

# Managing Gender-Based Violence Programmes in Emergencies Training Course



MGBViE

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# Participant Handbook

Version VI

2022



Managing Gender-based Violence Programmes in Emergencies Training Course: Facilitation Manual  
(Version VI)

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Gender-based Violence Area of Responsibility  
(GBV AoR)

Global Protection Cluster

<http://gbvaor.net/>

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## Acknowledgements

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Many people have contributed to the creation and revision of this learning resource. The pilot version was initially developed in 2011 and with input from representatives of UNFPA and International Medical Corps, along with members of the GBV AoR's Training Task Team. Versions of this manual have been updated since 2015 by UNFPA and International Medical Corps, with support from the U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM). Primary contributors to this manual include Micah Williams, Laura Canali, Erin Kenny, Beth Vann, Angela Weins, Sarah Mosely, Fabrizia Falcione, and Francesca Rivelli, and Jacqueline Aitken. Additional input has been provided by members of the GBV AoR Learning Task Team (LTT)/ Learning Reference Group (LRG). Revisions to the training agenda and content have also been made based on feedback from alumni of the 2012, 2016, 2017, 2018, 2019, 2020, and 2022 Phase II in-person training courses.

The current version has been updated in line with the *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (2019). Content is also drawn from, and references, other key resources, including the Revised IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (2015), the *Inter-Agency GBV Case Management Guidelines* (2017), and the *Women and Girls' Safe Spaces Toolkit* (2019).

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## Foreword

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Gender-based violence (GBV) is a persistent human rights and public health issue. According to the World Health Organization, approximately one in three women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.<sup>1</sup> Women and girls constitute approximately half of any refugee, internally displaced, or stateless population,<sup>2</sup> and women and girls are increasingly vulnerable to GBV during times emergencies and displacement.

While the need to effectively address GBV through appropriate prevention and response mechanisms is clear, multiple challenges remain, including lack of prioritization, limited funding, and limited capacity. The pool of available GBV specialists is not commensurate with needs, and too few opportunities exist for emerging specialists to develop their capacity and enter this field of work. In addition, there is very limited institutional, professional support for GBV specialists deployed to field sites.

The global Call to Action on Protection from Gender-Based Violence in Emergencies and the Safe from the Start Initiative have contributed increased attention to the need for targeted GBV interventions during the earliest stages of humanitarian emergencies. The Call to Action Roadmap recognizes six particular challenges to meeting the need for timely and comprehensive GBV response during crises. One of these is limited capacity, with attention to the limited number of GBV specialists capable of leading appropriate interventions in emergencies.

The Managing GBV Programmes in Emergencies (MGBViE) programme was designed to address this specific gap in capacity. The three-phased MGBViE programme aims to build both technical capacity and a supportive community for emerging GBV specialists.

The MGBViE programme was originally conceptualized in 2008 during a seminar with 16 of the world's leading experts on GBV programming in humanitarian emergencies, sponsored by UNFPA, American Refugee Commission, and World Education, Inc. Seminar participants engaged in a consultative process to identify goals, content, sequencing, appropriate delivery systems, and appropriate targets for a training course to prepare people to lead GBV programmes in emergencies. The resulting recommendation was a three-phased course for GBV programme managers: Phase I – A self-guided introductory course; Phase II – A face-to-face training workshop for graduates of phase one; Phase III – Continued mentoring of the phase two graduates, including self-guided learning and networking opportunities, including a community of practice (CoP).

UNFPA first rolled out the Phase I MGBViE e-learning course in 2011. That same year, International Medical Corps partnered with UNFPA to develop the Phase II, in-person training content. To solicit input from multiple agencies and specialists, UNFPA and International Medical Corps organized a Training Task Team within the GBV AoR. Members of the Training Task Team reviewed the first draft of the Phase II curriculum, which was first piloted in February 2012 in Nairobi, Kenya.

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<sup>1</sup> World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence

<sup>2</sup> <http://www.unhcr.org/women.html>

In 2015, PRM supported UNFPA and International Medical Corps to revitalize and re-launch the MGBViE learning course through the project: *Expanding Global GBV Capacity: The Managing GBV in Emergencies Learning Programme*. Under this project, UNFPA and International Medical Corps updated the Phase I e-learning, offered Phase II training opportunities, initiated mentorship opportunities for Phase II graduates, and lay plans for a GBV Community of Practice.

In 2017, PRM supported International Medical Corps to carry forward the MGBViE learning course through a two-year project: *Meeting Commitments through Improved GBV Capacity: the MGBViE Learning Programme*. Under this project, International Medical Corps led Phase II training opportunities and further realized Phase III, with expanded mentorship opportunities, networking events, and the launch of virtual GBV AoR Community of Practice.

In 2019, PRM supported International Medical Corps to continue leadership of the MGBViE project through September 2021. Due to COVID-19 programming interruptions, this two-year program was extended into 2023. Under the current program, International Medical Corps continues to lead global Phase II trainings, build academic partnerships to institutionalize the training, and is developing a web-friendly platform to make Phase II training materials more widely accessible. International Medical Corps also continues support for the mentorship initiative, networking opportunities, and the GBV AoR Community of Practice.

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## Phase I: E-Learning

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Effectively addressing GBV in emergencies requires a foundational understanding of GBV and frameworks to inform sound programme design for GBV prevention and response. The e-learning course provides this foundation for all actors who seek to increase their understanding of GBV interventions in humanitarian settings.

The course synthesizes global best practices while promoting comprehensive and concrete frameworks for action. Its goal is to improve the knowledge of programme managers to better address the issue of GBV in humanitarian emergencies.

The course uses problems that practitioners currently face and case scenarios from real-life humanitarian contexts. Integrated throughout the modules are videos, learning activities, and quizzes that both engage the learner and support varying learning styles.

The Phase I e-learning course was updated in 2017 with support from PRM. The free, self-paced course can be accessed at: <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>.

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## Phase II: Face-to-Face Training

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Phase II of the training program (to be completed after Phase I) involves a face-to-face training workshop. The workshop is a seven to eight-day experiential and intensive training, designed to build knowledge and skills in key areas of GBV programme design and management. The workshop includes interactive lectures, role plays, simulations, and other group learning activities.

The phase II content has been designed to build upon knowledge gained in Phase I, with more in-depth exploration, interactive discussions, and practical exercises. Each module in the Phase II curriculum builds on the previous modules, allowing participants to move through a well-planned pathway of learning, analysis, and practice. The Phase II training is applicable for practitioners with different levels of experience but is most advantageous for “emerging GBV specialists.”

The Phase II training materials are available to the global community for adaptation and use.

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## Phase III: Follow Up, Professional Support, and Community of Practice

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Phase III follows the Phase II, face-to-face component of the course. Phase III involves self-guided learning along with networking opportunities to reinforce learning objectives and increase retention and support for GBV specialists.

Through the Phase II mentorship initiative, interested “emerging specialist” graduates of the Phase II training are paired with GBV experts who volunteer to serve as mentors. Training alumni are able to speak with mentors about programming challenges, share concerns, ask for career advice, etc. In 2018, International Medical Corps hosted a mentorship workshop to capture learning on GBV mentorship for the GBV AoR. Lessons from this workshop have been applied to support of the ongoing mentorship initiative.

International Medical Corps supported the GBV AoR to launch a virtual GBV AoR Community of Practice (CoP). The GBV AoR CoP is a safe space for both emerging and experienced GBV specialists to exchange ideas, seek advice and resources, and support one another. The GBV AoR CoP is moderated by two GBV experts who organize content, help to connect users, and initiate special discussions and events.

As part of Phase III, International Medical Corps also organizes “networking events” where emerging GBV specialists can meet experts and seek professional advice and support. Since the early 2020, only virtual networking events have been organized, due to the COVID-19 pandemic.

International Medical Corps initiated “twinning opportunities” for select graduates of the Phase II training in 2022, after delays related to the COVID-19 pandemic. This opportunity pairs emerging GBV specialists with experienced GBV programme managers for field-based learning.

