

# EVIDENCE BASED ADVOCACY ON GENDER BASED VIOLENCE WORKSHOP WITH CIVIL SOCIETY ORGANIZATIONS/ NGOS IN BANGLADESH

Facilitated by GBV Cluster (UNFPA) and UN Women, 31 May 2021

## Context of consultation and objectives

As the COVID-19 pandemic unfolds into its second year in Bangladesh, further exacerbating existing inequalities and posing new challenges for women and girls, there is a need to have evidence-based advocacy that will ensure adequate resources for the delivery of essential and lifesaving GBV services exist, and to facilitate women and girls' influence over decision-making processes that will shape the COVID-19 response and recovery. The national Gender-Based Violence (GBV) cluster, convened by UNFPA Bangladesh and Gender Monitoring Network, convened by UNWOMEN Bangladesh collaborated with Asia Pacific Gender Based Violence Area of Responsibility (GBV-AoR) Coordination team to design and deliver an online workshop to:

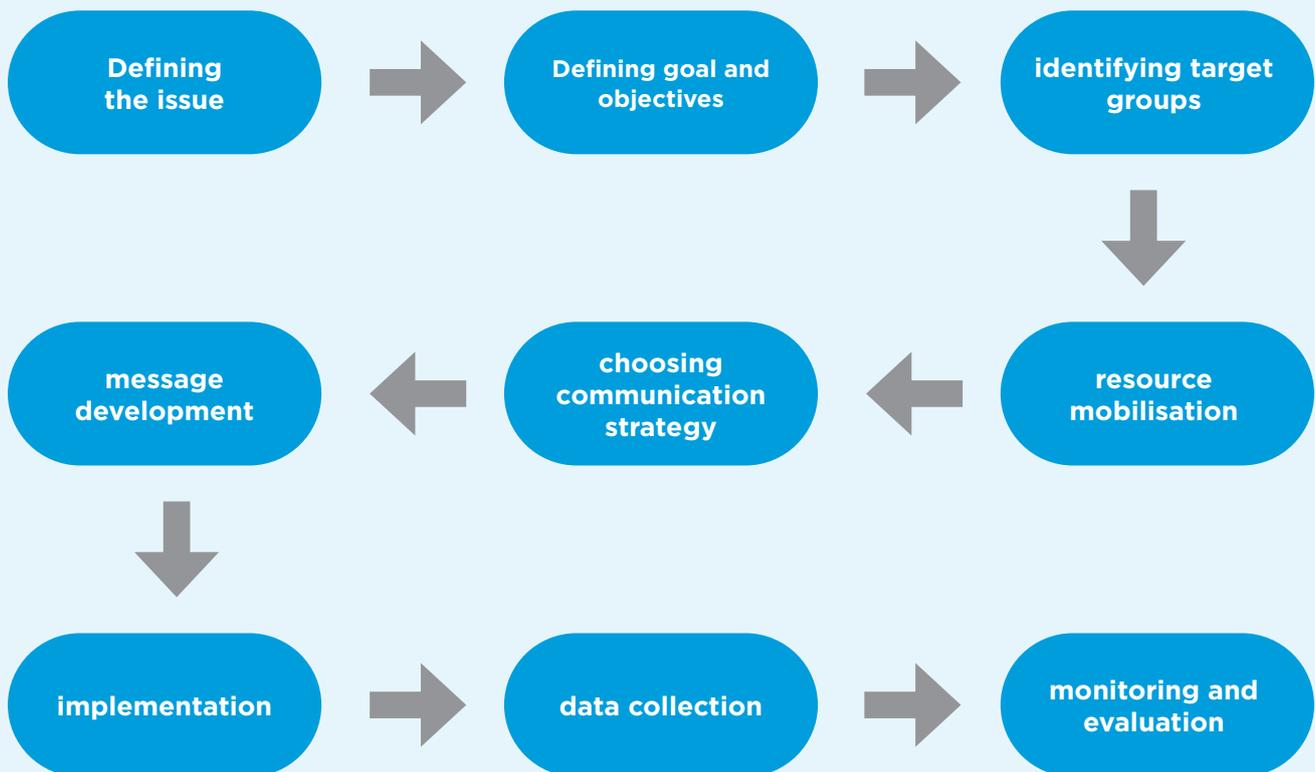
- Understand what “evidence-based advocacy” means and how it relates to ‘Do No Harm’ principles and best practices.
- Understand the key steps for advocacy activities and the benefits of coordinated advocacy.
- Maximise existing GBV secondary data to develop a set of “lifesaving” key messages on GBV prevention, risk mitigation and response.

