ENDING **GENDER-BASED VIOLENCE** AND ACHIEVING THE **SUSTAINABLE DEVELOPMENT GOALS**

The Government of the Republic of Korea

UNDP

# A NEW APPROACH TO ENDING GENDER-BASED VIOLENCE: LESSONS ON INTEGRATING PREVENTION AND RESPONSES IN FOUR UNDP SECTORAL DEVELOPMENT PROJECTS

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# Acronyms

| | |
|---|---|
| **CSOs** | Civil society organizations |
| **GBV** | Gender-based violence |
| **NGOs** | Non-governmental organizations |
| **SDGs** | Sustainable Development Goals |
| **UNDP** | United Nations Development Programme |


A GBV integration approach seeks to weave ethical, effective actions to addressing GBV throughout a broader intervention.
**Credit:** Raising Voices

# Executive Summary

Integrating prevention and responses to gender-based violence (GBV) in diverse development projects and programming could accelerate progress on multiple development challenges faced across the globe. Such efforts could build on partnerships between GBV prevention experts and other development actors that typically do not focus on this issue. There are opportunities to integrate GBV response and prevention activities in sectoral programmes on the environment, social cohesion, livelihoods, broader governance and more. Integrated GBV actions retain the safety and ethical principles of GBV interventions and build on the evidence-based core components of effective GBV prevention.[1]

The UNDP programme "Ending Gender-based Violence and Achieving the Sustainable Development Goals," in partnership with the Republic of Korea, supported four projects to pilot approaches to integrating actions to address GBV into large sectoral projects addressing a variety of development goals, including economic empowerment and strengthened livelihoods (SDGs 1 and 8), environmental restoration (SDG 13), quality education (SDG 4), and child and family safety (SDG 16). The pilots were relatively small, with budget allocations of between US $200,000 and $400,000 and usually only one UNDP staff position. They lasted three to four years.

This report discusses learning from them, aiming to:

- Describe various approaches to integration and their outcomes
- Discuss lessons learned about GBV integration
- Make evidence-informed and practical recommendations for the ways forward

## What is a collaborative GBV integration approach?

A GBV integration approach seeks to weave ethical, effective actions and approaches to addressing GBV throughout a sectoral project or programme, recognizing that GBV risk and protective factors intersect with the development challenge being addressed by the broader project. A comprehensive integration approach means that GBV is taken up across and within all aspects of a project, so that all partners and team members: (a) understand how GBV relates to and impacts the development focus of the broader project, (b) acknowledge the importance and added value of addressing GBV within the broader project, and (c) support the inclusion of GBV experts and ethical, safe and effective actions to prevent and sustainably address GBV across the project.

## GBV integration pilot projects

UNDP piloted a GBV integration approach in four different projects:

- In Lebanon, GBV actions were integrated into a women's economic empowerment and participation project.[2] It included the incorporation of GBV indicators in the project framework; referrals for GBV survivors; adaptation of an evidence-based primary prevention intervention that engaged women, men and municipal officials; and Gender Equality Cafes as community dialogue spaces.
- In Iraq, a project integrated GBV actions into work on livelihoods strengthening and recovery,[3] including through referrals for GBV survivors, and the adaptation of an evidence-based primary prevention intervention that engaged women, men and community leaders or influencers.
- In Uganda, UNDP integrated GBV actions into a wetlands restoration, community resilience and

alternative livelihoods project,[4] including through strengthening the capacities of the project team, bolstering referral services in project areas, developing a GBV risk mitigation plan and integrating GBV into a grievance mechanism.
- In Bhutan, UNDP collaborated with multiple partners to pilot a GBV primary prevention intervention that engaged adolescents and their caregivers (parents and teachers) to find the best fit for integration going forward.

Evaluations of each pilot project were encouraging, confirming promising positive effects for participants, including improved attitudes and practices related to gender equality, better relationships within couples, greater commitments to positive parenting, enhanced awareness of GBV and how or where to seek help, and an expanded willingness to take actions against GBV.

## Lessons learned and recommendations from pilot project experiences

Pilot project challenges and successes have provided valuable lessons that future initiatives can consider when embarking on a GBV integration approach.

A key lesson is that GBV integration is not a linear or singular process with a clear recipe or one-size-fits-all approach. Yet a set of core principles and processes does influence success, as discussed in this report. Four strategies seem to show particular promise in addressing multiple common obstacles and challenges: advocacy; coordination; rigorous monitoring, evaluation and learning; and transformative capacity-strengthening.

An enabling environment for ethical, safe and effective GBV integration is essential to success. This depends on initial advocacy and capacity-strengthening and transformation for the project team, including both UNDP and partner organization staff. Also critical is addressing project structures, systems and activity approaches to ensure alignment with best practices for addressing GBV.

Global team inputs as well as a cohort approach involving a set of pilot projects were central elements. The global team provided technical guidance, collaborative troubleshooting and advocacy support, and facilitated opportunities for ongoing knowledge exchange and capacity-strengthening across the pilots.

The lessons learned fall under three levels:

- The foundation for GBV integration: project partner and team buy-in and support
- The structure for GBV integration: GBV-responsive sectoral project structures and approaches
- Growing GBV integration: GBV prevention actions and interventions

This structure stems from an overarching lesson learned about the layers of support and committed action needed to ethically and effectively address GBV in an integrative way, particularly in sectors that do not usually consider or address intersections with GBV. While many want to focus only on the third level of implementing actions and interventions to address GBV in communities, project experiences showed that this was not always successful, such as when the sectoral project structure and approach exacerbated GBV risks, reinforced problematic social norms or did not factor in GBV risk mitigation and survivor-centred referrals. Neither GBV prevention and response actions nor a GBV-responsive project structure and approach are likely to be ethically and effectively implemented without the project team's buy-in, support and committed action.

The following table summarizes learning and associated recommendations.

## Key recommendations for addressing project partner and team buy-in and support: Ensure that the foundation for successful GBV foundation is laid by working at the project partner and team level first

**Lesson 1: Invest in advocacy to ensure the commitment of all project partners**

- Engage in advocacy efforts with all project partners and all levels of the project team to secure buy-in, support and commitment to ethical and effective GBV integration.
- Co-develop a GBV integration plan that clearly lays out all partners' and team members' roles and responsibilities.
- Develop a shared and common understanding of key concepts and approaches related to ethical and effective GBV integration.

**Lesson 2: Bring in GBV experts**

- Recruit and hire a GBV integration coordinator, preferably someone with GBV expertise.
- Support all team members to engage in and implement the integration work, including through coordination, co-creation and capacity-strengthening.
- Ensure that team members have access to technical support from a variety of sources, including local GBV-focused civil society organizations (CSOs) and international experts to guide GBV integration work.

**Lesson 3: Involve all team members in the integration work**

- All team members must have an active role in GBV integration work, including co-creation of the plan, transformation and capacity-strengthening, and implementation and coordination.

**Lesson 4: Build an enabling, caring team environment for GBV integration work**

- Invest in team-building, including supportive spaces for new ways of working, trauma-sensitive approaches and careful workload management, acknowledging the additional capacity-strengthening and coordination that may be required; be ready for an all-hands-on-deck approach.
- Incentivize ethical, evidence-based GBV integration actions and innovation by providing the necessary care, support and accolades for the team involved.

**Lesson 5: Invest in transformation and capacity-strengthening of project staff**

- Transformative workshop sessions that increase gender-equitable attitudes and practices among team members are often necessary.
- Ongoing, multi-method, participatory and bespoke capacity-strengthening is necessary.
- Address key topics to build team members' capacities for ethical and effective GBV interventions, referrals, and monitoring, evaluation and learning.

## Key recommendations for investing in transforming the project structure and approach: Adapt the project structure and approach to maximize integration and its benefits

**Lesson 6: Address and dismantle hierarchies and misuses of power in the project structure**

- Conduct a power analysis of the project and how it functions, including all partners and stakeholders.
- Embrace feminist work structures and practices that value and address both GBV and the development focus of the sectoral work.

**Lesson 7: Establish GBV risk management protocols**

- In addition to the standard safeguarding policies and protocols, develop and implement a GBV risk monitoring and mitigation plan that addresses the unique sensitivities and safety issues related to GBV.
- Establish a GBV risk log as an accountability mechanism, as part of the project's risk log.

**Lesson 8: Maximize integration opportunities**

- Review all project workstreams and planned activities to ensure that opportunities for GBV integration are maximized and leveraged, and duplication or disjointed programming is avoided.

**Lesson 9: Ensure there is alignment in underlying programming values and approaches**

- Conduct a critical review of the programming values and approaches underlying all activities to ensure that none inadvertently promote problematic norms, use patriarchal framing or exacerbate GBV risks. Programming should be equitable, participatory, inclusive and safe.

**Lesson 10: Build equitable, collaborative partnerships**

- Establish partnerships with relevant local, national and/or regional stakeholders, including civil society, the government and private sector, to support and implement the GBV integration work.
- Develop partnership principles that promote equitable collaboration and mutual learning exchanges.

**Lesson 11: Ground the monitoring, evaluation and learning framework and process in the best GBV research practices**

- Adapt best practices from GBV research to ensure that all data are collected safely, analysed accurately and reported ethically.
- Measure change and processes to understand what works (or does not), what the impact is, how it works or how change is facilitated, and for whom it works (or does not).
- Include qualitative monitoring, evaluation and learning methods to understand participants' lived experiences and give more context to quantitative data.

## Key recommendations for ethical and effective GBV prevention and response actions within an integration approach: Be guided by the evidence base for GBV work

**Lesson 12: Ensure survivor-centred approaches guide all GBV responses**

- Establish a referral network, referral materials and referral skills for all project team members, particularly those working in the field with community participants, in partnership with local and national government as well as non-governmental organizations (NGOs) and CSOs involved in the referral pathway.
- Strengthen referral partners' services where necessary to ensure they are implementing a survivor-centred approach.

**Lesson 13: Adapt an evidence-based prevention intervention model**

- Prevention work should focus on social norms transformation and behaviour change, not on communications campaigns, awareness-raising or other single component or one-off events.
- Select an existing, evidence-based GBV prevention intervention that is feasible within the project and addresses the same target audience identified by the sectoral project.
- Adapt the intervention using a systematic process guided by GBV experts and community representatives. Engage with the original intervention developers and implementers during the adaptation process for guidance and inputs.
- Pilot the adapted intervention with a small group before rolling it out across the project.

**Lesson 14: Support quality intervention implementation and links among project activities**

- Develop a coordinated implementation plan that ensures links between the GBV components as well as with the broader sectoral project.
- Focus on facilitating a process of transformation rather than on just getting workshops done as quickly as possible.
- Carefully recruit, train and support intervention facilitators and ensure they implement the intervention with fidelity to the model and by adhering to GBV safety protocols.
- Develop a participant recruitment plan that is benefits-based, linked to the larger sectoral project and has the support of community leaders. Consider cash stipends and identifying the time and location for group sessions together with participants to improve retention.

## Next steps for GBV integration approaches

The results of the GBV integration pilots are extremely encouraging. More investment is needed to expand this work and generate more evidence on its efficacy and impacts, including on the core elements for ethical and effective GBV integration in multiple sectors. UNDP's substantial sectoral portfolios, relationships with governments and CSOs, and role in SDG integration are key leverage points to further pursue GBV integration across a range of development issues.

Key opportunities for strengthening and growing GBV integration include:

- Support UNDP teams and partners to integrate ethical, safe and effective GBV actions and approaches across their work by:
  - Allocating funding for both programme work and the capacity-strengthening of project staff within UNDP and implementing partners
  - Organizing multi-country cohorts to undertake integration projects to develop communities of practice and build momentum for GBV integration approaches
  - Providing technical guidance and support from experts
  - Incentivizing and rewarding staff and country offices to undertake this approach.
- Review the Social and Environmental Standards and Prevention of Sexual Exploitation and Abuse policies and protocols to ensure that they adequately address GBV throughout, and that sufficient funding, capacity and accountability mechanisms undergird effective implementation.
- Invest in building the evidence base through a research component integrated into a cohort of GBV integration projects. This should gather data to answer key issues around:
  - Establishing the efficacy of GBV integration approaches compared to business-as-usual in curtailing perpetration
  - Understanding the specific acceleration of effective or mutual benefits of integrating GBV in sectoral work
  - Identifying common, core elements of ethical, safe and effective GBV integration

UNDP's substantial sectoral portfolios, relationships with governments and CSOs, and role in SDG integration are key leverage points.
**Credit:** Abaad

The GBV integration approach opened opportunities to address multiple SDGs simultaneously for mutual benefit and accelerated change.
**Credit:** Raising Voices

# Introduction

The UNDP programme "Ending Gender-Based Violence and Achieving the Sustainable Development Goals," in partnership with the Republic of Korea, supported four projects that piloted approaches to integrating GBV response actions into broader sectoral projects. This report discusses learning from the pilots. Collaboration took place between actors working on GBV prevention and response and those in other sectors not traditionally focusing on these issues, such as the environment, social cohesion, livelihoods, broader governance and so on. This opened opportunities to address multiple SDGs simultaneously for mutual benefit and accelerated change.

