



Mawazo and her husband advocate against GBV in the DRC. (Paul Jeffrey for Corus)

## TECHNICAL APPROACH

# ADDRESSING GENDER-BASED VIOLENCE

Corus International is committed to preventing, mitigating and responding to gender-based violence (GBV) globally. GBV is not only a violation of human rights that undermines the safety and dignity of individuals, but it is a public health crisis that destabilizes the economic stability and security of communities and nations.

Corus understands the magnitude of GBV and its profound impact on families, communities and development outcomes. By embedding evidence-based approaches into program design and implementation, we work to reduce community tolerance to violence while decreasing the vulnerability of households and individuals, especially women and girls. This technical document describes our approach and considers recommended strategies to address GBV.

### THE CORUS EFFECT

Corus International is an ensemble of global leaders in international development and humanitarian assistance. The Corus family includes public health agency IMA World Health, global aid organization Lutheran World Relief, technology for development company CGA Technologies, impact investing fund Ground Up Investing, and direct trade company Farmers Market Brands. Our organizations operate as permanent partners, integrating disciplines, approaches and resources to deliver the holistic, lasting solutions needed to end extreme poverty.



## BACKGROUND

### Definition

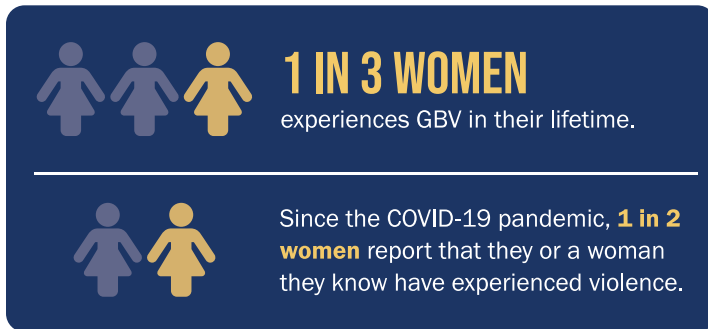
GBV refers to any harmful act against an individual or group based upon their sexual or gender identity. Disproportionately affecting women and girls, GBV can include sexual, physical, mental and economic harm carried out in public or in private. Although GBV can occur at any point in a person's life, the risk increases considerably during humanitarian crises and in fragile and conflict-affected settings.

### GBV Includes<sup>1</sup>



<sup>1</sup> For expanded definitions of gender-based violence, please refer to [UN Women FAQs: Types of violence against women and girls](#)

### The Problem



### Intersectionality

Although this approach primarily focuses on GBV perpetrated against women and girls, Corus understands the diverse needs, capacities and experiences of all genders. We strive for intersectional gender equality that reduces discrimination, inequality and violence wherever it is found. Gender discussions should expand from the traditional binary definitions to be truly inclusive of diverse sexual orientations and gender identities (SOGI).

*This approach document has 6 sections:*

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## IMPACT

The patterns and persistence of GBV are interwoven into social norms and power relations. GBV is not only a fundamental violation of human rights, but it leaves deep scars on societies across the globe. GBV may impact survivors' immediate sexual, physical, emotional and psychological health, and contributes to an elevated risk of future health problems.

Survivors may suffer further because of the stigma associated with GBV. Community and family rejection can often place them at greater social and economic disadvantage. For example, such stigma can result in strained relationships between the survivor's family and the community, or the community's attitudes towards children born as a result of rape.

GBV can affect child survival and development by raising infant mortality rates, lowering birth weights, contributing to malnutrition and affecting school participation. It may result in disabilities for children including developmental and physical delays, with the consequences of abuse leading to long-term mental health issues.

GBV has broader repercussions for economic security and development. It contributes to food insecurity and constrains the ability of agricultural initiatives to maximize efficiencies and outcomes. The economic costs of lost productivity due to domestic violence conservatively range from 1.2 to 2 percent of GDP, according to the World Bank.




## OUR APPROACH

Corus addresses GBV through a three-pronged approach:



**PREVENTION**

By increasing community awareness and employing social and behavior change strategies, we prevent GBV and challenge harmful practices.



**MITIGATION**

By establishing effective redressal systems and adopting Do No Harm (DNH) policies, we mitigate the risks of GBV with safe programming.



**RESPONSE**

By strengthening the capacity of national and community-based health systems and enabling survivors to access comprehensive care through improved referral pathways, we respond to GBV and promote community resilience.