# Contents

## Contents

Module 0. Course Opening .....	21
Module 1. GBV Programming in Humanitarian Action.....	22
Hand-out: Evolution of GBV Programmes in Emergencies .....	23
Hand-out: The Humanitarian System and GBV .....	31
Module 2. Programme Models .....	33
Hand-out: Types of Programme Interventions.....	36
Hand-out: Small Group Work Instructions .....	38
Module 3-1. Assessment.....	39
Hand-out: The Humanitarian Programme Cycle.....	40
Module 3-2. Monitoring & Evaluation .....	41
Hand-out: Results Chain Group Work .....	42
Hand-out: Indicators Group Work.....	43
Module 4-1. Introduction to the GBV Toolkit .....	44
Module 4-2. GBV Toolkit: Social, Behaviour Change .....	45
Hand-out: Stages of Change.....	47
Hand-out: Social Change .....	49
Hand-out: Framework for Designing and Implementing SBC Activities.....	50
Hand-out: Scenario 1: Myanmar.....	57
Hand-out: Scenario 2: Lebanon .....	58
Module 4-3. GBV Toolkit: GBV and Health .....	59
Hand-out: Small Group Work Instructions .....	60
Module 4-4. GBV Toolkit: GBV and Security, Legal/Justice .....	61
Hand-out: Safety Audit Homework Assignment .....	63
Hand-out: Recommendations for Security Sector Responses .....	64
Networking Event.....	66
Module 4-5. GBV Toolkit: GBV and Psychosocial Support .....	67
Hand-out - Scenario 1: Safe Shelter in Ethiopia? .....	68

Hand-out - Scenario 2: Integrating Male Survivors in DRC?	69
Hand-out - Scenario 3: Brazilian arts in Jordan?	70
Hand-out - Scenario 4: Income generation in Chad?	71
Module 4-6 GBV Toolkit: Women & Girls' Safe Spaces	72
Hand-out: Group 1. Women & Girls' Safe Space Exercise	73
Hand-out: Group 2. Women & Girls' Safe Space Exercise	74
Hand-out: Group 3. Women & Girls' Safe Space Exercise	75
Hand-out: Group 1. WGSS Consultation Results	76
Hand-out: Group 2. WGSS Consultation Results	77
Hand-out: Group 3. WGSS Consultation Results	78
Module 4-7. GBV Toolkit: Case Management	79
Hand-out: Scenario 1 - Fatima	80
Hand-out: Scenario 2- Augustine	81
Hand-out: Scenario 3 - Asma	82
Module 4-8. GBV Toolkit: Advocacy	83
Hand-out: Advocacy for Asma	85
Hand-out: Advocacy for Fatima	86
Module 5. Human Resources	92
Module 6. Practice with Case Study	93
Hand-out: Case Study Work	94
Hand-out: Assessment Practice with Case Study	100
Hand-out: Programme Planning with Case Study	101
Hand-out: Group One, Challenges	104
Hand-out: Group Two, Challenges	105
Hand-out: Group Three, Challenges	106
Hand-out: Group Four, Challenges	107
Module 7. Review and Closing	108



# Workshop Overview

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## Course Goal

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The goal of the multi-phased *Managing GBV Programmes in Emergencies* learning course is **to strengthen field-based action in multi-sectoral GBV prevention and response in emergency settings by building capacity and community among GBV professionals.**

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## MGBViE Phase II Workshop Objectives

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Phase Two participants will gain knowledge, skills, and abilities to

- Apply the Multi-Sectoral Model for designing GBV prevention and response interventions
- Integrate rights-based, intersectional, participatory, and survivor-centred approaches into all phases of the project cycle
- Apply the Ecological Framework to understand GBV and develop informed programme interventions

Specifically, participants will be able to:

1. Conduct a GBV assessment using appropriate tools, a participatory process, and safe and ethical practices.
2. Design prevention and response interventions that are adapted to specific contexts and needs, appropriate and achievable, and in line with international standards and best practices.
3. Implement and coordinate good quality GBV prevention and response programmes in humanitarian settings.

The Phase II content has been designed to build from the Phase I e-learning, with more in depth exploration, interactive discussions, and practical exercises. Each module in the Phase II Workshop builds on the previous modules and day by day the participants move through a well-planned pathway of learning, analysis, and practice.

Module 1.	GBV Programming in Humanitarian Action
Module 2.	GBV Programme Models
Module 3.	Assessment, Monitoring & Evaluation
Module 4.	The GBV Toolkit (specific sectors and functions)
Module 5.	Human Resources
Module 6.	Programme Planning and Design (practice with case study)
Module 7.	Review, Reflection, and Course Closing

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## Advance Preparation

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All participants are expected to arrive prepared to actively engage in discussions. Be sure to complete all required advance preparation before beginning the MGBViE Phase II training.

During the training course, you will receive additional, daily reading assignments. Completing these readings will also be required. Please remember that the training course is very intense and facilitation days do not allow time for additional work or engagements.

Because many participants value hardcopies of resources, you will receive several spiral-bound manuals as well as additional printed materials during the course. Please consider leaving extra room in your luggage/baggage allowance when traveling for the training. Training organizers will share additional information on the venue and plans soon to help you prepare for your time in Istanbul.

The MGBViE Phase II training course is designed to support participants' professional development and connection to a global community of GBV specialists, and training organizers hope that the training will be a positive and enriching experience. We also recognize that the experience can be intense, with a full agenda, substantial assignments, and content that can be emotionally difficult and triggering. As part of preparation for the course, we ask participants to rest, reflect on personal readiness, and consider steps they can take during the training to maintain positive self-care practices.

### Required E-Learning Course

► *MGBViE Phase I E-Learning Course*

<https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>

This self-paced e-learning course constitutes Phase I of the MGBViE course. All participants must complete the Phase I course in its entirety before the Phase II in-person training. Participants must share certificate of completion.

### Required Reading

► Inter-Agency Standing Committee (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (commonly called the IASC Guidelines or GBV Guidelines)

[http://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_lo-res.pdf](http://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf)

Read Part I and Part II (pages 1-45)

► GBV AoR (2019). *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (commonly called the GBV Minimum Standards)

<https://www.unfpa.org/minimum-standards>

Read Introduction (pages v-xvi), Standards 1 & 2 (pages 2-16), and Standard 15 (pages 114-19)

► WHO (2007). *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies* (commonly called the WHO Ethical & Safety Recommendations)

[http://www.who.int/gender/documents/OMS\\_Ethics&Safety10Aug07.pdf](http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf)

Read Part III (pages 9-29)

## Required Familiarity

In addition to the outlined assignments in the three resources above, participants should be generally familiar with the contents of the following:

- ▶ IASC sub-working group on gender and humanitarian action (2008). *Establishing GBV Standard Operating Procedures*. (commonly called the SOP Guide)  
<https://www.humanitarianresponse.info/system/files/documents/files/GBV.pdf>
- ▶ GBV AoR (2018). *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings* (commonly called the GBV Coordination Handbook)  
Available from:  
<https://gbvaor.net/>
- ▶ GBVIMS Steering Committee (2017). *Inter-Agency GBV Case Management Guidelines*  
[http://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines\\_Final\\_2017\\_Low-Res.pdf](http://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017_Low-Res.pdf)

## Recommended Listening

- ▶ GBVIMS Podcast. (2020). *What's the Danger in misinterpreting GBV Data?*  
<https://player.fm/series/gbvims/whats-the-danger-with-misinterpreting-gbv-data>

## Recommended E-Learning

- ▶ *Building a Better Response*. This self-paced learning course provides an overview of international humanitarian coordination systems and is recommended for all participants, particularly those without prior familiarity with humanitarian architecture.  
<http://www.buildingabetterresponse.org/>

## Additional Background Information (optional)

If participants have time, the following reports will provide a deeper background for discussion:

- ▶ Read-Hamilton, S. *Gender-based violence: A confused and contested term*. Humanitarian Practice Network, 2014.  
<https://odihpn.org/magazine/gender-based-violence-a-confused-and-contested-term/>
- ▶ *World Report on Violence and Health*. WHO, 2002.  
[http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/](http://www.who.int/violence_injury_prevention/violence/world_report/en/)
- ▶ *Global and Regional Estimates of Violence against Women: Prevalence and Health effects of Intimate Partner Violence and Non-Partner Sexual Violence*. WHO, 2015.  
<http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>

- ▶ Vann, B. *Gender-based Violence: Emerging Issues in Programmes Serving Displaced Populations*. RHRC, 2002.  
[http://www.peacewomen.org/assets/file/Resources/NGO/Disp-VAW\\_GBVEmergingIssues\\_Vann\\_2002.pdf](http://www.peacewomen.org/assets/file/Resources/NGO/Disp-VAW_GBVEmergingIssues_Vann_2002.pdf)
  
- ▶ Ward, J. *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post- Conflict Settings. A Global Overview*. RHRC Consortium, 2002.  
<https://www.womensrefugeecommission.org/resources/239-refugee-protection/240-if-not-now-when-addressing-gender-based-violence-in-refugee-internally-displaced-and-post>

## Workshop Modules

Time in Hours	Module Number	Module Name
1 ½	0	Course Opening
2	1	GBV Programming in Humanitarian Action
2	2	GBV Programme Models
3	3.1	Assessment
2	3.2	Monitoring & Evaluation
¼	4.1	Introduction to the GBV Toolkit
4	4.2	GBV Toolkit: Social, Behaviour Change
2 ½	4.3	GBV Toolkit: GBV and Health
3	4.4	GBV Toolkit: GBV and Security/Legal Justice
3 ¾	4.5	GBV Toolkit: GBV and Psychosocial Support
2 ¼	4.6	GBV Toolkit: Women & Girls' Safe Spaces
6 ½	4.7	GBV Toolkit: GBV and Case Management
3	4.8	GBV Toolkit: Advocacy
3 ½	5	Human Resources
5 ¾	6	Practice with Case Study
1 ½	7	Review, Next Steps, and Closing

## Seven-Day Agenda

First Evening: Course Opening

Day 1: GBV Programming in Humanitarian Action, Programme Models, Assessment

Day 2: M&E, Introduction to Toolkit, Social Behaviour Change

Day 3: Health, Security/Legal Justice

Day 4: Psychosocial, Women & Girls' Safe Spaces

Day 5: Case Management

Day 6: Advocacy, Human Resources

Day 7: Case Study, Review & Evaluations

## Daily Agenda (May be adjusted)

DATE	Tuesday: Orientation
17:30-17:45	Registration
17:45-19:15	Course Introduction
19:15	Dinner