## The challenge we face

**Gender based violence is an enormous, global problem.** Data on the prevalence of GBV[5] (particularly violence against women) show that 27 percent of ever-partnered women worldwide experience physical and/or sexual violence by a partner during their lifetime. Six percent of women experience non-partner sexual violence in their lifetime.[6] GBV violates women's fundamental human rights; causes significant emotional and physical distress and harm, even death; negatively impacts women, children, families and communities; and extracts enormous social and economic costs.

GBV has ripple effects far beyond individual survivors and therefore, GBV prevention and response require a whole-of-society perspective.
**Credit:** Abaad

Resources allocated to addressing GBV, both for appropriate response and support services and for transformational prevention, are inadequate relative to the extent of this violence and its consequences.[7] Less than 1 percent of official development assistance in 2018 targeted GBV responses, even when including the Spotlight Initiative to End Violence Against Women and Girls, a €500 million partnership of the European Union and United Nations.[8] Further, existing funding is not equitably distributed across the globe.

## GBV is a cross-cutting issue

GBV has ripple effects far beyond individual survivors. It has many causes and risk factors, and the consequences take a toll on families, communities, workplaces and national economies.[9] In this way, GBV is not only a women's issue, and it cannot be addressed by one ministry or sector alone. Countering GBV effectively, sustainably and ethically requires engaging multiple sectors as well as women, men, children and institutions spanning the social ecology[10] (i.e., the individual, interpersonal or relationship, community and societal levels). It also calls for exploring innovative co-financing models.[11]

The drivers of and risk factors for GBV include gender inequality and toxic masculinities, adverse events during childhood, low educational attainment, mental health and substance abuse, social and political unrest or conflict, and poverty. All these obstruct the achievement of the SDGs.[12] Addressing GBV and its underlying drivers and risk factors therefore has strong potential to accelerate the positive impacts of development interventions in different sectors such as economic empowerment and livelihoods strengthening, the promotion of social cohesion and climate change mitigation. **Transforming harmful social norms to support the health, well-being and opportunities for development for all women, men and children will lay an essential foundation for achieving meaningful change.** Capitalizing on synergies and exploring co-financing models can result in mutual benefits and the acceleration of positive impacts and development.

## Why addressing GBV is essential to SDG programming

The 17 SDGs and their targets are a global framework and commitment to transformation to realize peace and prosperity for all people and the planet. The goals cannot be achieved without collaboration among multiple stakeholders and across sectors.[13]

Eliminating all forms of violence against women and girls is a target under SDG 5 on achieving gender equality and empowering all women and girls. There is increasing recognition of various intersections among different development goals, and that sustainable development cannot be achieved without effectively addressing GBV. This violence and its roots in patriarchy, characterized by gender inequality, harmful gender norms and widespread devaluing, oppression and discrimination against women, are cross-cutting issues affecting many sectors.

The 2030 Agenda for Sustainable Development notes the centrality of addressing GBV and gender inequality: "The achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full human rights and opportunities."[14]

The Agenda pledges to leave no one behind, which means that development actions must reach the most vulnerable groups so that every person benefits from achieving the SDGs and the better world that they promise. This commitment means understanding and addressing intersecting forms of vulnerabilities and risks at the individual, family, community and societal levels.[15]

GBV integration "requires a broadened understanding of development issues, so we don't look at things as isolated challenges"
**Credit:** UNDP Bhutan

# Integration as a promising solution

Optimizing existing resources for development includes strategic partnerships and collaborative ways of working. The SDGs set ambitious goals that will likely only be achieved through multisectoral cooperation, collaboration and innovative solutions that maximize the use and reach of existing resources.

## What is a GBV integration approach?

An integration approach weaves ethical, effective actions to addressing GBV throughout a broader sectoral project or programme, recognizing that GBV risk and protective factors intersect with development challenges addressed in other sectors.

> ***"(Integration means) uncovering the GBV risk and protective factors that are in all of our development interventions…and doing something about them. It means that a GBV risk mitigation plan is thoroughly embedded in the project…."***
>
> *– UNDP staff member*

Seeking to dismantle siloed approaches, an integration approach moves beyond joint programming to embed ethical and effective GBV work across and within all aspects of a project so that all partners and team members: (a) understand how GBV relates to and impacts the development focus of the broader project, (b) acknowledge the importance and added value of addressing GBV within the broader project, and (c) support the inclusion of GBV experts and ethical, safe and effective actions to prevent and sustainably address GBV across the project.

One UNDP staff member described how a GBV integration approach ensures that programming factors in social norms, particularly patriarchal norms, because *"people [don't] exist in a vacuum"* and the work UNDP does cannot go forward *"as if all people aren't affected by patriarchy."*

Another UNDP staff member noted that the integration approach *"requires a broadened understanding of development issues so we don't look at things as isolated challenges but see that things are linked and multiple dimensions need to be considered when programming."*

## How is an integration approach an innovative, mutually beneficial solution?

**Meeting the need:** Given high levels of underreporting of GBV and poor responses even when reports are made,[16] integrating prevention and response actions into larger sectoral programmes allows more broad-based programming that will reach more people, including survivors. This can help to meet largely unmet need for support for survivors and improve the likelihood of holding perpetrators accountable. Integrated GBV prevention and response approaches may ease funding deficits through cost-sharing within larger sectoral programmes or other co-financing models even as they reach more people, communities and institutions than stand-alone GBV programmes.

**Do no harm:** GBV-blind programming can cause inadvertent harm. For example, economic interventions that do not include a transformative social norms component may increase risks for some

forms of GBV.[17] An integration approach considers GBV in programme design, implementation and evaluation so as not to perpetuate harmful patriarchal norms or other drivers and risk factors that will put women and girls at continued risk of discrimination and violence. A UNDP staff member said that a GBV integration approach *"[reminds] UNDP that there are women and girls in these communities and they matter and they are impacted by the work we are doing—their lives, their bodies, their opinions matter."*

***"We look into everything we are doing as an opportunity to raise awareness of GBV and create more opportunities for tackling gender discriminatory behaviours and practices so that more resources go to GBV prevention and responses."***

*– UNDP staff member*

**Acceleration effect:** GBV is often a silent or ignored barrier to development. By addressing GBV effectively and ethically across development challenges, SDG programming and projects can accelerate achievement of multiple development goals concurrently. Development interventions may also benefit from transforming social norms—as is typical of effective GBV prevention—as such approaches benefit individuals and communities and can shift inequitable economic, social education and other systems. This can lead to a positive development trajectory and sustained results.

**Opportunities for innovation:** Integrative programming necessitate continuous communication and problem-solving to bring together two or more sectors in a cohesive and effective way. It provides many opportunities for creativity and innovation and could encourage new effective and efficient approaches to emerge in multiple sectors.

***"The project team is aware of the GBV risks of everything that we do and are doing things to mitigate them."***

*– UNDP staff member*

## How does GBV prevention and response integration differ from gender mainstreaming?

Gender mainstreaming is a strategy that "involves ensuring that gender perspectives and attention to the goal of gender equality are central to all activities—policy development, research, advocacy/dialogue, legislation, resource allocation, and planning, implementation and monitoring of programmes and projects."[18] There is some overlap between an integration approach and mainstreaming but there are also some differences.

While mainstreaming seeks to make specific issues or groups part of usual practices, integration acknowledges that an issue still needs specific attention and expertise, and that the context may require adjustments to typical practices. After the adoption of the Beijing Platform of Action by the 1995

GBV work is about the transformation of power hierarchies, relationships, equity and social norms.
**Credit:** UNDP Bhutan

Fourth World Conference on Women, UNDP began implementing gender mainstreaming as a strategy to achieve gender equality.[19] This strategy includes conducting gender analyses, documenting and reporting gender-disaggregated data, and creating opportunities for inputs from and participation by both men and women, among others.

***"Gender mainstreaming has quite a few things that you tick off if they have happened or not. Engaging in gender-transformative programming, especially from a GBV prevention lens, (requires going) much deeper with power analysis…and making sure that the people facilitating the process really believe in the transformation and undergo their own transformation."***

*– CSO partner staff*

The safety and ethical requirements of GBV work are not typical within gender mainstreaming guidance. Required GBV safeguards go further than but do not compromise gender mainstreaming work. Safety must be a central concern in GBV work, including the safety of women and girls in communities where projects are implemented as well as that of project staff. Project staff may face GBV risks themselves as well as additional risks of vicarious trauma related to exposure to GBV cases and stories, and potential backlash from community members who see GBV work as interfering with local practices.[20]

Required safety and ethical protocols and procedures are extensive and must be understood and implemented by all involved in a given project. Data collection and dissemination methods, referral methods, information sharing, community mobilization and project activities must follow ethical and safety guidelines to ensure that they do not compromise or put at risk women's and girls' safety, well-being and privacy.[21],[22]

GBV expertise is specific and different from broader gender equality expertise and experience in gender work. **The ethical and safety considerations of GBV work and the theory and evidence base underlying its effectiveness are extremely important to understand and implement well to ensure an integration approach succeeds.** Inherently, GBV work is about the transformation of power hierarchies, relationships, equity and social norms.

Primary prevention is a public health approach to prevent violence before it occurs by addressing and transforming the underlying drivers and risk factors.
**Credit:** Raising Voices

# The UNDP global programme on integrating GBV prevention

UNDP implemented the "Ending Gender-Based Violence and Achieving the SDGs" global programme by piloting integration approaches in four different countries and projects (described below). Each pilot was planned for three years with a budget between $200,000 and $400,000. In several cases, cost or resource sharing with the larger development project was necessary. Three pilots involved a longer sectoral project with the intent to sustain GBV actions even after the end of the pilot. Rigorous monitoring, evaluation and learning gathered data and built evidence on the potential impacts of GBV intervention approaches and informed recommendations for ways forward. In line with SDG target 5.2, the pilot projects focused on violence against women, which is perpetrated overwhelming by men, often by current or former partners.[23]

Although the projects emphasized primary prevention as a key gap in overall efforts to address GBV comprehensively, they also sought to ensure access to survivor-centred response and support services via clear referral pathways. Primary prevention is a public health approach to prevent violence before it occurs by addressing and transforming the underlying drivers and risk factors for the violence and strengthening protective factors.

## Ethical and effective GBV integration

The pilot projects focused not just on integrating GBV actions into sectoral projects but on ensuring that these actions and the integration process were both ethical and effective. This meant following guidelines and practices to do no harm, mitigate risk, and monitor risks and harms. In addition, it required building on the evidence base for effective GBV prevention and response so that actions would be most likely to achieve the desired results (reduction and elimination of GBV, gender equitable norms and practices, healthy relationships, etc.). This approach challenges the idea that "something" is better than "nothing" and focuses on the quality and impacts of activities and actions, not just on activities and actions as an end result.

Safety is a core ethical issue; the safety of project participants and staff, particularly women and girls, is paramount. GBV safety protocols and practices need to be implemented and monitored across all aspects of project and by all project team members. As soon as any risks or harms are identified, immediate remedial action must be taken, including to provide all necessary services to the survivor(s) and to amend any project activities that caused the increase in risk or occurrence of harm.

Effectiveness refers to an intervention creating or driving desired changes, such as reductions in GBV risks, reductions or elimination of GBV perpetration, and improvements in relationship quality, communication, decision-making and conflict resolution. Establishing effectiveness depends on documenting evidence through a high-quality research evaluation study. Interventions described as evidence-based have a strong body of research confirming that they work.

## Aims of this report

This report aims to:

- Describe the various piloted integration approaches and their outcomes
- Discuss lessons learned about GBV integration approaches
- Make evidence-informed and practical recommendations for ways forward

## Methodology

The report is grounded in practice-based knowledge informed by various experiences and reflections including those of the author, who served as the lead technical adviser to all integration pilot teams; global team members; and country team members from both UNDP and CSO partners.

Data were collected through in-depth interviews with various stakeholders from the global "Ending Gender-Based Violence and Achieving the SDGs" programme and the four integration pilots. The table below summarizes interview participants. Given staff turnover, it was not possible to interview representatives of all project partners. Lessons learned were analysed thematically and are presented across three relevant groups: project staff and teams; the project structure and approach; and GBV prevention and response actions and interventions.

Data were drawn from notes and reflections from ongoing meetings and support sessions between the project specialist and lead technical adviser. A desk review of key pilot project reports, primarily evaluation reports, helped synthesize project achievements.

While multiple perspectives have contributed to this report, the overarching themes and recommendations are strongly influenced by the lead author's experiences, grounding in the evidence-base and role in providing guidance on what will most likely lead to success in future GBV integration approaches. The author filled multiple roles as the lead technical adviser. In conducting interviews and analysing data, she provided a unique depth of experience with the granular details of various projects; teams; monitoring, evaluation and learning; and challenges and successes.

## Limitations and challenges

The COVID-19 pandemic significantly impacted the global and pilot projects,[24] in addition to local and national challenges. Various lockdowns and shifting priorities slowed or halted progress on all pilots and required some adjustments to implementation as well as monitoring, evaluation and learning.