## Fragility, Conflict, and Violence

Displaced people and refugees, especially women and girls, are disproportionately affected by GBV in conflict-affected and fragile settings. In such settings, GBV is exacerbated by weak social protection systems and a lack of services for survivors. Not only does the risk of human trafficking increase alongside rape, sex-selective genocide, and child, early and forced marriages, but intimate partner violence is worsened by armed conflict and other humanitarian crises. Traditional gender roles that center women as primary caregivers also means that they often lack access to resources to recover in the wake of insecurity.

The impacts of COVID-19 on fragility, conflict and violence are not gender neutral. The incidence of GBV has only intensified since the outbreak of the COVID-19 pandemic, particularly in fragile settings marked by poverty and weak infrastructure. COVID-19 continues to strain health systems and hinder access to services like sexual health programs, legal aid and women's shelters. Given women's outsized role in agricultural and informal employment, areas that have been severely affected by the pandemic, economic inequalities that exacerbate GBV have widened.

**Prevention, mitigation and response are all required for an integrated, comprehensive approach to addressing GBV and its root causes.** GBV endures because of restrictive gender norms and behaviors alongside imbalanced power structures inside homes, within communities and across systems. In order to address these structural factors, we challenge harmful practices through social and behavior change strategies while adopting Do No Harm (DNH) policies to mitigate GBV risks.

By strengthening local capacity and supporting health systems, Corus adopts a survivor-centered approach that prioritizes safety, respect, nondiscrimination and confidentiality.

With these three pillars of prevention, mitigation and response as the foundation of our GBV programming, Corus has developed the following technical framework to facilitate safe programming and effective interventions.



## RECOMMENDED STRATEGIES

The following recommended strategies to address GBV must be contextually appropriate and should be adapted into multisectoral programming. All programming should be designed and implemented in consultation with participants, local partners and institutional stakeholders in a manner that prioritizes gender equality and social inclusion.

### Prevention Strategies

- **Conduct** context analyses and stakeholder mapping to determine GBV prevalence
- **Analyze** harmful gender norms and behaviors to inform appropriate interventions
- **Identify** local leaders, including religious leaders and community officials, and encourage their participation in community campaigns to end GBV
- **Engage** with men and boys to promote positive masculinities through advocacy, social and behavior change and sensitization training
- **Design** contextually appropriate awareness campaigns that challenge gender-based discrimination and unequal power relations
- **Integrate** GBV prevention across sectors to comprehensively challenge harmful gender attitudes, behaviors and norms
- **Advance** research on GBV that can inform current and future programming as well as support advocacy efforts
- **Promote** long-term social and cultural change that emphasizes gender equality and social inclusion

### Mitigation Strategies

- **Establish** effective safeguarding systems and procedures to prevent sexual abuse and exploitation during program implementation
- **Integrate** GBV risk mitigation systematically in the design, implementation and evaluation of multisectoral programming
- **Analyze** GBV risk in fragile settings and throughout humanitarian crises
- **Design** capacity strengthening initiatives for staff, local partners, health care workers and community members
- **Identify** high-risk and marginalized groups to ensure their safety and inclusion in programming
- **Strengthen** both informal and formal social protection systems available in the community or region
- **Involve** men and boys as participants and stakeholders throughout GBV interventions
- **Center** Do No Harm principles in all GBV initiatives





## Response strategies

- **Strengthen** the capacity of health service providers to respond to GBV survivors
- **Identify** existing response mechanisms and build up their capacity to deliver safe, respectful and confidential services
- **Advance** integrated service delivery for GBV survivors that includes psychological, social, medical and legal services
- **Develop** survivor referral pathways and complaint mechanisms
- **Disseminate** information about available services for GBV survivors in community groups and through health care networks
- **Train** front-line workers and community groups on referral pathways and survivor care
- **Monitor** and evaluate interventions to capture best practices, address challenges and adapt responses to local contexts
- **Ensure** the security and confidentiality of case management data
- **Promote** resilience by strengthening national and community-based health systems and referral networks
- **Uphold** survivors at the center of all programming

Advocacy and effective partnerships are critical to ensuring GBV prevention and care. Coordination across stakeholders and sectors to address GBV enhances effective responses, increases accountability and shares critical lessons learned. By advancing advocacy and thought leadership through technical working groups, international conferences, regional coordination platforms, research consortia and other mechanisms, networks can work together to combat GBV and advance gender equality at scale.