DATE	Wednesday: Day 1
9:00-11:00	GBV Programming in Humanitarian Action
11:00-11:15	BREAK
11:15-13:00	GBV Programme Models
13:00-14:00	LUNCH
14:00-14:20	GBV Programme Models Wrap Up
14:20-15:30	Assessment
15:30-15:45	BREAK
15:45-17:30	Assessment
17:30-17:45	Wrap Up, Homework & Evaluation

DATE	Thursday: Day 2
9:00-9:15	Recap of Day 1
9:15-11:00	Monitoring & Evaluation
11:00-11:15	BREAK
11:15-12:00	Monitoring & Evaluation
12:00-12:15	Introduction to the Toolkit
12:15-13:00	Social Behavior Change

13:00-14:00	LUNCH
14:00-15:15	Social Behavior Change
15:15-15:30	BREAK
15:30-17:00	Social Behavior Change (Engaging Men & Boys)
17:00-17:15	Wrap Up, Homework & Evaluation
Evening	Homework Group Activity



DATE	Friday: Day 3
9:00-9:15	Recap of Day 2
9:15-10:30	GBV & Health
10:30-10:45	BREAK
10:45-11:50	GBV & Health
11:50-12:30	Security, Legal Justice (Safety Audit Review)
12:30-13:30	LUNCH
13:30-15:00	Security, Legal Justice
15:00-15:15	BREAK
15:15-16:45	Security, Legal Justice
16:45-17:00	Wrap Up, Homework & Evaluation
18:00-19:30	Networking Event
19:30	Dinner

DATE	Saturday
All DAY	FREE TIME

DATE	Sunday: Day 4
9:00-9:15	Recap of Day 3
9:15-10:30	Psychosocial Support, Intro & Group PSS Activities
10:30-10:45	BREAK
10:45-12:15	Psychosocial Support, Group PSS Activities Cont.
12:15-13:00	Women & Girls' Safe Spaces
13:00-14:00	LUNCH
14:00-15:30	Women & Girls' Safe Spaces, Cont.
15:30-15:45	BREAK

15:45-17:00	Psychosocial Support, Individuals
17:00-17:30	Introducing the GBV AoR Community of Practice
17:30-17:45	Wrap Up, Homework & Evaluation

DATE	Monday: Day 5
9:00-9:15	Recap of Day 4
9:15-11:00	Case Management, Intro, SV
11:00-11:15	BREAK
11:15-12:30	Case Management- IPV
12:30-13:00	LUNCH
13:00-15:30	Case Management- CSA, EFM
15:30-15:45	BREAK
15:45-17:30	Case Management- Service Coordination, Supervision, Review
17:30-17:45	Wrap Up, Homework & Evaluation

DATE	Tuesday: Day 6
9:00-9:15	Recap of Day 5
9:15-10:15	Advocacy
10:15-10:30	BREAK
10:30-12:30	Advocacy
12:30-13:30	LUNCH
13:30-14:45	Human Resources
14:45-15:00	BREAK
15:00-17:00	Human Resources
17:00-17:15	Case Study Introduction

17:15-17:30	Wrap Up & Evaluation
18:45	Group Dinner

DATE	Wednesday: Day 7
9:00-9:15	Recap of Day 6
9:15-10:30	Case Study
10:30-10:45	BREAK
10:45-12:30	Case Study
12:30-13:30	LUNCH
13:30-15:15	Case Study
15:15-15:30	BREAK
15:30-16:00	Case Study
16:00-17:45	Review & Final Evaluation

# DETAILED PARTICIPANT HANDBOOK

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## Module 0. Course Opening

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### Summary

The course opening is held the evening before Day One, allowing participants to dive straight into content from the start of Day One. The session includes introductions, orientation, and clarification on plans and expectations for the training course. The course opening should set a positive tone for mutual trust, safe space, and dedicated participation.

### Objectives

1. Meet and learn something about the other participants
2. Begin developing trust in the course facilitation team and participant group
3. Understand the workshop schedule and learning plan

### Assigned Readings

- Completed e-learning and other required advance preparation

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## Module 1. GBV Programming in Humanitarian Action

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### Summary

This module lays a foundation for the workshop – GBV programming is about affecting change and transforming lives and communities. The session provides an overview of where this work falls within the humanitarian system, as well as the history/evolution of GBV programming. The session should allow participants to view their own work as part of a larger movement that is continuously evolving and growing.

### Learning Objectives

1. Reflect on the purpose of GBV programming
2. Identify key milestones in the evolution of GBV programming in humanitarian contexts
3. Identify key actors and systems for humanitarian coordination related to GBV programming

### Assigned Readings

- GBV AoR (2019). *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. Introduction (pages v-xvi) and Standard 15 (pages 114-19) assigned as advance reading for the course.

### References and Additional Resources

- GBV AoR (2018). *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*
- IASC (2008). *Establishing GBV Standard Operating Procedures*
- IASC (2015). *Reference Module for Cluster Coordination at the Country Level*
- International Medical Corps, Harvard Humanitarian Initiative, Concern Worldwide (2014). *Building a Better Response*. Resource library and e-learning available at: <http://buildingabetterresponse.org>

## Hand-out: Evolution of GBV Programmes in Emergencies

Timeline	Key Milestones
1985	Third World Conference on Women <ul style="list-style-type: none"> <li>Working group on refugee women convened</li> </ul>
1989	Appointment of UNHCR Senior Coordinator for Refugee Women
Late '80s, early '90s	Special "victim of violence" projects (UNHCR) including sexual violence <ul style="list-style-type: none"> <li>Ad hoc and short-term projects often using year-end funds</li> </ul> Beginning to recognize that survivors of sexual violence need specialized services and support
1990s	Media coverage of sexual violence in Bosnia and Rwanda
1990	UNHCR published <i>Guidelines on Protection of Refugee Women</i>
1991	The foundations of the current international humanitarian coordination system were set by General Assembly resolution 46/182 in December 1991. This will affect how GBV interventions are coordinated and supported within the humanitarian system.
1992	CEDAW General Recommendation 19 identified GBV as a form of discrimination that hinders women's exercise of rights and equality.
	Inter-Agency Standing Committee (IASC) formed
1993	The World Conference on Human Rights in Vienna recognized violence against women as a human rights violation and called for measures to eliminate such forms of violence. Subsequently, in December that year, the UN General Assembly adopts the Declaration on the Elimination of Violence against Women, making it the first international instrument to explicitly address and define forms of violence against women and laying out a framework for action globally.
	Declaration on the Elimination of Violence against Women (DEVAW) adopted by UNGA, the first international instrument to explicitly address and define forms of violence against women.
1994	WCRWC published <i>Refugee Women and Reproductive Health: Reassessing Priorities</i>
	International Conference on Population and Development (ICPD) in Cairo <ul style="list-style-type: none"> <li>Identified GBV as a pillar of reproductive health</li> <li>Positioned women's empowerment at the center of sustainable development</li> </ul>
	First Special Rapporteur on Violence against Women appointed by UN Commission on Human Rights
	World Bank publishes <i>Violence against Women: The Hidden Health Burden</i> by Lori L. Heise with Jacqueline Pitanguy and Adrienne Germain
1995	The Beijing Declaration and the Platform for Action was unanimously adopted at the Fourth World Conference on Women in Beijing. The Conference, and large participation by activists and the NGO Forum on Women, resulted in objectives related to 12 key areas of concern, including violence against women.
	UNHCR published <i>Guidelines on Sexual Violence Against Refugees</i>
	Reproductive Health Response in Conflict Consortium (RHRC) formed
1996	First GBV programme initiated <ul style="list-style-type: none"> <li>Focused on outreach, counselling, and health care</li> <li>International Rescue Committee in Tanzania</li> </ul>