The global project was not conceptualized as a strict multi-country study. Although all four pilot projects were under the umbrella of 'integration approaches', each was unique in how it operationalized integration and measured outcomes and impacts. Therefore, it is not possible to combine data sets and conduct higher-level data analyses. None of the pilot projects was large enough for rigorous trial evaluation methodologies such as control comparison groups. Since they could not generate large enough data sets with adequate statistical power to analyse GBV prevalence, these data were not collected. Qualitative and quantitative data collected by each project, however, provide insights into the promise of integration approaches that should be explored with more research.

| | Global project team | UNDP pilot project team members | Pilot project partners |
|---|---|---|---|
| **Women** | 1 | 6 | 3 |
| **Men** | 1 | 1 | 1 |
| **TOTAL** | 2 | 7 | 4 |

Learning from all of the pilots, particularly as they are such innovative approaches, provides guidance on key strategies, pitfalls and specific questions to explore further. Despite increasing interest in integrating GBV prevention and response into large-scale sector programmes, the evidence base for understanding how to ethically and effectively do so is underdeveloped and has been described as a key global research priority.[25] This report contributes evidence and particularly practice-based knowledge to this priority area.

## Description of integration pilot projects

This section provides an overview of each pilot project, including the GBV integration approach it took and how it was evaluated. Each project responded in a different way to pandemic-related disruptions, but all projects had to adapt and pivot. Some of these experiences are shared below; more details are available in a blog on lessons learned about addressing GBV in the context of COVID-19.[26]

### Lebanon: Integrating a GBV prevention approach in a women's economic empowerment and participation project

The pilot in Lebanon integrated a GBV prevention approach across all aspects of a broader project on women's economic empowerment and participation. First, a GBV output was integrated into the project framework, indicators and terms of reference for implementing partners, encouraging all activities and outputs to address GBV. Prevention actions were piloted in one of four governorates where the project took place. The prevention approach entailed recruiting staff with GBV expertise, including GBV prevention work; integrating GBV throughout the monitoring, evaluation and learning framework of the broader sectoral project; and ensuring referrals for GBV survivors in all project locations. A brief summary follows; more information is available in a blog,[27] webinar series[28] and an evaluation report available from UNDP in Lebanon.

The Government of Canada funded the women's empowerment project with a total budget of CA$10,000,000. The GBV integration pilot received $180,000 from the global project and cost-shared other expenses (approximately $120,000 for the pilot phase).

*Intervention description:* After a review of evidence-based GBV primary prevention interventions, the pilot selected the "Indashykirwa" model[29] for adaptation as the most appropriate to community needs and project resources and plans. The model includes four components: (1) a couples curriculum to facilitate transformation at the individual and interpersonal or relationship level; (2) safe spaces for survivors; (3) an opinion leaders curriculum to facilitate transformation at the individual and community levels; and (4) community activism to further inspire transformation at the interpersonal and community levels.

In the pilot, the couples curriculum was adapted for use with women participants from the economic empowerment project and men from their families (e.g., husbands, fathers, brothers, etc., identified by women participants). Instead of being implemented with couples (men and women together), as in the original intervention, groups of men and women mostly participated separately, though some trials of mixed-sex groups took place towards the end of the pilot, based on the success of combined groups in Iraq. The intervention was renamed "Stronger Together."

The opinion leaders curriculum was adapted for use with municipal officials and community leaders engaged in the broader sectoral project. Instead of the community activism component from "Indashyikirwa," the pilot implemented Gender Equality Cafes, based on a methodology co-created with the implementing partners. These brought together municipal officials, women from the economic empowerment project and men from the community who supported women's economic empowerment and participation in order to co-create solutions for women's safety and participation in economic activities. Because the project already included strong referrals for GBV survivors, it did not adopt the safe spaces component of "Indashykirwa."

A local psychologist and expert in group interventions and GBV led the adaptation of the model to the local context. She translated curriculum materials into Arabic and conducted a first round of revision and contextualization. This revision included reducing the number of sessions in the couples curriculum from 21 to 17, and increasing the number in the opinion leaders curriculum from 6 to 11 sessions. The revised curricula were then presented to target community members. Focus group discussions documented their inputs for further adaptations. The process continued during facilitator and supervisor training in which all participants provided inputs on revisions of the curricula. A third round of adaptation took place after the project evaluation.

UNDP Lebanon invited proposals from partners with strong expertise in GBV work, awarding the contract to a consortium including local NGOs, Abaad, ESDU and DOT, and an international NGO, ACTED. Experienced facilitators from Abaad were trained in two five-day workshops on the two curricula.

Lebanese and Syrian women who participated in the economic empowerment activities led by ACTED were invited to participate in "Stronger Together." They were then asked to identify men from their households who could participate in the men's sessions. The same facilitators led workshops with municipal officials and community leaders who were recruited via the broader sectoral project.

When in-person engagement was not possible due to COVID-19 restrictions, the team adapted materials for delivery via WhatsApp groups. When lockdown restrictions eased, the team pivoted to in-person workshops and experimented with combined groups of men and women.

Workshops with municipal officials were delayed until they were engaged in the broader project; sessions took place in person. The Gender Equality Cafes occurred after the workshops, involving 84 participants, including municipal officials and women and men in the couples curriculum.

**Table: Number of participants in the "Stronger Together" couples curriculum**

| | Lebanese | Syrian | Total |
|---|---|---|---|
| **Women** | 160 | 91 | 251 |
| **Men** | 45 | 40 | 85 |
| **Total** | 205 | 131 | 336 |

**Table: Number of participants in the "Stronger Together" leaders curriculum**

| | Municipal staff | Community leaders | Total |
|---|---|---|---|
| **Women** | 12 | 35 | 47 |
| **Men** | 19 | 9 | 28 |
| **Total** | 31 | 44 | 75 |

*Monitoring, evaluation, and learning strategy and key findings:* A mixed-methods evaluation of the GBV integration work was integrated into the broader project evaluation. This approach would, in theory, allow comparisons among the four governorates to tease apart the unique contributions and effects of GBV integration. This plan had to be adapted, however, due to broader project evaluation delays, fewer participants in the GBV integration activities than planned and a shortened implementation period. The workshops for municipal officials and the Gender Equality Cafes took place just before the endline data collection for the GBV integration evaluation. The evaluation comparing baseline and endline assessments of "Stronger Together" participants nonetheless provides insights into the promising effects of this intervention.

Quantitative data were collected from women and men participants via baseline and endline questionnaires administered before and after the intervention. Focus group discussions with women, men and facilitators and peer research with women collected qualitative data.

Both women and men showed positive improvements in attitudes and knowledge related to gender equity, GBV, women's economic participation and men's participation in care work. Women who participated without their husbands, however, found it difficult to translate new attitudes and knowledge to changes in their relationships or practices at home. Many said they did not feel comfortable or confident in raising such issues with their husbands. In contrast, when husbands or men from the household participated, group activities and home assignments created mechanisms for couples to try new practices together.

Overall, women found the "Stronger Together" workshops supportive, allowing them to come together and cope during the unprecedented stress of the pandemic and economic crisis. They appreciated opportunities to connect with others remotely when in-person gatherings were not permitted because of lockdowns. In general, men and women also felt that the workshops were relevant for men. Having relatives in the same workshop groups was not recommended because people did not feel they could share and participate freely. Future implementation should consider whether to consider alternative models for participants who are not married.

Lebanese and Syrian participants did not always report the same benefits after participating in the sessions. Syrian men were more reluctant than Lebanese men to support women working outside the home because they feared that their legal status made them vulnerable to exploitative working conditions. There was greater improvement in communication and conflict resolution among Syrian women compared to Lebanese women. Syrian men reported an improvement in communications

skills but not conflict resolutions skills; Lebanese men reported the opposite.

There was limited progress in increasing most municipal officials' understanding of their role in addressing GBV and gender inequality. More work is needed to strengthen understanding and support actions at the municipal level. Nevertheless, municipal officials reported some advances in knowledge and commitment to ending GBV. The Gender Equality Cafes had mixed success with some reporting that male municipal officials dominated conversations and ignored women's contributions.

Facilitators provided several recommendations for future "Stronger Together" workshops. These included: bringing male facilitators on board, considering working with couples in mixed-sex groups in ways that allow all members to fully and openly participate in session activities, recruiting and retaining participants through a community mobilization approach with men and women together without relying on women to recruit men, improving the links between the economic empowerment and participation activities and the GBV prevention activities, and improving coordination and communication between the various project partners and management and field staff.

The pivot to remote implementation via WhatsApp was a significant change in approach without much guidance available from tried and tested strategies for this methodology. The team conducted stakeholder consultations to determine that WhatsApp was the most accessible platform to use, and obtained data bundles to enable participants to connect. With schooling also pivoting to online methodologies, however, devices were in high demand in homes. Sometimes women did not have access to their phones while their children used them for school sessions. Electricity cuts and unstable connections posed further challenges.

Participants would message facilitators if they were sharing something very sensitive that they did not feel safe sharing in the wider group chat, which limited group learning and discussion but allowed individuals to share in safe and comfortable ways. It was not possible to implement various interactive activities in the original curriculum that were designed to dive into complex concepts. Facilitators said completion of at-home tasks between sessions was higher when workshops were in person. While participants who completed sessions via WhatsApp benefitted from and enjoyed them, peer research found that women preferred face-to-face sessions; facilitators tended to agree with this view. In general, women participants were more committed and active in WhatsApp sessions compared with men, who engaged far better in face-to-face sessions.

A key finding from the mixed-sex group sessions was that these should ensure an equal number of women and men participants, and have a female and a male facilitator. Participants and facilitators thought this kind of balance would allow for freer participation by all as well as debate on sensitive issues.

The impact of the "Stronger Together" workshops and the Gender Equality Cafes on women's economic empowerment and participation could not be adequately assessed in this evaluation. A later evaluation planned for the broader sectoral project will be able to analyse and shed light on this key question.

***Challenges:*** Lebanon faced multiple compounding crises during the pilot, comprising the COVID-19 pandemic, an economic crisis and the 2020 explosion at the Beirut port that damaged over half of the city. Continuously emerging crises impacted the broader economic empowerment project and the GBV integration pilot. Since implementation of the workshops and the Gender Equality Cafes was linked to the broader economic empowerment

project, delays in the latter resulted in delays in GBV prevention activities. The economic crisis and high inflation meant that the project had to provide a stipend to participants and transport reimbursement amid rising fuel costs. Teams found it particularly challenging to recruit men to join the workshops, which resulted in very low male participation rates. The project's reliance on women participants to recruit men from their households was not a successful methodology since women did not always feel confident enough to invite men, and men often did not regard a woman's invitation as important.

*Successes:* In a context with many crises and challenges, project successes are particularly notable and encouraging. The intervention shows promise in shifting women's and men's attitudes although additional work is needed to change practices. Systemic changes are needed for municipalities to be effective in their roles in ending GBV and achieving greater gender equality. Innovations in using remote methodologies were notable and provided insights into the pros and cons of this approach. Working at multiple levels of a community, engaging both women and men as well as municipal officials, and addressing economic empowerment, gender equality, power dynamics and healthy relationships was a holistic approach with opportunities to trigger deep and lasting change for women, families and communities. Ultimately, this pilot demonstrated that GBV integration is possible and beneficial.

*Moving forward:* The broader economic empowerment project has plans for continued implementation of "Stronger Together" workshops and the Gender Equality Cafes in South Governorate. Abaad is interested in continuing to implement the intervention and is considering options for doing so. UNDP Lebanon is exploring various options for inserting a GBV prevention integration approach in new initiatives.

## Iraq: Integrating a GBV primary prevention intervention for couples into an economic empowerment project

The pilot in Iraq adapted the primary prevention intervention in Lebanon, "Stronger Together," which was based on the "Indashyikirwa" model.[30] It aimed at facilitating referrals for GBV survivors within a broader sustainable livelihoods and economic recovery project in Diyala, Iraq. The project was implemented over 20 months with a budget of $1,891,490. The pilot—with a budget of $220,016—added one outcome with six activities to the larger sectoral project framework. It was implemented by two partner organizations, Oxfam Iraq and Wend Al Khair Humanitarian Organization (WAHO), a local NGO. More detailed information can be found in the qualitative evaluation report available from UNDP Iraq.

*Intervention description:* The pilot adapted the couples curriculum and opinion leaders curriculum from "Stronger Together." The couples curriculum included 17 sessions with two sessions per week with participants (40 couples across four groups in two villages) from the cash-for-work activity in the broader project, led by facilitators from Oxfam. The community leaders curriculum included 11 sessions for community leaders (30 in total, including 10 women) held twice weekly, led by facilitators from WAHO. Community leaders were identified by project implementers as influential members of the community from different age groups and social positions. UNDP Iraq gender focal points and Oxfam staff trained the facilitators using the curricula manuals.

The curricula materials and sessions were in Arabic, and slightly adapted from the materials used in the Lebanon pilot. Adaptation workshops involving all partners and key community stakeholders took

place prior to piloting in Iraq. One notable change from the approach in Lebanon was a realignment with the original approach to implement the couples curriculum with men and women together, rather than separating them as was done in Lebanon. The intervention was renamed "Let's Change."

***Monitoring, evaluation and learning strategy and key findings:*** It was not possible to integrate the impact evaluation and feedback on the pilot and broader sectoral project as the team felt this was too much of a burden and not usually expected in their projects. Therefore, the team hired a local qualitative researcher to conduct a qualitative evaluation to understand pilot experiences and impacts on participating men, women, community leaders and facilitators. Data were collected during individual in-depth interviews at the baseline and endline with couples participating from one village, and at the midline and endline for six couples in a second village where the broader project had already begun. Data were also collected at the endline during individual in-depth interviews with six community leaders and four facilitators and a focus group discussion with five facilitators.