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## PROGRAM HIGHLIGHTS

The Corus family consists of organizations with extensive histories of commitment to gender equality and capacity strengthening. **Corus organization IMA World Health is our technical lead on combatting GBV**, having integrated interventions to address GBV and social behavior change communication around women's empowerment into broader health programs for more than a decade. From strengthening market access for women entrepreneurs and supporting youth changemakers to advancing girls' education and building social protection systems, Corus organizations Lutheran World Relief and CGA Technologies are also on the frontlines of advancing gender equality. The following section highlights some of our programming:

### *Integrated Humanitarian Response - Ukraine and Poland*

In the wake of the complex humanitarian crisis that emerged from the 2022 Russian invasion of Ukraine, the Corus family of organizations launched a comprehensive response grounded in local partnerships. Corus organizations partnered with the Lutheran World Federation to support the delivery of cash transfers to Ukrainian refugees in Poland, leveraging CGA Technologies' cash and voucher assistance expertise. Throughout Corus' emergency response, IMA World Health's technical expertise was drawn upon to integrate sexual exploitation and abuse protection services at cash grant sites and to lead training on GBV prevention. Corus also played an active role on the Regional Gender Task Force, advocating for gender-sensitive and inclusive program design and implementation in ongoing humanitarian response efforts.

### **IMA World Health**

#### *We Will Speak Out – United States*

IMA World Health served as the founding organization and secretariat of We Will Speak Out U.S. a coalition of faith-based organizations working together to empower faith communities to speak out against GBV. In 2014, IMA World Health, on behalf of the coalition, partnered with Sojourners to release Broken Silence, a report based on a Lifeway Research survey of 1,000 U.S.-based Protestant pastors on their understanding of and response to GBV in their congregations and communities. The report found that pastors often underestimate the prevalence of GBV, speak infrequently about it and have even responded to disclosures of violence in ways that may inadvertently do more harm than good. IMA World Health deepened this research through a partnership with the Science, Religion, and Culture Program at Harvard Divinity School and released the "Interrogating the Silence" report in 2015. This study found

that, while religious leaders are a powerful resource for victims and survivors of GBV, they need more training on the available tools, gender relations and social mechanisms that contribute to violence.

### *MOMENTUM Integrated Health Resilience – Global*

IMA World Health leads the five-year, USAID-funded MOMENTUM Integrated Health Resilience project, which is part of a suite of innovative MOMENTUM awards designed to holistically strengthen quality voluntary family planning (FP), reproductive health (RH), and maternal, newborn, and child health (MNCH) in host countries around the world. Working alongside local organizations, governments, and humanitarian and development partners in fragile settings, the project helps accelerate reductions in maternal, newborn, and child illness and death by increasing the capacity of host country institutions and local organizations—including new and underutilized partners—to introduce, deliver, scale up, and sustain the use of evidence-based, quality MNCH/FP/RH care. While addressing GBV through community-based, gender-responsive approaches, the project's focus on health resilience reduces chronic vulnerabilities and promotes more inclusive health development by addressing risks and responses to shocks and stresses.

### *Counter-Gender Based Violence Program (Tushinde Ujeuri) – Democratic Republic of Congo*

Funded by USAID and implemented by IMA World Health, the Counter-Gender Based Violence Program (known locally as Tushinde Ujeuri) is implemented in the Democratic Republic of Congo (DRC), where years of insecurity and conflict alongside deeply rooted gender inequities have contributed to high rates of GBV. Tushinde builds on the highly successful USAID Ushindi Project (2010-2017), through which IMA World Health provided GBV prevention and response activities in highest risk areas of eastern DRC. Our holistic approach to addressing GBV incorporates social and financial recovery, in addition to medical care and psychosocial support. The Tushinde project has also developed a unique expertise in advocating for protection through a human rights-based approach for marginalized groups including LGBTQI+ individuals. To date, over 1.3 million community members have been reached with GBV prevention messages, more than 21,000 survivors have received psychosocial support, and over 7,000 survivors have accessed urgent medical care.

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### *Post-Exposure Prophylaxis (PEP) Kit Procurement – Democratic Republic of Congo*

Funded by USAID's Bureau for Humanitarian Assistance, IMA World Health has procured and distributed PEP Kits in the DRC since 2017, improving the supply chain in 10 target provinces with a high prevalence of GBV. PEP Kits reduce a survivor's risk of contracting HIV and other sexually transmitted diseases. The project employs a multipronged supply and distribution strategy which increases access, reduces stock-out, and reduces cost per PEP Kit through local sourcing. Through this holistic approach, IMA World Health has cumulatively purchased, kitted and distributed over 95,000 PEP Kits. In addition to increasing access to PEP Kits, the project works to close the training gap of health care providers in GBV survivor care.