Timeline	Key Milestones
1996-2000	<p>UN Foundation (Ted Turner donation) funds to UNHCR</p> <ul style="list-style-type: none"> <li>Multi-sectoral GBV programming in 5 countries in East and West Africa</li> <li>Published <i>GBV Situation Planning workshop guide</i></li> </ul>
1998	<p>Heise paper proposing an ecological framework for understanding and addressing gender-based violence: <i>Violence Against Women: An Integrated, Ecological Framework</i></p> <p>International Criminal Court established with substantive jurisdiction over GBV</p>
Late 1990s	<p>Rise in use of Behaviour Change Communication to prevent sexually transmitted infections; HIV/AIDS prevention programmes increasingly used BCC techniques</p> <p>Masculinities programmes initiated in Central/South America, engaging men with the aim to increase health and reduce the use of violence.</p>
2000	<p>UN Security Council Resolution (UNSCR) 1325 on Women, Peace and Security</p> <p>First SCR to link <i>women</i> to the peace and security agenda:</p> <ul style="list-style-type: none"> <li>Addresses the impact of war on women</li> <li>Emphasizes women's contribution to conflict resolution and sustainable peace</li> </ul> <ul style="list-style-type: none"> <li>Participation and representation of women in all aspects of peace and security</li> <li>Protection of women as a group with specific needs</li> <li>Prevention of sexual and other violence</li> </ul> <p>Millennium Development Goals established, including an explicit goal for promoting gender equality</p>
2001	<p>UNHCR GBV Lessons Learned Conference</p> <ul style="list-style-type: none"> <li>Discussion of multi-sectoral lessons learned from UN Foundation project</li> <li>Identified sexual exploitation and abuse as serious issue in the field</li> </ul> <p>WHO/UNHCR publish <i>Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons</i></p>
2001-2005	<p>RHRC's GBV Initiative</p> <ul style="list-style-type: none"> <li><i>If Not Now, When</i> report describing the nature and extent of GBV in humanitarian/emergency settings</li> <li><i>GBV Tools Manual</i></li> <li><i>Communication Skills</i> training manual</li> </ul>
2001-2007	<p>RHRC's GBV Technical Support Project</p> <ul style="list-style-type: none"> <li>Technical support for training and development of GBV programmes in 16 countries</li> <li>Published <i>GBV Emerging Issues</i> report describing common programming experiences, successes, and issues around the globe</li> <li>Published <i>Training Manual/Facilitation Guide</i> for multi-sectoral GBV training and planning</li> </ul>
2002	<p>Sexual exploitation and abuse scandal in West Africa</p> <ul style="list-style-type: none"> <li>Report from Save the Children and UNHCR alleging that this is a widespread problem affecting children and perpetrated by humanitarian staff and peacekeepers</li> <li>UN agencies and NGOs respond with investigations and form working groups to address the problem</li> </ul>
2003	<p>UN Secretary General's <i>Bulletin on Sexual Exploitation and Abuse</i></p> <ul style="list-style-type: none"> <li>Outlines 6 core principles for humanitarian staff conduct</li> <li>Requires Codes of Conduct for all UN and partner agencies</li> </ul>



Timeline	Key Milestones
2005	Humanitarian Reform Agenda, including introduction of the Cluster System
	WHO/UNHCR publish revised and updated <i>Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons</i>
	Around this time, GBV programmes in humanitarian settings increasingly engaged men and boys in prevention programming, drawing on masculinities work in Central and South America, Africa, and other locations
2006	GBVIMS initiative launched by UNHCR, UNICEF, UNFPA, and IRC
	Brussels Symposium and Call to Action (to address sexual violence in armed conflict) June 2006), (which lead to) UN Action (2007).
2007	IASC published <i>Guidelines for GBV Interventions</i>
	UNFPA/GBV AoR began annual two-week GBV Coordination training course
	WHO published <i>Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies</i>
	UN Action formed
2008	IASC/GBV AoR published introduction and training package for the <i>Guidelines for GBV Interventions</i>
	GBV Area of Responsibility formed within the Protection Cluster <ul style="list-style-type: none"> <li>• First planning meeting to develop goals, objectives, and work plan (reviewed and revised annually)</li> </ul>
	GBV AoR published <i>GBV Standard Operating Procedures (SOP) Guide</i>
	Raising Voices released <i>SASA! Activist Kit for Preventing Violence Against Women and HIV</i> . SASA! was first applied to the development context of Uganda but would become a foundational approach for mobilizing transformative change to prevent GBV across a range of settings, including humanitarian settings.
	UNSCR 1820 on conflict-related sexual violence <ul style="list-style-type: none"> <li>• First SCR to recognize sexual violence as a self-standing <i>security issue</i></li> <li>• Acknowledges that sexual violence is linked with reconciliation and durable peace</li> <li>• Excludes sexual violence crimes from amnesty provisions</li> <li>• Specific training of troops on prohibition of sexual violence</li> <li>• Requests improved mechanisms for protecting women/girls in and around UN-managed camps</li> <li>• Requests the S-G to include an “analysis of the prevalence and trends of sexual violence in armed conflict” in annual reports</li> </ul>
2009	UNSCR 1894 on Protection of Civilians (PoC) <ul style="list-style-type: none"> <li>• Reaffirms compliance with international obligations relating to the protection of civilians</li> <li>• Requires humanitarian access</li> <li>• Peacekeeping operations to have “Comprehensive Strategy on PoC”</li> <li>• Requires bridging peace-keeping mission and humanitarian community (Protection Cluster)</li> </ul>
	UNSCR 1888 on conflict-related sexual violence

Timeline	Key Milestones
	<ul style="list-style-type: none"> <li>• Created Special Representative to the Secretary General on Sexual Violence in Conflict (SRSG Wallström) - High-level lead to provide coherent and strategic leadership; strengthen UN coordination; advocate</li> <li>• Established Women Protection Advisers (WPAs) - Need for WPAs to be systematically assessed as part of mission planning drawn from Human Rights and Gender Components [OP 12]</li> <li>• Requires improved data collection and reporting on trends, emerging patterns of attack, early-warning indicators</li> <li>• Requires annual reports on implementation, including the dynamics of conflict-related sexual violence in situations on the Council's agenda and how the UN analyzes and tracks</li> </ul> <p>UNSCR 1889 as a follow-up to UNSCR 1325</p> <ul style="list-style-type: none"> <li>• Calls for further strengthening of women's participation in peace processes</li> <li>• Calls for the development of indicators to measure progress on Resolution 1325</li> </ul>
<b>2010</b>	Transformative Agenda outlined recommendations and actions for improved humanitarian coordination and leadership
	GBV AoR added new essential resource publications to support GBV programming: <ul style="list-style-type: none"> <li>• Training manual as a companion to the <i>GBV SOP Guide</i></li> <li>• <i>GBV Coordination Handbook</i></li> <li>• <i>Caring for Survivors</i> training pack</li> </ul>
	GBV AoR published <i>GBV Coordination Handbook</i>
	UNSCR 1960 on conflict-related sexual violence <ul style="list-style-type: none"> <li>• Expanded mandate to comprehensively address sexual violence when used as a tactic of conflict, or resulting as a consequence of conflict.</li> <li>• Strengthens accountability architecture for holding perpetrators to account including by listing perpetrators, and establishing monitoring, analysis and reporting arrangements (“MARA”).</li> </ul>
	UN Women formed
<b>2011</b>	<i>MGBViE (Phase One) E-Learning Course</i> launched
	GBV AoR established Rapid Response Teams (RRT) to provide expert GBV surge capacity from the beginning of sudden onset emergencies.
	IRC piloted <i>GBV Emergency Response and Preparedness</i> in-person trainings and produced an accompanying toolkit
<b>2012</b>	UN General Assembly passed resolution to ban FGC
	<i>MGBViE (Phase Two) In-Person Course</i> piloted by UNFPA and IMC
	IRC published <i>Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings</i>
	UK initiated Prevention of Sexual Violence Initiative (PSVI) <ul style="list-style-type: none"> <li>• Massive summit in London brought together politicians, practitioners, activities and donors</li> <li>• Development of protocols for investigating conflict-related sexual violence</li> </ul>
<b>2013</b>	UNSCR 2106 on conflict-related sexual violence

Timeline	Key Milestones
	<ul style="list-style-type: none"> <li>• Focused on increasing accountability for crimes of sexual the national level and how the UN can better support countries in holding perpetrators accountable</li> <li>• Signals to perpetrators of sexual violence in conflict that their crimes will not be tolerated</li> </ul>
	<p>UNSCR 2122 on women, peace and security</p> <ul style="list-style-type: none"> <li>• Focuses on women, rule of law and transitional justice in conflict-affected situations</li> <li>• Includes: the development and deployment of technical expertise for supporting peace talks; improved access to timely information and analysis on the impact of conflict on women; and strengthened commitments to consult as well as include women directly in peace talks</li> </ul>
	<p>WHO published study <i>Global and regional estimates on violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence</i>.</p>
	<p>Call to Action on Protection of Women and Girls from GBV in Emergencies launched by UK and Sweden</p> <ul style="list-style-type: none"> <li>• Governments and humanitarian agencies asked to make specific commitments toward addressing GBV</li> </ul>
	<p>The US government launched its <i>Safe from the Start</i> initiative and committed new funds to addressing GBV at the earliest stages of emergencies.</p>
	<p>The IASC issued a <i>Statement on the Centrality of Protection in Humanitarian Action</i></p> <ul style="list-style-type: none"> <li>• Affirms the IASC’s commitment to comprehensive strategies to address protection risks in keeping with human rights and humanitarian law.</li> <li>• GBV is identified as a protection risks to be addressed in these strategies</li> </ul>
	<p>IRC released <i>Engaging Men in Accountable Practice</i>, a programming approach for preventing violence against women and girls.</p>
	<p>The joint UN programme Partners for Prevention released a groundbreaking study from the Asia Pacific region on perpetration of GBV: <i>Why Do Some Men Use Violence Against Women and How Can We Prevent It?</i></p>
<b>2014</b>	<p>GBV AoR established Regional GBV Advisors (REGA) to provide more sustained capacity building efforts to compliment RRT efforts.</p>
	<p>GBV AoR developed Core Competency Framework outlining competencies required of GBV specialists (GBV programme managers &amp; GBV interagency coordinators)</p>
	<p>UNICEF released <i>Communities Care: Transforming Lives and Preventing Violence</i>, a model for preventing and responding to sexual violence against girls and women in conflict-affected settings.</p>
	<p>The UK government launched the <i>What Works to Prevent Violence Against Women and Girls</i> programme that would support research and prevention efforts in 16 countries by 2020, growing the evidence base for effective GBV prevention and response interventions.</p>
<b>2015</b>	<p>Call to Action launched a first Roadmap for coordinated action from 2016-2020, outlining key areas of work for a broad range of actors to address GBViE.</p>
	<p>The GBV AoR agreed on a set of Core Competencies expected of GBV Coordinators and Programme Managers and finalized a five-year capacity development strategy for increasing the number and expertise of GBV professionals</p>