Qualitative data were transcribed and coded into five main themes: intimate partner violence, gender roles, communication, decision-making and problem-solving. The results show that participants in the couples curriculum in particular experienced extraordinary transformations. Women reported enthusiasm for challenging traditional, patriarchal gender norms and roles, and men were open to new ideas.

Several participants reported improvements in their relationships. Almost all participants noted how they changed the way they parented their children, particularly in rejecting violent discipline, encouraging more open communication and dialogue, and instilling gender equitable values and practices. It was very encouraging to hear several participants share how men participated in household chores for the first time, shared decision-making and trusted wives to go out. Some participants described more positive and appreciative communication between themselves and their spouses. Several announced a rejection of child marriage and an embrace of continued education for their daughters. Participants said that their understanding of various forms of violence had broadened but understanding underlying power dynamics was more abstract and difficult. Both men and women were positive about their experiences in the workshops.

Data from community leaders were encouraging. A few noted that they had learned new ideas about violence, gender equality and communication, and that they applied this learning to their home lives. Several community leaders, however, both men and women, described deeply entrenched patriarchal views and attitudes accepting intimate partner violence that remained unchanged after the intervention. The couples curriculum appeared more transformative than the one for community leaders. It is unclear what drove these differences but likely possibilities entail some combination of facilitation factors (with different facilitators for the two curricula), curriculum content (the couples curriculum was longer than the community leader curriculum) and participant views (participants in the couples curriculum may have differed in their views and practices and openness to change compared to community leaders).

Facilitators in interviews described how they were personally transformed by the intervention, gaining more gender equitable attitudes and practices that they introduced in their families, and improving communications skills. There was some evidence that facilitators changed some content in ways they thought would be more acceptable to participants,

for example, by introducing verses from religious texts to support stories and ideas. With a better understanding of various forms and causes of GBV, the facilitators offered several additional inputs for further revisions and contextualization of the intervention.

*Challenges:* In addition to the COVID-19 pandemic, this pilot struggled with high levels of staff turnover in all partner organizations, security challenges, and an extremely short and rapid period for implementation (12 months in total for adaptation, training, implementation, and monitoring, evaluation and learning). There was not clear understanding or good coordination among partners around implementing the monitoring, evaluation and learning component as intended; some workshops started or finished before baseline data collection could be completed. There were missed opportunities for building momentum by linking the implementation of the couples and community leaders curricula (e.g., through community action driven by the couples and leaders together or work on creating an enabling environment with a critical mass of leaders and couples in the same communities). It is unclear why the workshops for leaders apparently had less impact than the workshops for couples.

*Successes:* Working with couples, in other words, men and women in the same groups, was a resounding and unanticipated success. Feedback from facilitators and participants as well as attendance data and the impact of the intervention all indicate that the couples approach was accepted and worked well, in contrast with the initial reservations of the team. The partner organizations had planned on separate groups for men and women, under the assumption that it would not be culturally acceptable to have mixed groups discussing the topics in the curriculum. Consultations with community members indicated that groups of couples would be acceptable. The qualitative results underline how promising this intervention is to effectively address GBV and key risk and protective factors associated with it in Iraq. Further, project data show higher retention rates of women in livelihoods components when they also participated in the couples curriculum. The in-depth qualitative evaluation proved to be an important asset to this pilot project.

*Moving forward:* UNDP Iraq is planning to try the intervention in an urban community and exploring other opportunities for integrating it into sectoral programming. Both implementing partners were very positive about their experiences and are considering opportunities for implementing the intervention within other sectoral programmes (e.g., water and sanitation projects).

## Uganda: Investing in capacity-strengthening and transformation at the project level for integrating GBV prevention

The pilot in Uganda planned to introduce GBV prevention work in communities engaged in alternative livelihood activities adjacent to wetlands restoration work. The broader project was an eight-year, $44 million initiative with the Green Climate Fund, the Government of Uganda and UNDP as partners and co-funders. In response to multiple challenges, the project pivoted to a focus on developing and implementing a GBV risk mitigation and prevention strategy, and investing in capacity-strengthening among various project staff and partners so that they had the skills, attitudes and enabling environment to mitigate GBV risks. Further information is available in a blog,[31] a formative research report and a final evaluation report available from UNDP Uganda.

*Intervention description:* There was no integration of GBV work into the broader sectoral project

framework. The pilot involved a standalone framework with an initial plan to adapt a community-based prevention intervention to be implemented alongside sectoral project activities. The pilot partnered with two local NGOs, the Centre for Domestic Violence Prevention (CEDOVIP), which is world renowned for effective and ethical GBV work in Uganda, and the Applied Research Bureau (ARB).

During formative research to inform adaptation of the intervention, the research team found that sectoral project activities were inadvertently reinforcing problematic social norms and structures that could potentially exacerbate risks and experiences of violence. This was a result of the selected communities' participation in alternative livelihood activities that did not yield the same income as previous livelihoods activities.[32] Research also found that women's participation in the broader project was often tokenistic. Even as the project tried to meet its gender quota, in the background, men took control of any assets that women received from the project. These findings were initially met with resistance from the broader sectoral project team until counterparts in headquarters agreed that they should take remedial action to address GBV risks.

Therefore, the pilot focus shifted to developing a comprehensive GBV risk mitigation and prevention strategy. Unfortunately, this strategy was not initially accepted and implemented by the broader sectoral project team, leading the pilot team to pivot again to focus on advocacy, capacity-strengthening and transformation with the project team, from national-level leadership and management to district-level implementation across all partner organizations. A revised theory of change illustrated changes for the project team, project structure and approach to facilitate implementation of the GBV risk mitigation plan; only once that was in place could community-level social norms transformation for GBV prevention take place. In addition, the team supported efforts to strengthen GBV referrals in target communities and adopt a survivor-centred approach.

***Monitoring, evaluation and learning strategy and key findings:*** A mixed-methods research approach evaluated the processes and changes at different levels. Pre- and post-test questionnaires assessed changes among participants in various capacity-strengthening and transformation trainings. A mix of individual in-depth interviews and focus group discussions with national and district-level project team members collected qualitative data on buy-in, capacities and transformation relevant to GBV risk mitigation, prevention and integration.

Among project team members, workshops for capacity-strengthening and transformation resulted in moderate gains in gender equitable attitudes and GBV awareness and understanding, including their own role in addressing GBV as a cross-cutting issue. Evaluations of trainings on strengthening referrals showed improvements in referral skills and adoption of a survivor-centred approach.

Ongoing advocacy and capacity-strengthening workshops improved commitment by project management to integrate GBV prevention and risk mitigation activities across the project, including through budget allocations for bolstering the capacity of the grievance redress mechanism committees to address GBV, as well as planning for implementation of a comprehensive GBV risk mitigation plan by all project partner institutions. There was some indication of more interest from project management in understanding how project activities reached women and how benefits were shared across men and women.

***Challenges:*** This project was fraught with challenges rooted in a lack of buy-in and support at the advisory, leadership and management levels, particularly in implementing partners headed by

government ministries. This led to poor uptake and implementation of GBV integration work. The lack of buy-in was evident in requests not to mention GBV but rather focus on gender mainstreaming during project meetings, with one adviser recommending that the pilot implement its work separately without integration in the broader sectoral project. Other challenges arose in developing a common understanding of GBV and how it impacts and interacts with livelihoods and environmental issues. Some team members either felt they had good knowledge of GBV and would not consider growing or strengthening it whereas others felt it was not necessary for them to learn about GBV and GBV risks. Many team members noted that they had extremely high workloads that constrained their ability to engage with the pilot and any related capacity-strengthening.

The formative research findings were initially rejected and dismissed by some team members until global pilot project advisers stepped in. The pandemic exacerbated communications and coordination challenges, including through the shift to remote working without stable or reliable Internet connectivity. Lockdowns caused long delays in project activities after the shift to advocacy, capacity-strengthening and transformation. The budget for ongoing work was only allocated annually.

*Successes:* Intensive efforts by the local NGO eventually resulted in the greater acceptance and importance of GBV in the broader sectoral project as well as a budget allocation, although modest and short term, for ongoing GBV work. Revision of the grievance redress mechanism made it more sensitive in addressing and responding to GBV. The development of a comprehensive GBV risk mitigation plan could be a valuable example as GBV integration approaches continue to grow. Finally, GBV was included in one district's new five-year strategic plan.

*Moving forward:* As the broader sectoral project on environmental restoration and alternative livelihoods continues, the modest budget ($30,000) for ongoing GBV risk mitigation and prevention activities was for 2022 only, including technical support from the local NGO. The UNDP Uganda team is committed to continuing to advocate for a budget allocation for this work each year.

## Bhutan: Piloting a primary prevention approach with adolescents and caregivers and finding the best fit for integration

The pilot in Bhutan took a prevention approach. It involved multiple stakeholders to find the best fit for integration within the education sector. More detailed information is in the quantitative evaluation report, qualitative evaluation report and lessons learned report which are available from UNDP Bhutan.

*Intervention description:* The team adapted the "Shaping Our Futures" intervention for young adolescents and caregivers. This intervention began in Cambodia under the Partners for Prevention joint initiative.[33] The adapted intervention was named "Path to Happiness" and included two components: a 19-session workshop series for adolescents aged 13 to 15 years (recruited from grades 7 and 8 at a high school in Thimphu) and a 12-session workshop series for caregivers such as parents, teachers and others (recruited from a community in Thimphu). In addition, three social innovation camps, each lasting two to three days, were designed to support adolescents to develop action plans on key issues such as substance use, gender equality, and healthy relationships in their communities and school. The project team initially adapted the intervention manuals with inputs from a multisector steering committee, composed of government and civil society stakeholders. Facilitators provided further inputs during the initial training and throughout

implementation. The steering committee found that only minor adaptations were needed. Intervention manuals were in English but facilitators implemented sessions with a mix of Dzongkha and English.

The project team used various strategies to increase participation in the adolescent workshop series. These included weekly sessions during school club time (a weekly or fortnightly lesson during the regular school day dedicated to extracurricular activities) and combining multiple sessions into day-long meetings over one week during school holidays. With caregiver participants, the project team implemented monthly workshops, primarily at hotel venues.

COVID-19 disruptions prevented the completion of delivery with either adolescents or caregivers; attempts at using remote platforms were not successful. Eleven out of the 19 total sessions with adolescents were completed along with 6 out of the 12 total sessions with caregivers.

Facilitators for the adolescent workshops were recruited from the broader Thimphu area and included youth from local arts, culture and dance groups. It was more challenging to recruit facilitators for caregiver sessions so members of the project advisory committee representing various stakeholder institutions (e.g., the mayor's office, police service, school counselling service, etc.) volunteered to facilitate. All facilitators completed an initial 10-day participatory, experiential training based on the adolescent and caregiver intervention curricula. In addition, facilitators participated in booster training on topics such as design thinking. The project team provided ongoing support through session observation, debriefings and continuous contact between the facilitators and programme coordinators and managers. Facilitators also gave inputs on monitoring, evaluation and learning tools and reflection sessions.

*Monitoring, evaluation and learning strategy and key findings:* A mixed-methods research approach to evaluate processes and changes at different levels had to be significantly revised and reduced because of COVID-19 lockdowns. Revisions included no longer following a control group of adolescents or including caregivers in the quantitative evaluation, reducing constructs measured in the quantitative questionnaire, and decreasing the number of respondents for the endline questionnaire. Qualitative data were still collected in focus group discussions with adolescents, caregivers and facilitators.

Quantitative data were collected and analysed from adolescent participants in a baseline (149 in total, 56 percent girls) and endline (94 in total, 54 percent girls) design that measured attitudes to gender roles and about disagreements and discipline. The findings showed that both girls and boys achieved significant positive changes in their gender attitudes. Girls also saw significant positive changes in their attitudes about disagreements and discipline whereas boys experienced no such changes. The vast majority of girls and boys found the sessions useful, easy to understand and enjoyable, and were highly likely to recommend the workshops to their peers.

| | **Girls (83 at baseline, 51 at endline)** | **Boys (66 at baseline, 43 at endline)** |
|---|---|---|
| **Attitudes to equitable gender roles** | Positive improvement[34] | Positive improvement |
| **Attitudes about disagreements and discipline** | Positive improvement | No change |

Qualitative data were collected during focus group discussions with adolescents (94 in total, 53 percent girls), caregivers (10 in total, 70 percent women) and facilitators (8 in total, 25 percent women). Adolescents reported encouraging changes in gender equitable practices. For example, boys reported being more engaged in household chores, including those traditionally considered the responsibility of women and girls. Boys also described engaging in micro-advocacy for gender equality in their peer groups or families. Adolescents indicated that their relationships with the youth facilitators played a central and vital role in their workshop experience, particularly in building their confidence and helping them to communicate better. Adolescents also shared how they valued the sessions on coping with stress, which they were able to put into practice as COVID-19 lockdowns and challenges swept the globe.

Caregivers reported greater knowledge and acceptance of gender equality, but in terms of actual practice, they described greater changes in their relationships with their spouse and children through improved communications skills.