Based on a common understanding of what constitutes safe and ethical evidence to inform humanitarian response to GBV, the workshop provided step-by-step guidance on conducting advocacy and a handy checklist of ‘dos and don’ts’ of data collection. The team of Regional Emergency GBV Advisor and Coordination Specialist from Asia Pacific GBV Area of Responsibility were key resource persons facilitating the workshop. The evidence-based workshop is the succession of previous year’s “Orientation on GBV data collection” by the Gender Monitoring Network and GBV cluster.

## Presentation Summary

The workshop kicked off with exploring the definition of “evidence-based advocacy on GBV”; Advocacy that uses DATA that is specific, accurate and verified to influence leaders and decision makers.

**Following steps were identified to successfully conduct advocacy:**



12 participants from 11 Organisations (Naripokkho, Manusher Jonno Foundation, Christian Aid, Women With Disabilities Development Foundation (WDDF), SDA, Grameen Alo, WEAVE, Association for Alternative Development (AFAD), We Can Alliance, BRAC, Progressive) actively participated in the session.

In 4 mixed groups of national and sub national level organizations, they worked to identify relevant data from a given set for formulating strong messages for various types of target audience such as national government and ministry, key representatives of affected population, humanitarian clusters and donors.

## Key discussions

1. 'Evidence' is not about GBV prevalence or reported cases. A singular focus on such data may also inadvertently increase the risks to survivors and lead to other more useful sources of Information being overlooked or under-used.
2. Must ensure that services are available before pursuing GBV-focused information-gathering activities, train enumerators on informed consent and survivor centered approach and how to safely refer survivors to available services. Provide context for data collection. Gender sensitive attitude must be always followed.
3. One common mistake practitioner makes is to share identifying details of survivors. Simply changing the name while sharing Information of their village, age, no. of children etc. is not ethical. These may add up to disclosure of her identity. Otherwise, data can be misinterpreted and trace back to a particular individual/group in a particular geographic area, raising safety concerns. Data must be anonymized at each stage.
4. Must be mindful not to collect data for the sake of data collection, not to share data that may be linked back to an individual or group of individuals. Not to seek out survivors for data collection.
5. Certain groups like children and migrant workers have very specific vulnerabilities. Looking at risks and attitudes instead of isolated incidents can produce better results. Looking at percentages of incidents that receive required services can be useful.

## Key learnings

1. All humanitarian personnel have the responsibility to assume gender-based violence is taking place, to treat it as a serious and life-threatening protection issue, and to take actions to minimise GBV risk, regardless of the presence or absence of concrete 'evidence' (IASC GBV Guidelines, 2015).
2. The case for GBV interventions can be made without obtaining data on prevalence at the onset of an emergency. Existing GBV secondary data can be analysed to develop a set of "lifesaving" key messages on GBV prevention, risk mitigation and response. Some sources of readily available data include National statistics and population data, Demographic Health Surveys, VAW survey, Multiple Indicator Cluster Survey, academic research on GBV conducted before the emergency, rapid humanitarian assessments, Rapid Gender Analysis, and other humanitarian situation reports.
3. Coordinated advocacy effort of organisations have 'greater impact' through maintaining 'one voice'. This approach also saves resources by avoiding duplication of work and reduces possibility of any backlash against one single entity. Successful advocacy results in policy action. As such, advocacy should be a routine part of the GBV cluster's work as one of its core functions.