Timeline	Key Milestones
	<p>IRC and WRC published <i>Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners</i></p> <p>Launch of the revised IASC <i>Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery</i></p> <p>UNFPA published <i>Minimum Standards of GBV Prevention and Response in Emergencies</i> for program partners</p>
2016	<p>The World Humanitarian Summit promoted <i>localization</i> as a feature of the humanitarian reform agenda. The WHS included focus on women’s and girls’ empowerment.</p> <p>The Real-Time Accountability Partnership on GBV in Emergencies (RTAP) was launched as a multi-agency initiative to ensure that GBV prevention, response, and coordination are prioritized by all actors from the outset of an emergency.</p>
2017	<p>GBV IMS Steering Committee released the first <i>Inter-Agency Gender-Based Violence Case Management Guidelines</i> for use in humanitarian settings.</p> <p>UNICEF launched a GBV Help Desk to provide technical support for UNICEF teams and partners.</p> <p>The “MeToo” movement spread, raising attention to the prevalence of sexual assault and harassment, and exposing violations in multiple industries, including humanitarian aid. Organizations were pressed to adapt policies and practice to better protect staff and beneficiaries.</p> <p>The UN Secretary General outlined a new, four-pronged strategy to prevent and respond to sexual exploitation and abuse across the UN system</p>
2018	<p>The EU and the UN launched the Spotlight Initiative, focused on ending violence against women and girls as essential to achieving gender equality and women’s empowerment, in line with the 2030 Agenda for Sustainable Development.</p> <p>The GBV AoR launched a virtual Community of Practice (CoP) to support GBV practitioners, as part of the <i>MGBViE (Phase III) learning program</i>.</p> <p>The GBV AoR opened the GBV Help Desk, initiated by UNICEF in 2017, to all GBV practitioners. The Help Desk began contributing regular evidence reviews and technical briefs in response to queries on a range of GBV topics.</p> <p>DFID led a Safeguarding Summit to tackle SEA and sexual harassment in the aid industry. The summit introduced several initiatives:</p> <ul style="list-style-type: none"> <li>• DFID to test a “passport” for aid workers to prove identity, provide background information on previous employment and vetting status.</li> <li>• NGOs agreed to a Disclosure of Misconduct Scheme to prevent known perpetrators moving between organizations.</li> <li>• Interpol will pilot a new system of background checks of aid workers and information-sharing across borders.</li> <li>• Donors committed to global standards and stricter processes for funding.</li> </ul> <p>IRC released <i>Guidelines for Mobile and Remote GBV Service Delivery</i> to help GBV programs meet the needs of dispersed and difficult-to-access populations in urban and rural settings.</p> <p>Women’s Refugee Commission released a paper on the integration of cash-based interventions and GBV prevention and response</p>

Timeline	Key Milestones
	<p>The GBVIMS Global Team developed <i>Primer/GBVIMS+</i>, a web application to safely collect, manage, and share data from incident monitoring as well as the GBV case management process.</p> <p>The Coalition of Feminists for Social Change, an advocacy collective of practitioners and academics working to address VAWG, released a <i>Feminist Pocketbook</i> – a series of tip sheets- to help humanitarians/development actors implement feminist approaches in addressing GBV.</p> <p>GBV AoR updated the <i>GBV Coordination Handbook</i></p> <p>The IASC GBV Guidelines Reference Group produced a “Pocket Guide” on <i>How to support survivors of gender-based violence when a GBV actor is not available in your area</i>. The <i>Pocket Guide</i> would be broadly translated and applied in multiple contexts, to build capacity of non-specialists in basic support, first response and referral of GBV survivors.</p>
2019	<p>IRC released <i>Girl Shine</i>, a program and curriculum for GBV programs to support life skills interventions with adolescent girls.</p> <p>IRC launched a <i>GBV Blended Curriculum</i> to train frontline staff in remote, low-connectivity settings.</p> <p><i>Inter-Agency GBV Minimum Standards for GBViE Programming</i> were released, establishing, for the first time, interagency standards for focused GBV programs. The resource includes 16 standards that should be met in all humanitarian settings. While most organizations/programs would not cover all 16 standards, they must meet specifications of relevant standards of intervention.</p> <p>The WHO released a new curriculum to train healthcare providers in GBV response: <i>Caring for women subjected to violence</i></p> <p>IRC and IMC released the <i>Women and Girls Safe Spaces Toolkit</i>, establishing standard principles, objectives, and elements of WGSS in humanitarian settings.</p> <p>Nairobi Summit organized 25 years after the International Conference on Population and Development in Cairo emphasized links between GBV, SRHR, and development goals.</p>
2020	<p>The WHO released updated guidance for medical response to GBV: <i>Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings</i>. The guidance expanded attention to intimate partner violence and to mental health and psychosocial consequences of GBV.</p> <p>Raising Voices updated <i>SASA!</i> (2008) to release <i>SASA! Together An activist approach for preventing violence against women</i>.</p> <p>Response to the COVID-19 pandemic included gendered social, economic, and security consequences, where quarantine orders, restrictions on movement, and reduction of services led increased risks of GBV. In early April 2020, the UNSG warned of “a horrifying global surge in domestic violence.” Multiple resources- including advocacy notes, program guidance, and tools- were developed to help GBV actors respond to new risks and adapt services, including transitioning to remote/virtual services and supervision. The GBV AoR CoP also grew exponentially at this time, as practitioners relied on the virtual network for support and guidance.</p>
2021	<p><i>With Us &amp; For Us: IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises</i> released, including attention to addressing GBV risks and consequences for and with young people.</p> <p>IRC released <i>Women Rise: A Gender-based Violence PSS Toolkit to facilitate group support sessions with women at risk and women survivors of GBV</i>.</p>

Timeline	Key Milestones
	<p>George Washington University's Global Women's Institute launched <i>Empowered Aid</i>, an online course to mitigate risks of SEA, based on feminist, participatory action research with women and girls.</p> <p>Call to Action released a new five-year Roadmap (2021-2025), emphasizing contributions of local and national actors in addressing GBViE</p>
<b>2022</b>	IMC released <i>Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings</i> .

## Hand-out: The Humanitarian System and GBV

### **Governments**

- Host
- Donor

### **International Red Cross/Red Crescent Movement**

- International Committee of the Red Cross  
Impartial, neutral and independent humanitarian organisation; Protects and assists victims of conflict; Promotes and strengthens humanitarian law and universal humanitarian principles; Directs and coordinates international relief activities conducted by the RC-members in situations of conflicts
- National Red Cross/Red Crescent Societies  
Auxiliaries to the public authorities of their own countries in the humanitarian field; Areas of focus: disaster preparedness, disaster relief (national and international), health and social programmes, promotion of humanitarian values

### **Non-Governmental Organisations (NGOs), national or international**

- All shapes and sizes; wide range of missions and areas of interest; Primary implementers of GBV programmes/direct services; Varying engagement in national and global-level coordination mechanisms

### **United Nations**

#### UN Main Bodies

- General Assembly
  - GBV addressed in the “Third Committee” (Social, Humanitarian and Cultural Affairs)
- Security Council
  - Authorizes peacekeeping operations and provides specific mandates for protection
  - Implements sanctions; referrals to the ICC
  - Monitors compliance (e.g. with human rights, thematic SRSG roles, etc.)
  - Allocates resources to staffing, mechanisms
  - Asserts diplomatic pressure on abusers
- Economic & Social Council (ECOSOC)
  - Resolutions on humanitarian issues and GBV

#### UN Secretariat

- Services the main UN organs:
  - OCHA (Security Council, ECOSOC)
  - DPO (Security Council)
  - OHCHR (Human Rights Council (GA), ECOSOC)
  - DPA (Security Council)
  - DESA (ECOSOC)

#### UN Agencies

- Operational agencies
  - Humanitarian agencies
    - UNHCR, WFP, UNICEF
  - Others also involved in humanitarian contexts, along with other priorities
    - UNDP, UNFPA, UNHABITAT, WHO

- Standard setting organisations
  - WHO, FAO, UNESCO

UN Women

Brings together entities from the Secretariat and some UN Agencies, emphasis on gender equality. Main roles of UN Women are related to supporting inter-governmental bodies and Member States to formulate and implement policies, global standards and norms, and to hold the UN system accountable.

UN Action Against Sexual Violence

Initiative to harmonize the work of 13 UN entities. Brings together the UN humanitarian, development, security actors. Coordinates with the OSRSG – SVC.