The transformation among facilitators was particularly inspiring as many took an active role in becoming passionate advocates for gender equality and non-violence, and of the intervention itself within their professional and personal spheres of influence. Several facilitators noted that the experience improved their relationships with their children and partners as they adopted more equitable approaches and open communication.

*Challenges:* Like all pilot projects, the Bhutan pilot faced COVID-19 disruptions to project implementation and monitoring, evaluation and learning. Another major challenge entailed recruiting and retaining both facilitators and participants for the caregiver groups. This was in part due to separate implementation strategies for the adolescent and caregiver components, where adolescent participants were recruited through a school and the caregivers through broader community outreach. This strategy was not in line with the original intervention, which entailed inviting caregivers and their adolescent children together to take part, and linked workshop implementation.

*Successes:* Despite some challenges, the pilot achieved very promising results in facilitating important transformations among adolescents, caregivers and facilitators. It is very encouraging that this success can be achieved even with partial and disrupted implementation. Further trials through implementation that links the adolescent and caregiver components and evaluates the process, effects and impacts in comparison to a control group would provide additional evidence to guide scaling up.

One key success involved the multisectoral partnerships established at the beginning with representatives from each sector sitting on the project advisory committee and involved in all decision-making. These representatives were instrumental in the project's advances. For example, one member from the mayor's office secured the mayor's endorsement and requisite permissions for implementation. One committee member was promoted to a high-ranking national position and is now championing the expansion of the trial and potential scale-up within the Ministry of Education. Several members volunteered as caregiver group facilitators and have applied learning in their own professional contexts.

*Moving forward:* Encouraging pilot findings have inspired enthusiastic support for a larger trial and for integrating the intervention into a national school-based programme. Currently, three schools are conducting trials to gather data to make recommendations to the Ministry of Education for a national scale-up and budget integration.


A solid grounding in understanding GBV and GBV risks, GBV evidenced-based interventions, and ethical and rigorous GBV M&E methods is essential.
**Credit:** Raising Voices

# Lessons learned about integration projects

This section of the report shares lessons learned[35] about the integration of GBV responses, based on the four pilot projects. It considers a global perspective, viewpoints from UNDP project teams and reflections of various project partners at the regional, national and local levels.

The lessons are organized on three levels, starting with the project team, followed by the project structure and approach, and finally GBV prevention and response interventions. This structure stems from an overarching lesson learned about the layers of support and committed action needed to ethically and effectively address GBV in an integrative way, particularly within sectors that do not usually consider or address intersections with GBV. While many programme staff want to focus only on the third level of actions and interventions, experiences showed that this was not always successful when the sectoral project structure and approach exacerbated GBV risks, reinforced problematic social norms, or did not make provision for GBV risk mitigation and survivor-centred referrals. And neither GBV prevention and response actions nor a GBV-responsive project structure and approach are likely to be ethically and effectively implemented without the buy-in, support and committed action of the project team. In end-of-project interviews with UNDP and CSO partner staff, significantly more lessons learned were shared about the project team and project structure and approach than the GBV work in communities.


## Foundations for GBV integration: project partner and team buy in and support

The first group of lessons relate to the project team, specifically, the UNDP project team and the implementing partner team(s) working on the broader sectoral project. Project work depends on the people who design, manage, implement and supervise it; therefore, GBV integration work begins on this foundation. An effective and ethical GBV integration approach is less likely to succeed without buy-in and active commitment to GBV integration and the learning and innovation it requires. In addition, a solid grounding in understanding GBV and GBV risks, the design and implementation

elements of evidence-based GBV interventions, and ethical and rigorous GBV monitoring and evaluation methods is essential.

This section dives deeper into lessons about which organizations and team members should be involved, how they should be involved, the role of team-building and what kinds of capacities and transformation drive successful integration.

## Lesson 1: Invest in advocacy to ensure the commitment of all project partners

**Advocacy is often needed to ensure the buy-in, support and commitment** of all partners, including from UNDP, the government and civil society, as well as all levels of the project team, from boards, advisers and leaders to management and implementing staff. Advocacy is usually driven by those who already support GBV integration and back this approach within a new project. For this global project, the global team often stood behind key champions in UNDP country offices. Ideally, advocacy takes place during a programme or project design or early inception phase so that GBV integration is part of the conception and design. But it often happens once projects have been developed, which require greater advocacy to motivate project teams and partners to take on GBV integration.

Advocacy should highlight:

- The potential mutual benefits of GBV integration
- What is meant by and involved in ethical and effective GBV integration
- Linking GBV actions to sectoral mandates and safeguarding standards

These efforts may need to include advocacy for both an integration approach to start with and specifically for evidence-based, ethical GBV work rather than relying only on gender mainstreaming or the Social and Environmental Safeguards standards. The type and intensity of advocacy needed depend on the context and the level of interest and understanding of GBV at the outset. For example, in one pilot project, people at the advisory and management levels would not even accept the mention of GBV. They preferred the project to focus on gender mainstreaming because GBV was seen as a very sensitive topic that was not well understood within the sector. In this case, more intensive advocacy efforts were needed before key team members agreed to the GBV integration work. Similarly, where "*people…talk about gender as a joke or just as a job but they don't really regard it as important,*" as noted by one CSO partner, more investment in advocacy, capacity-strengthening and transformative approaches will be needed. In contrast, one portfolio manager overseeing a pilot GBV integration approach left a regional meeting on this topic inspired and championed the pilot work and GBV integration approach, which reduced the need for advocacy.

> ***"We work closely with non-gender teams on integrating gender and GBV; they see it as something separate and unnecessary or not mandated within their economic related work. It takes a lot of effort to get them to understand it will make their programme stronger."***
>
> *– UNDP staff member*

**Co-developing a GBV integration plan** promotes and ensures buy-in. It clarifies the roles and responsibilities of all project partners and workstreams

to address GBV. Such a plan will likely only be accepted when all partners and team members understand how GBV intersects with their mandates and area of responsibility. Therefore, part of advocacy must include **developing a shared and common understanding of key concepts and approaches** relevant to the ethical and effective integration of GBV prevention. This will help to ensure that everyone is working in a coordinated way to achieve the same goals, avoid ineffective programming, and prevent inadvertently harmful actions through GBV-blind programming in the sectoral project.

***"Each one of the players or stakeholders must understand what is involved in both what is being integrated and what it is being integrated into…and understand better why we must integrate."***

*– UNDP staff member*

## Lesson 2: Bring in GBV experts

The most successful strategy in the pilots involved having a GBV integration coordinator with significant GBV expertise and authority who provided oversight and support to all project workstreams to integrate and implement ethical and effective actions to address GBV. Integration work is not the sole responsibility of the GBV integration coordinator, however. All team members have roles and responsibilities, with support from the coordinator and a GBV technical adviser, to implement ethical and effective GBV integration actions. Those coordinating or leading the GBV integration work should be part of the sectoral project team and not treated as an add-on, guests or external to the sectoral project. This kind of integrated team can better drive integrative actions.

One team believed that gender focal points from the country office could take on this work with appropriate capacity-strengthening and mentoring in GBV work. The workload and other responsibilities of the gender focal points need to be considered before taking this route, however, as integration projects require sustained, hands-on inputs and coordination throughout the project life. Further, gender expertise is a very broad area; gender focal points may not have the required depth of GBV expertise needed to drive a GBV integration approach with a new team. Additional long-term technical assistance is needed even by gender focal points playing a lead role in the integration of GBV prevention. This technical support could be from relevant CSOs or individual experts or a combination of these sources.

All pilots had access to an international expert on GBV programming and evaluation for ongoing technical support and mentoring. This adviser provided guidance and capacity-strengthening to team members and recommended evidence-based actions for interventions and monitoring, evaluation and learning. Two pilot projects additionally partnered with world-renowned, local CSOs with high levels of experience and expertise in addressing GBV.

## Lesson 3: Involve all team members in the integration work

**Because GBV integration work is meant to permeate a sectoral development project or programme, all team members must be fully committed to supporting it within their area of responsibility.** They must also be informed and

knowledgeable about the implications for their work, and openly communicate and coordinate with the rest of the team rather than creating mini-siloes within the project. Each team member, ranging from thematic focal points to monitoring and evaluation and communications colleagues, needs to understand how a GBV integration approach will theoretically and operationally affect their area of responsibility and activities within the sectoral project. Decision-making, planning and monitoring must all consider GBV issues.

**Broad involvement in capacity-strengthening and coordination of all team members across levels and partners can minimize the disruptive impact of staff turnover.** One project found that high levels of staff turnover slowed momentum on the project and at times even halted progress as new team members without understanding of GBV integration made contradictory recommendations or questioned decisions meant to promote integration. This same project found that because capacity-strengthening and coordination meetings did not include all levels of team members, there were times when actions or different implementation teams were uncoordinated because field teams did not understand how their actions linked to, for example, the monitoring and evaluation methodology.

Team buy-in and commitment entails:

- Multiple team members showing an interest in pursuing GBV integration, such as through co-authoring an integrative strategy and workplan
- Team members actively engaging in capacity-strengthening and transformative processes, and are curious and eager to learn and try new approaches
- Team members suggesting ideas on how to implement the GBV integration approach across the project
- Team members engaging in regular discussions throughout the project life, such as during regular project meetings or planning sessions
- GBV integration as a standard agenda item for all project meetings, planning sessions, monitoring, evaluation and reports
- Proactive coordination in considering GBV across all aspects of the project

## Lesson 4: Build an enabling, caring team environment for GBV integration work

As a new, innovative approach, GBV integration means fundamentally doing things differently and having to figure out solutions to complicated issues, ranging from cost-sharing to partner relations, and prioritizing GBV safeguards.

> ***"The coordination needed is high—we need to liaise more and align timelines and activities. Communications channels must be direct, open, and regular to share with everyone about all aspects of the project and rationale for various decisions to ensure clarity."***
>
> *– UNDP staff member*

Regular coordination and open communication are essential foundations and must involve all project partners, including local stakeholders and levels of the team stretching from regional and global advisers to country directors, project managers and implementation staff. Because the GBV integration approach is designed to fit within a sectoral project, it is best when the approach and activities evolve

through a co-creation process that is both creative and allows for high levels of team ownership. This dynamic context means that all team members need to be updated on integration and the implications for their work. One UNDP staff member described integration as "*iterative*" in nature, with no ready-made universal solution.


Part of building a strong team is acknowledging the increased workload required for GBV integration, particularly with a team new to the approach. The complexities of ethical and effective interventions as well as ethical and rigorous measurement were more demanding than many teams and team members, including gender focal points, anticipated. Part of the integration plan must be setting reasonable timeframes, including to allow for additional time to develop integrative solutions and adapt ethical and effective GBV activities for the project context. Exhausted team members with too many responsibilities are unlikely to fully engage in the integration work or contribute to innovative solutions. Appointing a GBV integration coordinator can address some workload challenges but leaders still need to be cognizant of the demands of the integration approach on the whole team.

Doing things differently requires safety and trust, and spaces to make mistakes and share and learn from them. One regional adviser noted that the pilot project was a very new approach for the country office and pilot team. As such, there was some professional risk involved in innovating without formally being part of a UNDP Accelerator Lab project. Limited support and encouragement came from colleagues who did not understand the approach being piloted.

Healthy team relationships are grounded in respect, support and open communication, where all team members' contributions are valued and welcomed. A supportive team environment is also important to mitigate the vicarious trauma and stress that is part of addressing GBV.[36] Developing trauma-sensitive work practices[37] and self and collective care mechanisms[38] are ethical obligations for projects and staff dealing with GBV, particularly when team members have not worked on the issue before. Finally, adopting the feminist principles and practices integral to effective, evidence-based GBV prevention interventions is an important component of transformative GBV work. Feminist work practices include[39] dismantling rigid hierarchies and addressing inequitable and problematic power dynamics in teams; being inclusive and participatory in project creation, management and implementation; and ensuring that there are regular and genuine opportunities to hear the voices and experiences of all team members.

Investments in a strong internal project team lay the groundwork for later partnerships as discussed below.

## Lesson 5: Invest in transformation and capacity-strengthening of project staff

One UNDP staff member who coordinated a pilot project described the experience as fundamentally *"a learning process."* Because the GBV prevention integration approach works within non-GBV sectoral projects, most project teams and staff have not worked on GBV issues previously. Therefore, it is important to engage in advocacy, capacity-strengthening and transformative processes with project staff. Further, the GBV integration approach itself is relatively new, and because sectoral projects vary, there is no one-size-fits-all approach. Capacity-strengthening can complement advocacy to promote buy-in and minimize barriers such as disjointed, ineffective or harmful activities, and resistance to GBV integration.

