multiple types of discrimination—due to age, gender identity, gender expression, sexual orientation, sex characteristics, religion, ethnicity, legal status, disability, marital status, or race—should be represented in work to address GBV so that the range of perspectives is taken into account, diverse needs are met, and programs do no harm. In addition to working with women's rights organizations, This core principle includes working in partnership with local feminist organizations; LGBTQI+ rights organizations working on GBV; and other local movements to learn from their experiences, strengthen their organizations and work, and elevate the voices and rights of the groups they represent.

Key Points: Led by Women's Rights Organizations and Other Local Groups Working on GBV and Human Rights

- Places those closest to the issue in a position to guide the response
- Builds on the successes of these groups in creating social change at local and global levels
- Helps hold USAID accountable to women, girls, and all those targeted by GBV

Why Is Leadership by Women's Rights Organizations and Other Local Groups Working on GBV and Human Rights Important for GBV Grantmaking and Oversight?

Women-led movements, including those led by lesbian, bisexual, queer, and transgender women, have been at the forefront of successful efforts to end GBV around the globe and have spearheaded efforts to mobilize collective action. These movements have succeeded in putting GBV on local, national, and global agendas and in enacting new legislation related to GBV (Htun and Weldon 2012, Domingo et al. 2015). Because of this successful record, many funders, including the U.S. government, consider women's leadership a key strategy for addressing GBV. These organizations also provide irreplaceable expertise in the local context about the dynamics and norms shaping GBV and the most prevalent types of GBV in the area. Women's rights and other human rights organizations are best poised to design, implement, monitor, and evaluate locally relevant GBV programs. When these groups are empowered, They can hold outside aid groups accountable on behalf of all women and girls (Bennett 2019).

Implementing organizations conducting GBV programming should have diverse leadership and include all groups that experience GBV, including gender-nonconforming individuals. In crafting strategies to counter GBV, USAID staff should consult movements led by these diverse groups. USAID and internationally based implementers should also prioritize shifting financial and other resources to women's rights organizations and other local groups working on GBV.

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Questions for Consideration

	Solicitation Stage	**Implementation Stage**
	Does the solicitation require or recommend that applicants:	*Does the program:*
Engage national and local women's rights organizations, survivor networks, GBV organizations, LGBTQI+ organizations, and disability rights organizations in project design, implementation, and evaluation, including in leadership roles? Are resources dedicated to engaging these groups?		
Assess and mitigate potential risks for survivors of GBV, staff, and community members, including those that are: • Part of the operational context (for example, laws and policies that could constrain survivor agency such as mandated reporting, criminalization of same-sex relations) • Related to program implementation (such as promoting women's rights)		
Have SOPs and policies that standardize a survivor-centered approach? Do the SOPs and policies cover nondiscrimination (including for sexual orientation, gender identity, and persons with disabilities), respect, confidentiality, safety, referrals, and case management, Where relevant?		
Incorporate policies and procedures to ensure that survivors are able to make decisions about their safety, privacy, and participation in the program?		
Have expertise in implementing gender-transformative approaches, including key personnel with this experience?		
Include budget to promote accessibility and safety of programming and services?		
Articulate what they will do to support access to programming for diverse populations, identify which populations their programming will address, and specify which populations they will not address and why?		

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The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID's collective prevention and response, or "collective action" in gender-based violence (GBV) development programming across USAID. For more information about CARE-GBV, click here.

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