**Humanitarian Coordination for IDP Settings**

Global/Headquarters Level

UNOCHA

- Emergency Relief Coordinator
- Coordination of humanitarian efforts in the field: operations and policy
- Reporting to Security Council and GA, advocacy on humanitarian issues
- No operational capacity
- Chairs IASC

InterAgency Standing Committee (IASC)

- Created in 1992 on request of the GA (Res.46/182)
- Brings together UN operational agencies and non-UN: Red Cross Movement, NGOs (through three consortia)
- Defines joint policy and sets standards (eg. IASC GBV Guidelines)

Field Level

Humanitarian Coordinator (UNOCHA; sometimes under UNDP)

- Coordination function for humanitarian response. Initiates humanitarian coordination structures at field level, in consultation with relevant field actors

Coordination through Clusters

- Cluster leads may or may not mirror global leads
- GBV sub-cluster falls under Protection Cluster as an AoR

<b>Clusters (and Global Leads)</b>	
<p><u>Technical Areas:</u></p> <ul style="list-style-type: none"> <li>• Health (WHO)</li> <li>• Nutrition (UNICEF)</li> <li>• WASH (UNICEF)</li> <li>• Emergency Shelter and Non-Food Items (UNHCR, IFRC)</li> <li>• Education (UNICEF, Save the Children)</li> <li>• Agriculture (FAO)</li> </ul>	<p><u>Cross-Cutting Areas:</u></p> <ul style="list-style-type: none"> <li>• Camp Coordination &amp; Management (UNHCR, IOM)</li> <li>• Protection (UNHCR) and Areas of Responsibility (AoRs)</li> <li>• Early Recovery (UNDP)</li> </ul> <p><u>Common Service Areas</u></p> <ul style="list-style-type: none"> <li>• Logistics (WFP)</li> <li>• Emergency Telecommunications (OCHA, UNICEF, WFP)</li> </ul>



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## Module 2. Programme Models

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### Summary

This session continues the theme of transformation and change while adding concrete and specific information about the variety of GBV interventions that might be appropriate in individual settings. Good quality GBV programmes apply multiple levels and types of interventions.

### Learning Objectives

Participants will:

1. Identify interventions that are appropriate for different contexts.
2. Apply the multi-sectoral model and community-based, rights-based, intersectional, and survivor-centred approaches to a case scenario for GBV programming.

### Assigned Readings

- GBV AoR (2019). *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. Standards 1 & 2 (pages 2-16) assigned as advance reading for the course.

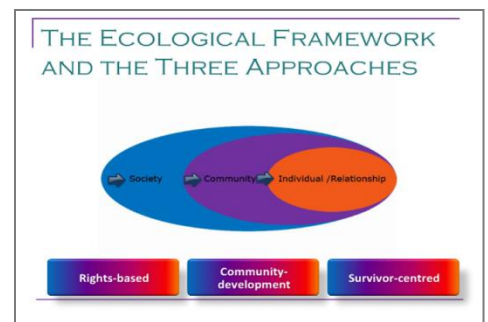
### References and Additional Resources

- IRC (2018). *Guidelines for Mobile and Remote GBV Service Delivery*. Available at: [GBVResponders.org](https://www.gbvresponders.org)

## Hand-out: Ecological Model and Levels of Intervention

The Ecological Model<sup>3</sup> provides a conceptual framework for a comprehensive approach to GBV. The model emphasizes that to change individual behaviour, programmes need to not only work with individuals, but to also address the systems and groups—peers, families, communities, media, policies and policymakers—that influence individuals. This model encourages us to think about the:

- Changes that are needed across all sectors of society
- Range of different strategies across different levels of action that will be required to bring about these changes
- Roles of different social actors during such changes



### Working across levels

When using the Ecological Model, it is important to pay attention to the links between the different levels. In other words, no level should be seen as independent of another. In this way, it becomes clear that policy work affects, and is affected by, community education. This, in turn, affects and impacts the ways individuals in a given community regard a particular issue.

At the **Individual/Relationship level**, people receive direct intervention as individuals or families.

Individual/Relationship level actions include:

- Providing information on available services
- Providing GBV case management services; implementing standard health protocols; establishing survivor-centred psychosocial support mechanisms
- Establishing women and girls' safe spaces
- Implementing appropriate protection and safety mechanisms and access to legal redress (legal aid and other support services)
- Supporting women's economic, political and social empowerment
- Working with men, boys, women, and girls to conduct gender and power analyses and support transformation of attitudes and beliefs

At the **Community or Systems level**, communities are mobilised to recognize, promote and protect the rights of women and children; and local systems are developed that support effective GBV prevention and response. Community or Systems level actions include:

- Establishing and coordinating integrated GBV response and referral systems
- Delivering community education and mobilising communities to promote and protect women's rights
- Identifying and addressing risks in crisis-affected communities and camps
- Implementing and monitoring GBV prevention and mitigation actions across sectors of emergency response
- Identifying and mobilising community leadership to advance women's rights and promote services for GBV survivors
- Mobilising women to take on leadership roles in economic, political and social spheres
- Establishing safe data collection systems
- Developing the capacity of local government and non-government health, social welfare, justice and security actors

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<sup>3</sup> Adapted from *Engaging Boys and Men in Gender Transformation: The Group Education Manual*

- Developing the capacity of local women’s rights organizations and structures and other civil society actors to support women’s economic, political and social empowerment

At the **Society** level, systems and strategies are put into place to protect, respond, and monitor when rights are breached. Societal level actions include:

- Promoting compliance with relevant international laws and standards
- Training key stakeholders and actors with influence on human rights, women’s rights, GBV, etc.
- Monitoring rights violations and implementing national-level protective strategies
- Assessing and identifying areas for legal and policy reform; advocating, allocating resources and providing technical support to enable that reform at the national level
- Establishing systems for safe and ethical data management and to support use of aggregate, analysed data for national and global advocacy

## Hand-out: Types of Programme Interventions

Strategies, Activities, Interventions	Level of Intervention		
	Individual/ Relationship	Community/ Systems	Society
<b>RESPONSE</b>			
Entry points for seeking help	X	X	
Referral pathways		X	
GBVIMS rollout		X	
Women & girls' safe spaces		X	
Health			
Clinical management protocols in use by trained staff		X	
Staff/provider training		X	
Community health education/outreach	X	X	
Psychosocial			
Individualized Psychosocial Support	X		
GBV Case Management services	X		
Psychosocial curriculum for small groups	X		
Social reintegration/groups/skills training	X		
Staff/provider training		X	
Economic empowerment/livelihoods			
Support survivors' integration into livelihoods activities	X		
Material/cash assistance			
Flexible fund to provide ad hoc support to survivors	X		
Security/Legal Justice			
Training security/ justice actors in GBV concepts & principles		X	
Provide legal information		X	
Legal assistance for survivors	X		
Advocate for improved laws to protect survivors			X
<b>PREVENTION</b>			
Safety and risk mitigation			
Safety audits		X	
Community protection groups		X	
Protection monitoring/ reporting on rights violations		X	X
PSEA initiatives		X	X
Awareness-raising & SBC activities			
Mass campaigns (radio, posters, street theatre, etc.)		X	X
Targeted small group discussions	X		
Engagement of men to challenge concepts of masculinities	X	X	
Policy reform			
National/ inter-agency GBV prevention strategies			X
Advocacy to address impunity/ reform legal code			X
Economic empowerment/ livelihoods	X		
Train livelihoods actors in gender/ GBV		X	
Skills training/business education	X		
Savings and loans groups	X		

Strategies, Activities, Interventions	Level of Intervention		
	Individual/ Relationship	Community/ Systems	Society
Income-generation activities	X		
Material/ cash assistance			
Dignity kit distribution	X		
Cash/voucher assistance for vulnerable women	X		
Clusters/Sectors engaged in GBV prevention (includes actions outlined in IASC GBV Guidelines)		X	
<b>CROSS CUTTING FUNCTIONS</b>			
GBV Coordination and SOPs		X	X
Safe and ethical data sharing		X	X
Women's leadership in planning, implementation, monitoring and evaluation of GBV programmes		X	

## Hand-out: Small Group Work Instructions

### Step One

- Share brief information about the work with which you are currently engaged. Some participants are currently working with GBV programmes and can share brief overviews of their interventions and the types of environments in which they work.
- Using the Types of Interventions hand-out as a guide, discuss intervention types that most closely fit participants' current work, for those engaged with GBV programming. Develop a quick understanding of the different types of GBV programmes represented in your group.

### Step Two

- Choose one situation from your group to be used as that group's case study for this exercise. The situation should involve a humanitarian context.

### Step Three

- Summarize the key GBV problems/issues in the setting (not too much detail) and the changes/transformation you seek to influence.
- Identify the types and levels of intervention that should be put into place. Note that this will not be the same as what is actually occurring in that setting; rather, the setting is being used as a case study to develop programme interventions. (This means that the person whose situation was selected should not dominate the discussion; what is currently happening in real life is not relevant to this case study work.)
- Groups are to come up with a list of specific GBV programme interventions. Link these interventions to the problems/issues in the setting and the changes/ transformation you are seeking.
- Consider different levels of intervention.
- Be sure you are applying recommended approaches (community-based, rights-based, intersectional, survivor-centred).
- Prepare your report-back on flip charts.

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## Module 3-1. Assessment

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### Summary

This module takes participants through different types of assessments that might be required to design appropriate GBV prevention and response interventions. With an emphasis on safe and ethical practice, the module includes participatory lecture and small group work to give participants the opportunity to think about assessment tools and methods in different emergency contexts.