> ***"It is important to ensure that everyone understands that for transformation to happen, the team needs to go through their own transformation and fully embrace and address social and gender norms within their team and work before doing so in the community."***
>
> *– CSO partner staff member*

Facilitating transformation—of attitudes, practices, relationships and social norms—lies at the core of GBV prevention work, which seeks to stop the violence before it starts. **Personal transformation among project staff and teams** at all levels is essential to successful GBV prevention work and its integration. Cultivating gender equitable practices and ideologies, healthy relationship practices and trauma sensitivity in project teams recognizes that many people are socialized and influenced by patriarchal social norms. They are likely at different points of embracing gender equitable attitudes and practices in their own lives. Experienced CSO partners in particular highlighted this lesson, echoing a key recommendation from the GBV prevention field.[40]

When team members wholly endorse gender equitable attitudes and practices and have a shared and common understanding of GBV as well as ethical and effective GBV response and prevention actions, then internal resistance and backlash are minimized. Acceptance and commitment to GBV integration is more likely. At the same time, patriarchal institutional environments can limit or neutralize individual efforts. While it would be ideal to transform institutions, it may be more feasible to focus on team transformation and try to adopt feminist work practices and healthy team relationship norms within the team, as this will hopefully inspire and spread to other teams.

As GBV and GBV integration are very likely new areas of work for most if not all team members at all project levels and across all project partners, it is likely that all will need and benefit from engagement in some capacity-strengthening work. Teams that did not invest in this were more likely to adapt interventions or make implementation decisions that compromised the effectiveness of GBV prevention.

The approach, pace and depth of capacity-strengthening depend on the aims, ambitions and motivation of the team as well as more practical considerations such as team availability and budget. Across pilots, capacity-strengthening worked best when it used participatory methods and a variety

of formats. A participatory approach started with teams self-identifying priority areas of development and then co-creating the agendas. It ensured that team members connected with one another and areas of learning while linking learning to practical actions in the pilots. The global technical advisers were ultimately responsible for coordinating all inputs and capacity-strengthening activities to meet both pilot-specific and broader project needs.

A variety of formats to address multiple levels of needs included in-person workshops (prior to COVID-19 prevention measures); knowledge exchange calls (prior to and during COVID-19); individual guidance and support sessions with technical advisers, both in-person and remotely; and engaging with existing GBV resources such as key reports or articles and webinars. Participation in workshops and knowledge exchange calls was the same across all pilots but with significant differences in engagement with individual support sessions and resource materials. The team members who engaged more in these two activities showed significantly more growth in their expertise as well as progress in their pilots.

Capacity-strengthening can accelerate innovation and creative solutions. Integration is likely to be most successful and innovative when expertise on the development issue that is the focus of the large sectoral project is combined with understanding of the core elements of ethical and effective GBV prevention and response actions. Bringing together various team members and experts where possible to share and learn from one another, and to co-create new solutions that ethically and effectively address both GBV and sectoral project aims, holds a lot of promise in linking best practices from multiple fields. For example, in one team, several brainstorming sessions with various stakeholders (e.g., the project coordinator, GBV technical advisers, GBV CSOs, economic empowerment CSOs and a local expert in intervention adaptation) helped to find solutions related to an appropriate implementation schedule, the improved enrolment and retention of male participants, and the best approaches to specific intervention adaptations.

Future projects involving multiple teams starting together could consider a hybrid model for capacity-strengthening that would include both bespoke support and guidance as well as more cohort activities to strengthen core knowledge and competencies and build a community of practice for GBV integration work. In particular, an inception workshop very early in the project to accelerate foundational buy-in, transformation, understanding and enthusiasm for the GBV integration journey is highly recommended. Such a workshop is also a key opportunity for reflections on specific capacity strengths and gaps in order to inform ongoing capacity-strengthening and technical support plans.

Capacity-strengthening efforts should include building team members' understanding of the theory of change underlying interventions as well as core effective design and implementation components.[41] Key areas of learning and capacity-strengthening include:

- Understanding the nature, risk and protective factors related to GBV, and how these intersect with the development objective of the broader project
- Ethical and effective GBV prevention and response interventions, and how to adapt and implement them
- How to make ethical GBV referrals
- Recruiting, training and supporting intervention facilitators
- Participant recruitment and retention
- Ethical and rigorous GBV monitoring and evaluation methods

## Success strategies summary

| Theme | Less successful | More successful |
|---|---|---|
| Buy-in, support and commitment to and understanding of GBV integration | Having managers who did not understand the potential benefits of a GBV integration approach, how addressing GBV related to their mandate and key development focus, or key concepts in ethical and effective GBV programming resulted in a lack of progress and missed opportunities for integrative programming. | Transformation and full buy-in at the advisory, leadership and management levels led to increased commitment and investment in integrative approaches and capacity-strengthening across the sectoral project, including in recruitment, terms of reference, cost-sharing and shared indicators. |
| Bringing in GBV expertise | Relying on a gender focal point with a full workload to drive integration often results in the team not taking integration fully on board or slow progress; not all gender focal points have necessary GBV expertise and/or their workloads are too full to allow adequate time and attention to the integration project. | Recruiting staff, including an integration coordinator or officer, with expertise in GBV to coordinate GBV integration decreased the need for intensive advocacy and capacity-strengthening and resulted in more progress in implementation. |
| Transformation and capacity-strengthening for all team members | Staff with unrecognized gender biases may inadvertently promote problematic norms within the team or within programming activities. They may also be more inclined to use ineffective actions or strategies to address GBV. | Investing in a transformation process and capacity-strengthening and continuous learning approaches with GBV experts. |
| | Staff focused on operational implementation did not invest in understanding the theory underlying GBV prevention, leading to implementation that was often disjointed and with limited effectiveness. | When project teams engaged with the GBV prevention evidence base to understand the underlying theory and core elements, there was deeper integration across the project as well as more progress in implementing ethical and effective GBV prevention programming. |
| Creating an enabling environment | Lack of care strategies can result in vicarious trauma among staff | Creating a caring culture within the project team and structure mitigates vicarious trauma risks and contributes to improved teamwork. |

## Structures for GBV Integration: GBV-responsive sectoral project structure and approach

This section explores lessons learned on GBV integration at the project structure and approach levels to ensure that the sectoral project is sensitive and responsive to GBV and GBV risks. The GBV integration approach is not about adding actions to address GBV, which can be done by linking another mini-silo or pillar to the sectoral project. Instead, it should permeate the sectoral project, and ethically and effectively address GBV together with the sectoral project's development goals. A review of the sectoral project structure and/or approach should ensure they are not GBV-blind as this can exacerbate GBV risks and cause harm.

### Lesson 6: Address and dismantle hierarchies and misuses of power in the project structure

Linked to building teams that embrace feminist practices, as discussed in the previous section, it is important to critically reflect on the project structure and approach, and whether or how it perpetuates patriarchal norms. Effective GBV prevention requires addressing harmful social norms rooted in patriarchy, dismantling problematic power dynamics and building gender equality through transformative, participatory processes. The idea of integration is to establish equity in both the GBV and sectoral development approaches and actions.

The hierarchy and problematic power dynamics that surfaced most often and obviously in these pilots involved the relative budget size of the sectoral project and the GBV integration component. Because the GBV integration budgets were significantly smaller, the integration work was sometimes seen as less important. Staff working on it often had less influence on the sectoral project as illustrated by the earlier recommendation on integrated team structures. Early cost-sharing agreements and commencing GBV integration work during the conception and design phase help build in more equitable practices from the start.

> ***"Integration depends on feminist working practices—respect, empathy, and multidirectional and non-hierarchical communication."***
>
> *– UNDP staff member*

Future projects should consider early and ongoing reflections on power dynamics and hierarchies within the project, and what the intended and unintended consequences of these are on achieving ethical and effective GBV integration. These reflections can be guided by a power analysis activity from existing evidence-informed materials.[42]

### Lesson 7: Establish GBV risk management protocols

At a minimum, all projects must adhere to the Preventing Sexual Exploitation and Abuse[43] policies and practices as well as UNDP's Social and Environmental Standards.[44] A more detailed GBV risk management protocol, however, is needed to address specific GBV risks in the project context and activities. Projects must build on an understanding of the nature of GBV within a given context in order to identify and address various GBV risks throughout the broader sectoral project. GBV and GBV risks

should be carefully and continuously monitored to understand when project actions increase or reduce risks or GBV itself. This monitoring should follow ethical and best available methods as discussed in more detail under the monitoring, evaluation and learning framework and process below. Very few sectoral projects piloting the GBV integration approach had a GBV risk management strategy in place. Some did not even feature GBV in the initial risk analysis. One project was confronted with this gap after findings from the formative research identified how the potential exacerbation of GBV risks had gone undetected by the sectoral project team. The team then developed an evidence-informed GBV risk mitigation plan with local and international GBV experts.

Accountability mechanisms such as grievance redress mechanisms, safety protocols, and review and assessment meetings must be linked to GBV risk management to help ensure that the project effectively responds to any potential or actual GBV risk exacerbation. Staff must be easily able to raise red flags with supervisors and managers, and these must be dealt with sensitively and transparently, with a focus on safety and well-being.

## Lesson 8: Maximize integration opportunities

A review of the sectoral project activities and annual workplan helps to identify key opportunities for GBV integration, specifically, actions to respond to and prevent GBV. Points of alignment between sectoral and GBV programming should be leveraged for mutual benefit. For example, one project had significant overlap between one sectoral project intervention and the GBV prevention intervention. This overlap was only detected, however, during the evaluation stage, meaning there was unnecessary duplication of efforts. Further, the two interventions confused participants. Some cross-over with the same facilitators implementing both interventions and not having clear boundaries between the two made comparative evaluation impossible.

***"The framework was complex and fully integrated to look at the integration question itself and not only inserting a GBV intervention."***

*– UNDP staff member*

## Lesson 9: Ensure there is alignment in underlying programming values and approaches

A critical review of the sectoral project programming approach and activities is needed to ensure that they are not inadvertently doing harm or promoting the problematic norms, practices and attitudes that the GBV prevention work seeks to transform. In some cases, such as economic empowerment interventions, good research data outlines potential risks related to GBV.[45] In other cases, GBV-sensitive field research is needed. For example, during formative research in one pilot project, sectoral project activities were found to unintentionally exacerbate GBV risks and reinforce a patriarchal status quo. These effects were unintentional but occurred because the project team was unaware of them and did not consider or monitor GBV risks when designing the programme.

Two pilot projects had project documents that framed sectoral development work in hierarchical,

patriarchal, top-down ways. Identifying such problematic approaches and framing will help project teams to understand and transform key project approaches and activities. For example, the language of 'beneficiaries' suggests a patronizing colonial dynamic with community members and casts them in a passive role in which anything that aid or development actors do is beneficial (which may not always be the case). More equitable language would see community members as participants in project activities, which is a more active role that acknowledges their agency. Another typical problematic framing is around 'providing alternative livelihoods' instead of co-creating alternative practices. Also problematic is conceptualizing a project as 'improving women's economic empowerment through strengthening their skills' which highlights a skills deficit without acknowledging the broader norms, systems and structures that prevent women from economic participation and control and ownership of economic resources. All these examples show how seemingly benign patriarchal norms frame sectoral development projects.

Many sectoral development projects seek to create lasting change. In several pilot projects, the sectoral activities with community members were directive and instrumental—that is, a one-way provision of information or training that focused on activity implementation rather than the impact of the activity, participation and addressing root causes. These approaches may benefit from reviewing and adapting effective GBV prevention strategies that highlight participatory approaches, transformation processes and grounding in an evidence-informed theory of change (i.e., addressing drivers and risk factors). In one pilot project, an activity involved developing new livelihood options and providing start-up resources to individuals. But it did not engage communities in letting go of older livelihood practices and adopting new ones successfully and sustainably. This resulted in some community members returning to older, problematic practices because they could make more money that way or because they did not have the skills or interest in the alternatives.

## Lesson 10: Build equitable, collaborative partnerships

Within the GBV field, there is wide acknowledgment that preventing and ultimately ending GBV requires actions and collaboration among multiple actors to comprehensively address and transform the drivers of this violence. Many UNDP projects recognize and adopt multisectoral, whole-of-society approaches, including through partnerships with governments, CSOs, communities and the private sector. This strength needs to be leveraged in GBV integration work where key, strategic partnerships are essential for success.

***"I don't remember ever working that in-depth and intensively with so many different stakeholders."***

*– UNDP staff member*

Sectoral project teams should establish partnerships with local organizations that address GBV, including prevention and response. Two pilot projects had such partnerships with local CSOs globally renowned for their GBV work. These partners played a critical role in the design and implementation of ethical and

effective GBV actions. In both projects, CSO partners implemented GBV prevention work, including by adapting an evidence-based intervention and conducting transformative capacity-strengthening workshops with the project team. In the two other pilot projects, such experienced partners were not available, which meant they had to invest in more capacity-strengthening and monitoring of implementers as well as additional expertise in intervention development and adaptation.

Government partnerships are vital in GBV integration work yet many sectoral government ministries are not familiar with it. They lack understanding of how their sectoral work intersects with GBV and how their mandate includes addressing GBV and GBV risks. Most government ministries should have gender experts or units in line with recommendations under the Convention on the Elimination of All Forms of Discrimination against Women,[46] although in some cases, they carry high workloads and may not have specific GBV expertise. It may be strategic to bring on board government representatives with more experience and a direct mandate to address GBV. They typically include gender, justice and health ministries.