### **Lutheran World Relief**

#### *Learning for Gender Integration – India, Nicaragua and Uganda*

Lutheran World Relief developed the Learning for Gender Integration initiative to incorporate gender into its work to address inequality around the world and ensure that all genders have equal opportunities to benefit from our work. Lutheran World Relief implemented three model projects in India, Nicaragua and Uganda to increase agricultural production while reducing gender gaps. These pilots demonstrated that successful integration of gender equity into the policies and practices of a farmer organization would generate positive economic outcomes for the cooperative and member households. Lessons from Learning for Gender Integration have since been incorporated into programming in other projects worldwide and continue to combat unequal gender power relations, one of the root causes of GBV.

### *Women's Global Development and Prosperity:*

#### *Expanding Women's Labor Force in Lebanon - Lebanon*

Lutheran World Relief implements the USAID-funded Women's Global Development Prosperity: Expanding Women's Labor Force in Lebanon project. By increasing business development opportunities for women entrepreneurs and strengthening the capacity of women-led enterprises, the project helps Lebanese women become catalysts of entrepreneurial development. Through the project, Lutheran World Relief provides a gender-focused, tailored, externally accredited certification to the women entrepreneurs of USAID's private sector development programs in Lebanon, some of whom may not have access to higher education or other formal certification programs. By addressing economic inequities and combatting traditional gender norms, women entrepreneurs, some of whom are GBV survivors, are breaking gender barriers.

### **CGA Technologies**

#### *Girls' Education South Sudan 1 (GESS) – South Sudan*

GESS is an inclusive program that transforms the lives of a generation of children in South Sudan – especially girls and those in the margins of society– through education. CGA Technologies created and led the South Sudan Schools' Attendance Monitoring System (sssams.org), cash transfer and capitation grants components of GESS. With CGA Technologies support, GESS strengthened the capacity of most vulnerable households by providing cash transfers directly to girls, resulting in increased enrollment and retention. Such outcomes decrease girls' vulnerability, as education has a direct impact on reducing the incidence of GBV and especially child, early and forced marriages. Over seven years of GESS, total enrollment in South Sudan tripled and girls' enrollment quadrupled.



## Enhanced GBV Prevention, Risk Mitigation and Response through Social Safety Nets – South Sudan

The World Bank-funded, UNOPS-implemented South Sudan Safety Net Project (SSSNP) provides vital cash transfers, training and support to vulnerable populations, including women. The World Bank contracted CGA Technologies to analyze GBV risk mitigation in cash transfers, prevent and respond to GBV incidents, develop a framework for safe and secure reporting of GBV incidents and establish a digital GBV referral service. The results of this work will provide learning opportunities for other development interventions supported by the World Bank and its partners in South Sudan.

## LEARNING AGENDA

The groundwork is laid for the Corus family to further advance interventions to address GBV through an integrated approach that considers prevention, mitigation and response. Effective programming requires ongoing risk assessments, mitigation planning, allyship with men and boys, and the advancement of women's leadership. Appropriate response to GBV demands multisectoral collaboration, health systems strengthening and comprehensive care for survivors that addresses their legal, medical, economic and psychosocial needs.

Moving forward, we must continue to cultivate organizational accountability and address GBV proactively throughout all phases of project design, implementation and monitoring and evaluation. As we champion gender equality and social inclusion throughout our programming, we must continually consider the distinct needs, identities and capacities of marginalized groups, including members of the LGBTQI+ community, people with disabilities and Indigenous individuals.

We believe that strengthening local capacity, mobilizing communities, sensitizing health service providers, and embedding strong response mechanisms into communities and health systems can lead to resilient, healthy environments that are free from violence.

## Additional Resources

USAID - [Strategy to Prevent and Respond to Gender-Based Violence Globally](#)

UNHCR - [Gender-based violence](#)

UNICEF - [Mitigating the Risks of Gender-Based Violence](#)

UN Women - [Types of violence against women and girls](#)

UN Women - [Convention on the Elimination of all forms of discrimination against women](#)

World Bank - [Violence Against Women & Girls: Resource Guide](#)

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