### Learning Objectives

1. Identify purposes of assessments in the context of GBV programming
2. Identify methods for assessing GBV
3. Identify key ethical and safety considerations related to assessing GBV

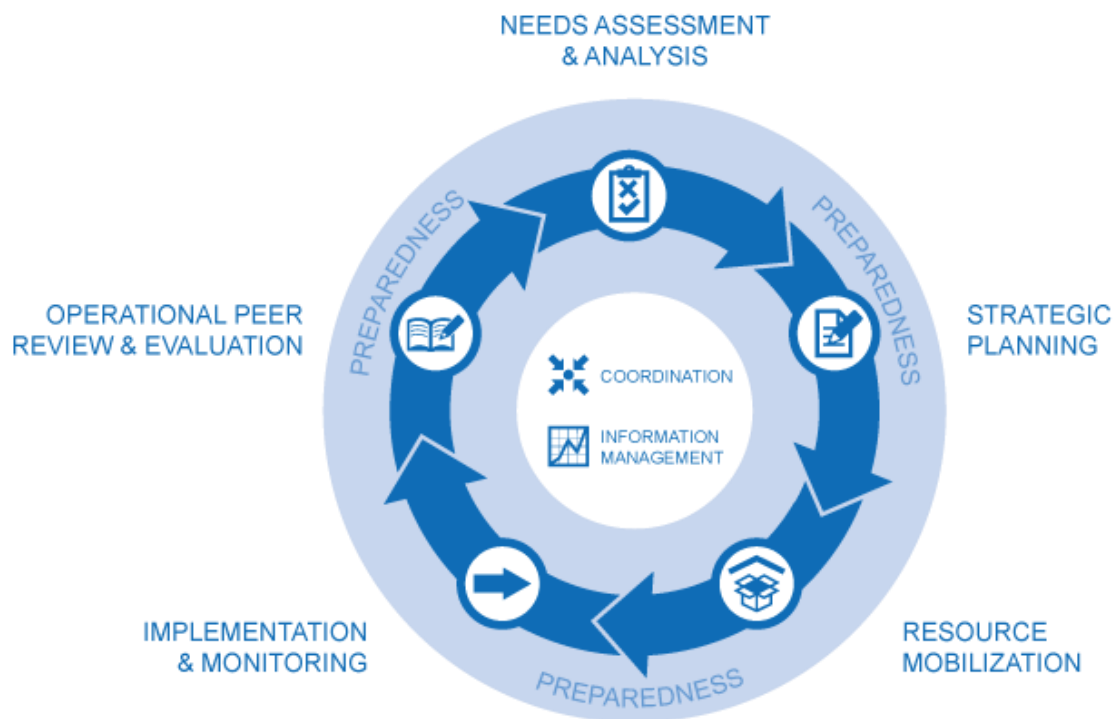
### Assigned Readings

- WHO (2007). *Ethical and Safety Recommendations*. Read Part III, pages 9-29. Assigned as advance preparation for course.
- IRC (2001). *Emergency Response & Preparedness Training*. Read pages 29-38.
- GBV AoR (2019). *The Inter-Agency Minimum Standards for Gender Based Violence in Emergency Programming*. Read Standard 16: Assessment, Monitoring and Evaluation (pages 122-129)

### References and Additional Resources

- George Washington University (2017) *Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations*.  
<https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Manual%20and%20Toolkit%20-%20Website.pdf>
- GBV Coordination Handbook (Assessment tools in annexes)
- IRC Emergency Response & Preparedness Toolkit (gbvresponders.org)
- CEDPA programme management training

## Hand-out: The Humanitarian Programme Cycle





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## Module 3-2. Monitoring & Evaluation

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### Summary

With an interactive review of the key steps and components for M&E, this module is a brief overview of programme M&E with an emphasis on particular issues of importance to GBV programming.

### Learning Objectives

1. Understand the importance of quality M&E to programme design and management
2. Identify key results in an M&E logical framework
3. Identify some of the common risks and challenges in GBV programme monitoring, collection and use of data
4. Access additional resources and trainings in programme M&E

### Assigned reading

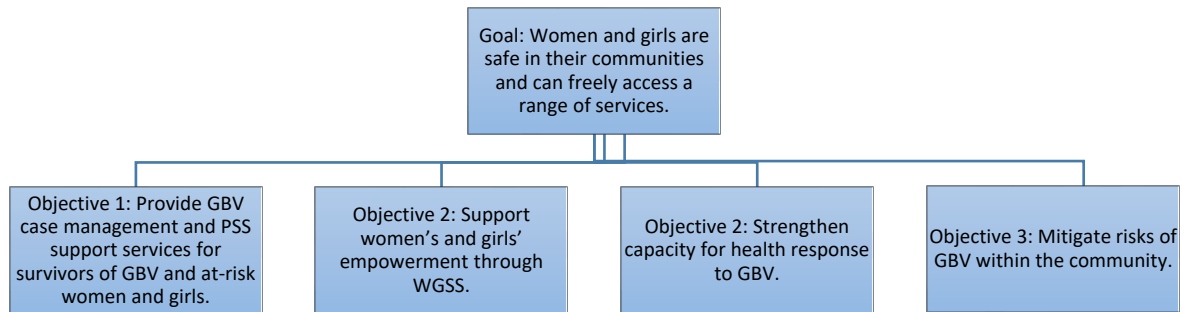
- GBV AoR (2019). *The Inter-Agency Minimum Standards for Gender Based Violence in Emergency Programming*. Read Standard 14: Collection and Use of Survivor Data (pages 106-112 (until Reporting and communications on GBV))
- IRC (2011). *Emergency Sample Indicators*. Review chart of indicators.

### References and Additional Resources

- UNFPA (2013). *The Role of Data in Addressing Violence against Women and Girls*
- USAID (2014). *Toolkit for Monitoring and Evaluating GBV Interventions along the Relief to Development Continuum*.
- George Washington University (2017) *Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations*.  
<https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Manual%20and%20Toolkit%20-%20Website.pdf>
- What Works to Prevent Violence website: <http://www.whatworks.co.za/>
- HREA M&E for NGO sector: <http://www.hrea.org/learn/elearning/monitoring-and-evaluation/>
  - HREA offers a six-week M&E course for the NGO sector, as well as a four-week course on data collection and analysis.
- MEASURE Evaluation website: <http://www.cpc.unc.edu/measure>
  - Online courses available.
- GBV Responders website: <http://gbvresponders.org/resources/#RESPONSE>

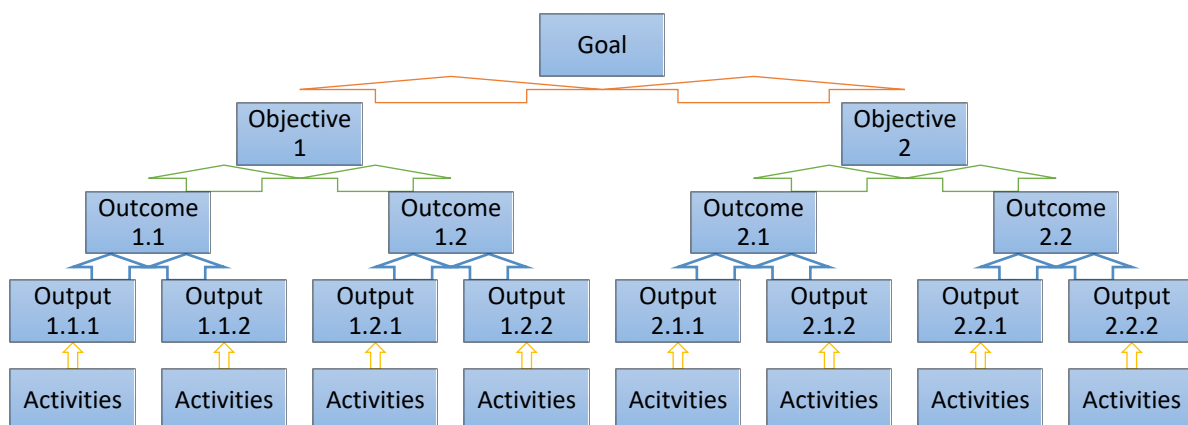
## Hand-out: Results Chain Group Work

You are designing a new GBV programme and have identified four key objectives, based on your assessment of service gaps and needs. You need to plan for results that your program can achieve within one year. You will be assigned one objective to start your planning.



1. Identify **at least one outcome** that will contribute to your assigned objective.
2. Identify **at least two outputs** that will contribute to **each outcome**.

You can refer to the results chain below to consider how activities will lead to direct outputs, how those outputs will contribute to outcomes, and outcomes will help you achieve your objective.



## Hand-out: Indicators Group Work

You are designing a new GBV programme and have identified key objectives, as well as outcomes and outputs. How will you know whether you are achieving these results?

1. Identify at least two output indicators, linked to your programme outputs.
2. Identify at least one outcome indicator, linked to a programme outcome.

*Remember, output indicators measure direct outputs (e.g. # of clinical providers trained in CMR/IPV). Outcome indicators measure a higher level of change, related to knowledge, behavior, skills, status, level of functioning, wellbeing, etc. (e.g. % of trained providers who demonstrate capacity for CMR/IPV care, with at least 80% scores on post-training tests).*

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## Module 4-1. Introduction to the GBV Toolkit

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### Summary

This is a short session to introduce the “GBV Toolkit” and components of Module 4.