One pilot established a steering group of stakeholders from various organizations that addressed GBV in different capacities. This multisectoral committee meant that multiple organizations and government ministries remained informed and participated in some capacity-strengthening and transformational workshops. This investment paid off in multiple ways. Some senior representatives volunteered to facilitate community workshops. Committee members offered ideas for additional integration approaches and projects within their own sectors, and also cleared obstacles for project implementation and expansion by securing permissions and lending credibility to recruitment efforts through their official endorsement of the project. One committee member was promoted to a senior national position during the project and has championed its ongoing expansion. Early engagement of multiple national and local government representatives effectively ensured the wide reach of advocacy, capacity-building and ultimate buy-in and ownership of GBV prevention work, which is poised to be integrated into national policy.

***"There should be give and take, based on mutual respect and mutual acknowledgment of different skills and comparative advantages of each partner; an openness to communication and collaboration and structures in place for this communication and collaboration…and equalized power dynamics—it shouldn't be one-sided. People should feel comfortable bringing up challenges and different solutions, and there must be flexibility and responsiveness from all partners."***

*– UNDP staff member*

Finding the right partners is the first step. The second is ensuring that a positive partnership is nurtured and grown. Contractual agreements often structure and govern partnerships in ways that reinforce hierarchy and power disparities. It is important to work towards more equitable partnerships where teams from each organization can learn from one another, engage in co-creation and problem-solving together, and communicate openly about successes, challenges and mistakes. A typical hands-off approach, where implementing partners are left to the day-to-day work with only contractual monitoring by UNDP, should not apply to GBV integration work. Similar to internal critical reflections on hierarchies and power dynamics as well as on team-building, reflections on and investments in relationship-building should apply to partnerships with external teams.

## Lesson 11. Ground the monitoring, evaluation and learning framework and process in the best GBV research practices

As a global programme, "Ending Gender-Based Violence and Achieving the SDGs" took a hybrid mixed-methods approach to research and monitoring, evaluation and learning, intended to measure and document changes and processes, including in the project team. Throughout, there was a strong emphasis on ethical practice[47] and rigorous methodologies for both qualitative and quantitative data.[48]

Pilot teams described this approach as *"very different"* and *"more comprehensive"* than their usual monitoring and evaluation models. It *"felt like it was a lot of work in the moment but then when we put it all together…it was so useful."* All projects appreciated the ability to provide data and evidence of nuanced changes rather than only targets and specific indicators (such as the number of women participants or number of workshops completed), as is traditional. Two projects noted how their monitoring, evaluation and learning reports helped to convince colleagues and stakeholders to take on or support expanded GBV integration work.

Several pilot team members said that it was important to combine quantitative and qualitative data to *"clearly see changes…and the emotional aspect [of the impact] too."* One project initially faced resistance contracting a qualitative GBV researcher because *"they didn't see why it should be so expensive…they didn't realize the value. But now that they see the product, they are convinced."* They have now contracted the same researcher to evaluate some new projects and hope to mainstream this approach across all of their work.

There were mixed opinions on measuring internal transformation and change, with some team members noting that documenting transformation among intervention facilitators was invaluable. Others said they felt uncomfortable about reflecting on their own changes both personally and professionally. Given that teams play a fundamental role in integration success, it is worth monitoring and assessing their progress in capacity-strengthening and embodying gender equitable attitudes and practices.

> ***"Having an independent consultant to explore multiple facets of the project and to provide detailed, in-depth, on-the-ground realities, facts, challenges and changes… everything can get captured—which we can't do in our M&E, especially with the qualitative work. Being able to document the voices is amazing and it's one of the best best approaches I've seen."***
>
> *– UNDP staff member*

None of the projects measured the incidence of GBV perpetration or victimization because they had small sample sizes and an inability (in most projects) to collect data from a control group for comparison. They also lacked funds for the safety requirements of ethical data collection. Instead, they focused on measuring proxy indicators such as relationship quality, controlling behaviours in relationships, gender equitable attitudes and practices, and attitudes to GBV. Most stakeholders accepted and understood these measures; however, others were disappointed at the lack of GBV data. Not all teams understood the sensitivity and difficulty of safely collecting prevalence data. Some initial baseline assessment plans included inappropriate GBV measures.

Building teams' understanding of ethical methods to measure various aspects of GBV and GBV risks is essential. In one pilot project, the sectoral project team rejected GBV findings from formative research conducted in the project area by the CSO partner. The team countered that their own informal conversations with community members during high-profile missions (including national leaders) had not raised any GBV concerns. GBV is a massively underreported issue, however, with many women choosing not to report their experiences to formal channels or even to their close confidantes. Research methods have been developed to ensure safe and comfortable ways to more accurately document GBV experiences.[49] Information obtained in other ways is unlikely to be accurate.

## Success strategies summary

| Theme | Less successful | More successful |
|---|---|---|
| GBV integration across all workstreams and aspects of the sectoral project | GBV work has a separate framework; monitoring, evaluation and learning strategy; and implementation plan conducted alongside the sectoral project work. | GBV-sensitive and -responsive approaches are integrated throughout the sectoral project framework with support and participation from all partners. |
| | Gender- and GBV-blind programming approaches can cause harm or exacerbate risks (note: unintentionally), including in not proactively managing resistance and backlash and/or the perpetuation of patriarchal norms. | |
| GBV risk management | Grievance mechanisms, risk monitoring and monitoring, learning and evaluation do not adequately measure, monitor or address GBV. | Investment in co-creation, understanding and implementation of GBV-responsive monitoring and reporting mechanisms, including safety protocols when GBV is reported. |
| Learning approach within the project | No space for learning from mistakes or disrupting business-as-usual. | Continuous and multidirectional learning and reflection including on hierarchies and power dynamics. |
| Work in partnership | Pursuing GBV work in isolation or independent of local stakeholders can slow progress and lead to ineffective or harmful programming. | Partnership with local GBV organizations for technical guidance, local contextualization, and links to local GBV services and stakeholders. |

| Theme | Less successful | More successful |
|---|---|---|
| Formative research | Assuming a broad understanding of GBV and not interrogating potential misunderstandings and associated risk factors and drivers can lead to victim-blaming or problematic programming as well as missed opportunities for integration and alignment between the sectoral project and GBV work. | Develop a good understanding of GBV in context and intersections with anchor project focus area, such as through formative research or a desk review of local research and consultations with local GBV and women's organizations. |
| Proactive coordination | Lack of clarity on roles and responsibilities and poor communication results in inaction on GBV and/or disjointed programming. | Invest in ongoing and proactive coordination through an integrative implementation plan and regular communication (e.g., meetings, knowledge exchange events, reflection events, etc.). |
| Monitoring, evaluation and learning | Measuring GBV prevalence with problematic data-gathering methods can result in inaccurate information, misleading conclusions or harmful processes. | Ethical and rigorous multi-method measures of change, focused on GBV risks or drivers or proxy indicators instead of prevalence. |

## Growing GBV integration: GBV prevention and response actions

This section describes and discusses lessons learned and recommendations related to the third tier of work—GBV prevention and response actions implemented with participants and communities engaged in the broader sectoral project. Work at this level is usually the primary focus of a project, but as discussed earlier, GBV integration is less likely to succeed or proceed smoothly without supportive and aligned project approaches and structures and committed team members working together collaboratively. A feminist, decolonized and equitable approach calls for the project to embrace and practice the principles and standards that it is promoting with participants.

Substantial evidence and evidence-informed guidance on GBV interventions was available before the start of the global programme. There was little to no guidance, however, on how to effectively implement GBV integration.

### Lesson 12: Ensure survivor-centred approaches guide all GBV responses

Global prevalence data suggest that GBV is so widespread that it is unlikely that any project will not be engaging with survivors, whether they are identified or not. For this reason, ethical referrals are essential; strengthening the referral network and pathways may be necessary. Even if integration work focuses on GBV prevention, it is essential to concurrently ensure that the referrals pathway and mechanisms that will link GBV survivors to appropriate services are clear and able to respond to cases promptly and effectively. Addressing GBV issues may increase the need for survivor services

as women become more comfortable with seeking help, are supported by more people to obtain it and understand where to find it.

> ***"The only important thing that I would caution when I am encouraging others to take up integration is they should know that they are handling GBV cases and the issue of protecting the integrity of the survivor, which is unlike other issues."***
>
> *– UNDP staff member*

Experiences with the pilot projects suggest that services for GBV survivors are not always **survivor-centred.**[50] Strengthening referral pathways and services requires working with local and national government counterparts involved in these services as well as any NGOs or CSOs delivering them. Good coordination among all involved along the referral pathway is essential to ensure ease of access for survivors. Further, any strengthening of services must focuses on survivor-centred approaches and delivering essential services.[51]

## Lesson 13: Adapt an evidence-based prevention intervention model

A common approach to GBV prevention is awareness-raising or communications campaigns, yet these are not effective as stand-alone interventions.[52] In the integration programme, the focus was on adapting **evidence-based primary prevention approaches focused on social norms transformation and behaviour change.** For some, the concept of primary prevention through addressing drivers and risk factors for violence is a paradigm shift. Many UNDP staff members described the primary prevention interventions as *"very different"* from any previous work they had done.

The team that initially planned to develop a new intervention package did not make progress on this front. Teams who selected and adapted an existing evidence-based intervention were more successful. All pilot interventions had multiple components, since one-off training events also cannot address the multitude of factors and social layers of GBV risks and drivers and thus are not effective. One participant noted that this *"multi-layered approach that we used is very important…we addressed the individual and systemic and relational and environment issues at the same time to ensure a long-term change and a sustainable change."*

> ***"Initially I thought this would be like many other projects we have and advocating around GBV. These things had been done many times so at first I thought it would be similar but through the workshops and getting to know the intervention, this one is very different…the only very different project we've done."***
>
> *– UNDP staff member*

The technical adviser curated evidence-based intervention models for teams to consider for the best fit within their context, project logistics and purpose. Because intervention models were not developed and tested in pilot sites, each team underwent a process of adapting and contextualizing them. A careful adaptation process

ensures that the intervention adheres to core elements[53] and is informed by evidence.[54] Two teams described how they were surprised by how time consuming, *"in-depth"* and *"intensive"* the adaptation process was, and noted that multiple stakeholders, local and international, had to be involved. Two teams reached out to the original intervention developers and implementers for inputs, field staff from a local CSO well known for its GBV work, and community members from a similar target group.

Community consultations were particularly useful to challenge the assumptions of experts and allow the team to try non-traditional approaches, such as working with couples in Iraq. The three teams who undertook these processes described how intervention facilitators had ongoing advice for additional adaptations and revisions, indicating that adaptation is a continuous process. Best practices in GBV prevention suggest that a brief, accelerated pilot of the intervention with a small representative group is useful to verify adaptations before a larger roll out.

## Lesson 14: Support quality intervention implementation and links among project activities

The full project team should be clear on all components of GBV integration and how these link to broader sectoral project activities. One team invested in developing a detailed logistics plan and continuous coordination meetings among partners to ensure the smooth implementation of all project activities, including the GBV prevention intervention. In contrast, two teams that did not do this ended up with more disjointed and 'check-the-box' programming, where activities were implemented but without any connection to other components of GBV prevention or to the broader sectoral project. This likely compromised the effectiveness of both GBV prevention aims and the acceleration of sectoral development goals. In these less successful teams, workplans were split among different partners with little attention to ensuring coordination.

***"Ensure coordination between all teams and partners at all levels and alignment of GBV integration within the whole programming to avoid any additional time and duplication of efforts and inefficient use of resources."***

*– UNDP staff member*

Investing in recruiting, training, supporting and retaining intervention facilitators to lead sessions with participants was essential to success. Team members considered a knowledge exchange call,[55] led by the technical adviser and involving all teams, as very helpful on this topic. Two pilot projects invested deeply in their facilitators in terms of training and on-going support; these interventions achieved better results. One group of facilitators was highly experienced in GBV work but had not facilitated workshops such as those in the pilot intervention (i.e., "Indashyikirwa"). They required less intensive training than those who had no experience in facilitating participatory workshops or GBV trainings. Less-experienced facilitators who did not receive full training or did not believe in and embrace the ideas and behaviours promoted in the intervention were less successful. Some engaged in inappropriate or problematic behaviour, such as trying to find GBV survivors to link them to referral services or directly confronting perpetrators.

Participant recruitment and retention was challenging in most pilot projects at first, except for one with

strong community networks and a clear link with the sectoral project to connect participants to GBV intervention activities. When participants were offered incentives (e.g., cash stipends for transport) and the location and schedule were decided as a group, retention was better. In two pilot projects, recruitment did not explicitly publicize the relevance or potential benefits of participation, which substantially slowed the process. Developing a clear participant recruitment plan linked both to larger sectoral projects and to motivating community networks and strategies can increase chances of success. Gaining acceptance and entry to a community and mobilizing community participation took more time than anticipated for all projects, so this is important to bear in mind in project plans.

## Success strategies summary

| Theme | Less successful | More successful |
|---|---|---|
| Build on evidence-based approaches and intervention models | Focusing on awareness-raising, communications campaigns and knowledge-building may be popular approaches but on their own are not effective in preventing GBV (and poor campaigns can even serve to normalize GBV). | Building on core design and implementation elements of effective GBV prevention approaches that focus on participatory social norms transformation and behaviour change. |
| | Designing a new intervention is time and resource consuming, requiring a high level of expertise that puts this approach out of reach for most integration projects. | Selecting an existing evidence-based intervention that has a good fit and investing in a rigorous adaptation process. |
| Focus on facilitating a process of transformation | Focusing on operational implementation (checking boxes) often leads to disjointed and minimally effective or ineffective programming. | Maintaining fidelity to the intervention model and theory of change and focusing on transformational implementation (a participatory processes to drive change). |
| Adaptation process | Conducting a brief adaptation process without community consultation or piloting can lead to irrelevant intervention activities that make participants disengage, or changes are made that compromise intervention effectiveness. | Establishing a team of experienced people to carefully adapt the intervention, ensuring that they understand the theory of change and core components of effective and ethical GBV programming so that adaptations do not compromise these elements. |
| Invest in the facilitators | Failing to provide adequate training and support to facilitators and/or relying on those who are inexperienced in dealing with GBV can result in inappropriate or harmful actions or messages. | Working with experienced, committed, passionate facilitators and investing in their skills and capacity development as well as providing ongoing support. |


The key lesson is that integration is not a linear or singular process with a clear recipe or one-size-fits-all approach.

**Credit:** Raising Voices

# Recommendations

## Key recommendations for addressing project partner and team buy-in and support: Ensure that the foundation for successful GBV foundation is laid by working at the project partner and team level first

**Lesson 1: Invest in advocacy to ensure the commitment of all project partners**

- Engage in advocacy efforts with all project partners and all levels of the project team to secure buy-in, support and commitment to ethical and effective GBV integration.
- Co-develop a GBV integration plan that clearly lays out all partners' and team members' roles and responsibilities.
- Develop a shared and common understanding of key concepts and approaches related to ethical and effective GBV integration.

**Lesson 2: Bring in GBV experts**

- Recruit and hire a GBV integration coordinator, preferably someone with GBV expertise.
- Support all team members to engage in and implement the integration work, including through coordination, co-creation and capacity-strengthening.
- Ensure that team members have access to technical support from a variety of sources, including local GBV-focused CSOs and international experts to guide GBV integration work.

**Lesson 3: Involve all team members in the integration work**

- All team members must have an active role in GBV integration work, including co-creation of the plan, transformation and capacity-strengthening, and implementation and coordination.

**Lesson 4: Build an enabling, caring team environment for GBV integration work**

- Invest in team-building, including supportive spaces for new ways of working, trauma-sensitive approaches and careful workload management, acknowledging the additional capacity-strengthening and coordination that may be required; be ready for an all-hands-on-deck approach.
- Incentivize ethical, evidence-based GBV integration actions and innovation by providing the necessary care, support and accolades for the team involved.

**Lesson 5: Invest in transformation and capacity-strengthening of project staff**

- Transformative workshop sessions that increase gender-equitable attitudes and practices among team members are often necessary.
- Ongoing, multi-method, participatory and bespoke capacity-strengthening is necessary.
- Address key topics to build team members' capacities for ethical and effective GBV interventions, referrals, and monitoring, evaluation and learning.

## Key recommendations for investing in transforming the project structure and approach: Adapt the project structure and approach to maximize integration and its benefits

**Lesson 6: Address and dismantle hierarchies and misuses of power in the project structure**

- Conduct a power analysis of the project and how it functions, including all partners and stakeholders.
- Embrace feminist work structures and practices that value and address both GBV and the development focus of the sectoral work.

**Lesson 7: Establish GBV risk management protocols**

- In addition to the standard safeguarding policies and protocols, develop and implement a GBV risk monitoring and mitigation plan that addresses the unique sensitivities and safety issues related to GBV.
- Establish a GBV risk log as an accountability mechanism, as part of the project's risk log.

**Lesson 8: Maximize integration opportunities**

- Review all project workstreams and planned activities to ensure that opportunities for GBV integration are maximized and leveraged, and duplication or disjointed programming is avoided.

**Lesson 9: Ensure there is alignment in underlying programming values and approaches**

- Conduct a critical review of the programming values and approaches underlying all activities to ensure that none inadvertently promote problematic norms, use patriarchal framing or exacerbate GBV risks. Programming should be equitable, participatory, inclusive and safe.

**Lesson 10: Build equitable, collaborative partnerships**

- Establish partnerships with relevant local, national and/or regional stakeholders, including civil society, the government and private sector, to support and implement the GBV integration work.
- Develop partnership principles that promote equitable collaboration and mutual learning exchanges.

**Lesson 11: Ground the monitoring, evaluation and learning framework and process in the best GBV research practices**

- Adapt best practices from GBV research to ensure that all data are collected safely, analysed accurately and reported ethically.
- Measure change and processes to understand what works (or does not), what the impact is, how it works or how change is facilitated, and for whom it works (or does not).
- Include qualitative monitoring, evaluation and learning methods to understand participants' lived experiences and give more context to quantitative data.

## Key recommendations for ethical and effective GBV prevention and response actions within an integration approach: Be guided by the evidence base for GBV work

**Lesson 12: Ensure survivor-centred approaches guide all GBV responses**

- Establish a referral network, referral materials and referral skills for all project team members, particularly those working in the field with community participants, in partnership with local and national government as well as NGOs and CSOs involved in the referral pathway.
- Strengthen referral partners' services where necessary to ensure they are implementing a survivor-centred approach.

**Lesson 13: Adapt an evidence-based prevention intervention model**

- Prevention work should focus on social norms transformation and behaviour change, not on communications campaigns, awareness-raising or other single component or one-off events.
- Select an existing, evidence-based GBV prevention intervention that is feasible within the project and addresses the same target audience identified by the sectoral project.
- Adapt the intervention using a systematic process guided by GBV experts and community representatives. Engage with the original intervention developers and implementers during the adaptation process for guidance and inputs.
- Pilot the adapted intervention with a small group before rolling it out across the project.

**Lesson 14: Support quality intervention implementation and links among project activities**

- Develop a coordinated implementation plan that ensures links between the GBV components as well as with the broader sectoral project.
- Focus on facilitating a process of transformation rather than on just getting workshops done as quickly as possible.
- Carefully recruit, train and support intervention facilitators and ensure they implement the intervention with fidelity to the model and by adhering to GBV safety protocols.
- Develop a participant recruitment plan that is benefits-based, linked to the larger sectoral project and has the support of community leaders. Consider cash stipends and identifying the time and location for group sessions together with participants to improve retention.

## Reflections

The integration journeys of these four pilots, particularly through the crisis and complications of a global pandemic in addition to local challenges, have generated many lessons that can inform future endeavours to integrate GBV prevention. The key lesson is that integration is not a linear or singular process with a clear recipe or one-size-fits-all approach. At the same time, there are key principles and processes that influence success as discussed in this report. The inputs and changes needed all depend on the starting points and what elements of buy-in and active involvement are achieved, what kinds of capacities and transformation are needed and to what extent these are drawn upon. There

are multiple routes towards the integration of GBV work. Some are easier and quicker, whereas others are more complicated and challenging, and require more inputs.

Some recommendations are critical for integration efforts to succeed but are not sufficient on their own to guarantee success. For example, at the project team level, buy-in, support and active commitment by the project leadership, advisers, management and staff are key to unlocking a positive and successful integration approach. Without this multi-level buy-in and commitment, projects faced active and passive resistance, and struggled to make headway. At the project structure level, partnership with and guidance from local GBV or women's rights organizations and the incorporation of GBV risk mitigation throughout the project are both prerequisites to successful integration. At the GBV actions and intervention level, selecting a feasible, evidence-based prevention intervention that can be carefully adapted and finding and supporting excellent facilitators are both fundamental.

Four strategies showed promise in addressing multiple common obstacles and challenges:

- Advocacy
- Coordination
- Rigorous monitoring, evaluation and learning
- Transformative capacity-strengthening

Through strategic and ongoing advocacy, teams overcame resistance and a lack of support for GBV integration work. Through regular and proactive coordination, teams could work together cohesively to implement complex and interrelated activities, and address problems and challenges that arose. Implementing a rigorous monitoring, evaluation and learning plan meant that teams had access to data to inform them of project progress, benefits, and potential risks or harms. This allowed them to


The teams found ongoing technical assistance and knowledge exchange with other projects invaluable.
**Credit:** UNDP

take remedial action or promote success strategies more broadly as well as expand the integration work based on promising practices identified by evidence. Finally, transformative capacity-strengthening ensured that teams had the knowledge, skills and understanding to integrate actions to address GBV ethically and effectively. The teams found ongoing technical assistance and knowledge exchange with other projects invaluable in supporting their solution-building, learning and capacity development.

Some teams were eager and committed to GBV integration, taking an active learning and innovation approach. Working with these motivated teams led to greater successes in many ways. Future projects should consider maximizing engagement with teams that want to dive into this work, and could identify them through a competitive process with clear incentives.

Stakeholders had much more to say about and recommend regarding the project team and project structure and approach than actual GBV prevention and response actions. This disproportionate advice may be because the first two areas were the most unexpectedly heavy lifts. These are generally not explicitly supported in projects even as they cause the most challenges and have the least evidence-based guidance. In contrast, GBV actions were an expected element with a relatively good, clear evidence base to build on. The project team and project structure and approach levels cannot be ignored as without key supportive team members and systems or processes in place, ethical and effective GBV integration is unlikely to move forward.

It is critically important not to water down GBV integration into a checkbox activity, as this runs the very real risk of doing harm or exacerbating risks associated with GBV. Transformation is not transactional. It is relational, which requires the team and the project to be as much part of the change as the communities and project participants.

The global team inputs were a major component of success. As the projects progressed, their needs for ongoing technical and project management support were high. All teams engaged with the technical expert though to differing degrees and with varying uptake of the technical guidance provided. The global team provided crucial support to all country teams in brainstorming adaptations and extensions due to COVID-19 restrictions. In addition, the global team supported country teams with advocacy when project partners or senior management were not supportive of the pilots as well as with brainstorming management responses when monitoring, learning and evaluation findings were concerning or indicated potential harms or risk exacerbation. None of the country teams were ready to take on a GBV integration approach without this support.

Finally, the cohort approach with a global team supporting four pilot projects proved valuable. The global team played a coordination role among the teams, facilitated knowledge exchange (e.g., learning about intervention facilitator training and support) and linked teams facing similar issues (e.g., Lebanon and Iraq in adapting the same intervention). Further, capacity-strengthening efforts, such as through the global project monitoring, evaluation and learning workshop, were richer and more impactful, as well as more cost efficient, with multiple teams coming together. Ultimately, the many learnings documented in this report would not have been possible if the programme had been implemented as a series of individual country-level endeavours. Given that GBV integration approaches are still new, the level of support needed and the benefits of a cohort approach, an individual country-level approach would be premature at this stage and is not recommended.

UNDP has the opportunity to build understanding, commitment, and uptake of ethical and effective initiatives among many government partners.
**Credit:** UNDP

# Next Steps

UNDP has a long history of leading multisectoral development work. Its vast portfolio suggests huge potential to drive forward innovative integrative GBV prevention. Integration is relevant to UNDP's new strategic plan, specifically linked to two indicators on the number of initiatives to prevent GBV by addressing harmful social norms and gender discriminatory roles and practices (6.3.2) and the number of entities with strengthened capacities to implement legislation, policies, action plans and initiatives to prevent GBV (6.3.3). The four pilot projects demonstrated how promising integration could be. The successes achieved and challenges navigated by the pilot projects and the global programme as a whole have provided invaluable lessons that inform recommendations to drive forward an integration approach.

UNDP should support staff teams and partners in integrating GBV prevention across their portfolios and not just within a project or programme. This support includes:

- Allocating funding for both programme work and capacity-strengthening of project staff within UNDP and implementing partners
- Organizing multi-country cohorts to undertake integration projects to develop communities of practice and build momentum for GBV integration approaches,
- Providing technical guidance and support from experts
- Incentivizing and rewarding staff and country offices to undertake this approach

Investment in human resources and strengthening capacities as well as ensuring an enabling environment are absolutely critical. Workload management is key to ensure that members of the project team can dedicate time and energy to capacity-strengthening, learning and innovation for this new area of work. This support and incentivization could accelerate the take-up of GBV integration across UNDP, with a real possibility of transformation and great leaps forward in achieving the SDGs.

Given that several projects had significant gaps in GBV risk management, UNDP should strengthen the GBV focus within the Social and Environmental Standards policies and protocols. For example, community health and safety should address risks of GBV from project implementation. Even the best policies and protocols are not helpful if they are not implemented well, however. Funding, capacity, interest and accountability mechanisms all support implementation.

As the ultimate duty-bearers to address GBV, government partners are crucial to bring on board, particularly from sectors or ministries that do not traditionally take actions to address this problem. By driving GBV integration in its programmes and projects, UNDP has the opportunity to build understanding, commitment and uptake of ethical and effective initiatives among many government partners, particularly through the national implementation modality approach.

Advancing GBV integration requires more and better data to understand the efficacy of integration compared to business as usual, including on GBV experiences and perpetration. Data are also needed on the accelerative effects or mutual benefits of integrating GBV in other sectoral work. Further larger-scale trials or studies of multiple projects should work towards understanding where and how approaches can be systematized by identifying common, core elements of ethical and effective GBV integration.

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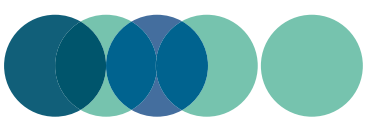

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The Government of
the Republic of Korea