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## Module 4-2. GBV Toolkit: Social, Behaviour Change

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### Summary

This module reviews theories and practice related to behaviour change and social change. The module includes small group work so that participants can practice applying knowledge of social behaviour change to create programming strategies. The module emphasises the importance of following a well-planned and targeted process.

### Learning Objectives

1. Connect individual behaviour change with the process of influencing and facilitating social change to prevent GBV.
2. Reflect on effective and accountable prevention strategies.
3. Apply knowledge about behaviour change and social norms to respond to programme challenges and develop interventions.

### Assigned Readings

- GBV AoR (2019). *The Inter-Agency Minimum Standards for Gender Based Violence in Emergency Programming*. Read Standard 13: Transforming Systems and Norms (pages 98-103).
- DFID (2016). *Shifting Social Norms to Tackle Violence against Women and Girls*, 2016. Read pages 6-13; 23-26
- Alessia Radice, International Medical Corps (2013). *Preventing GBV through Behavior Change Communication: Experiences from the Eastern Democratic Republic of Congo*. Read extracted pages from program report.
- Coalition of Feminists for Social Change (COFEM) (2018). *Men as allies and activists*, Feminist Pocketbook Tip Sheet 6.

### References and Further Reading

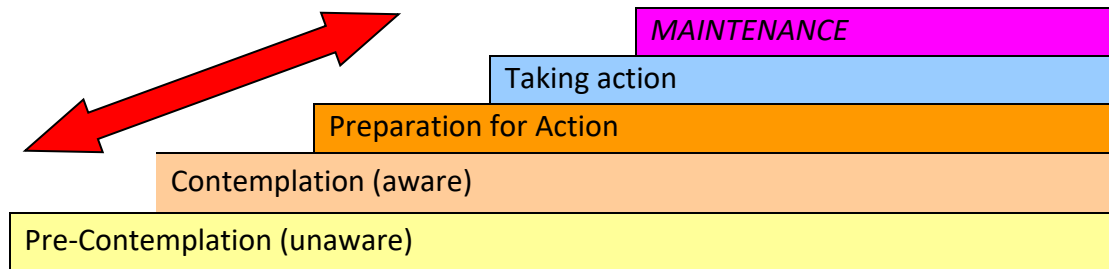
- UNICEF. Free online course on social norms and social change. Available at: <https://www.humanrightscareers.com/magazine/unicef-launches-free-online-course-on-social-change/>
- Raising Voices. *SASA! Together* and other SBC resources available at: <http://raisingvoices.org>
- Johns Hopkins Center for Communications Programs. SBC resources available at: <http://ccp.jhu.edu/social-behavior-change-communication/>
- Partners for Prevention. <http://www.partners4prevention.org/>
- Raising Voices (2015). *Is Violence against Women Preventable?* Findings from the SASA! Study summarized for general audiences. [http://raisingvoices.org/wp-content/uploads/2016/01/SASApopularReport.FINAL\\_jan2016.pdf](http://raisingvoices.org/wp-content/uploads/2016/01/SASApopularReport.FINAL_jan2016.pdf)
- Men Engage Alliance. Resources available at: <http://menengage.org>
- Promondo. Resources available at: <http://promondoglobal.org>
- Sonke Gender Justice. Resources available at: <http://www.genderjustice.org.za/>
- International Rescue Committee (2013). *Engaging Men through Accountable Practice (EMAP): Introductory Guide, Training Guide (ToT), Implementation Guide*: <http://GBVResponders.org>
- International Medical Corps (2021). *Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings*: <https://internationalmedicalcorps.org/traditions-opportunities>

- Tappis H, Freeman J, Glass N, Doocy S. (2016). Effectiveness of Interventions, Programs and Strategies for Gender-based Violence Prevention in Refugee Populations: An Integrative Review, *PLOS Currents Disasters*, Apr 19, Edition 1
- Partners for Prevention (2013). *Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific*. <http://www.partners4prevention.org/about-prevention/research/men-and-violence-study>
- Coalition of Feminists for Social Change (COFEM) (2017). *How a lack of accountability undermines work to address violence against women and girls*. <https://cofemsocialchange.org/learning-advocacy-tools/cofem-svri-paper-video-series/paper-1/>
- COFEM (2018). *Staying Accountable to Women and Girls*, Feminist Pocketbook Tip Sheet 4. <https://cofemsocialchange.org/wp-content/uploads/2018/11/TS4-Staying-accountable-to-women-and-girls.pdf>

**Additional Resources on Male Survivors of Sexual Violence:**

- Sexual Violence Research Initiative (2011) *Briefing Paper: Care and Support of Male Survivors of Conflict-Related Sexual Violence*. <http://www.svri.org/sites/default/files/attachments/2016-01-12/CareSupportofMaleSurviv.pdf>
- GBVIMS Steering Committee (2017). *Interagency GBV Case Management Guidelines*. Includes a section on supporting male survivors of sexual violence.
- COFEM (2018). *Violence against men and boys*, Feminist Pocketbook Tip Sheet 7. <https://cofemsocialchange.org/wp-content/uploads/2018/11/TS7-Violence-against-men-and-boys.pdf>

## Hand-out: Stages of Change<sup>4</sup>



### **Understanding Individual Behaviour Change**

Many individuals pass through typical stages as they make changes in how they think or act. However, this process is not linear; people often repeat stages and rarely progress through each in order. To further illustrate the stages of behaviour change, take an example of beating a child.

#### Stage 1 Pre-contemplation

The individual is unaware that beating her/his child is a problem. When the child makes a mistake or behaves inappropriately, the individual hits, slaps, or pinches the child.

#### Stage 2 Contemplation

The individual begins to question if beating the child is the best method of discipline. This thinking could emerge from:

- Seeing the child badly injured after a beating
- Hearing neighbours talking about other ways of disciplining children
- Hearing from a doctor that her/his child has been injured from beating
- Reading a newspaper article or hearing a radio programme that discusses the negative impact of beating children
- Being confronted by a family member when beating the child
- Recognizing that the child is becoming more frightened and withdrawn

#### Stage 3 Preparation for Action

The individual may begin to talk with neighbours/health care providers/religious leaders/ family/ friends about beating. S/he may also begin to watch how other parents/grandparents/teachers relate to and discipline children. S/he may begin to think of other ways to discipline the child. The individual decides that s/he will use other methods of discipline with her/his child.

#### Stage 4 Action

After the child has misbehaved, the individual does not beat the child but instead talks to the child about the behaviour and assigns extra chores as a punishment.

#### Stage 5 Maintenance

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<sup>4</sup> Adapted from: Raising Voices (2004). *Rethinking Domestic Violence: A training process for community activists*, and Family Health International (2002). *Behaviour Change Communication for HIV/AIDS: A Strategic Framework*

The individual recognizes the benefits of not beating the child. S/he could feel an increase in self-esteem, notice that the child is happier and less frightened, begin enjoying a better relationship with the child, experience positive recognition from neighbours or friends, etc.

*It is important to remember that an individual will not be able to make the change completely and immediately on the first attempt and then never beat the child again. Behaviour change is a process, and, as such, takes time. There will be times when the individual lapses in anger or frustration. This does not mean that the individual has failed at making the behaviour change. Reverting to the old behaviour is natural. Learning something new, whether it is a skill or a change in behaviour, takes time, perseverance, practice, and support from others to be successful.*

### **Communication Channels/Methods**

Different channels or methods are more effective at influencing change at different stages of the continuum of behaviour change. And, different channels achieve different results. Some examples: Communication through mass media (radio, posters) can ensure that correct information reaches a specific population (for awareness-raising) and can model positive attitudes (to build concern and promote trial behaviour).

### **Enabling Factors – or - Barriers**

For each step in the process of behaviour change, many factors can influence whether individuals or communities move up the steps or down the steps. The following are some examples of enabling factors.

- Public policy - laws and policies that support survivors and hold perpetrators accountable for their actions
- Institutional factors - programmes and services
  - Good quality services for GBV survivors that are confidential, accessible, multisectoral, and provided by well trained and compassionate staff and volunteers who consistently use the four GBV guiding principles to guide their actions
- Interpersonal and group factors – social support, self-help groups
  - Existence of women’s groups, men’s groups, youth groups – and these groups are safe places to give and receive support for new knowledge, attitudes, and behaviour.
- Intrapersonal factors (within the individual)
  - Self esteem
  - Personality, willingness to take risks and try new things
  - Ability to seek support from friends, family, community



## Hand-out: Social Change<sup>5</sup>

### Phase 1: Community Assessment

The Community Assessment phase is a time to gather information on attitudes and beliefs about GBV and to start building relationships with community members. This phase corresponds to *pre-contemplation* in individual behaviour change.

### Phase 2: Raising Awareness

The Raising Awareness phase is a time to increase awareness about GBV within the general community and various professional sectors (e.g., social and health services, law enforcement, teachers, religious communities, etc.). Awareness can be raised on various aspects of domestic violence including why it happens and its negative consequences for women, men, families, and the community. This phase corresponds to *contemplation* in individual behaviour change.

### Phase 3: Building Networks

The Building Networks phase is a time for encouraging and supporting general community members and various professional sectors to begin considering action and changes that uphold women's right to safety. Community members can come together to strengthen individual and group efforts to prevent domestic violence. This phase corresponds to *preparation for action* in individual behaviour change.

### Phase 4: Integrating Action

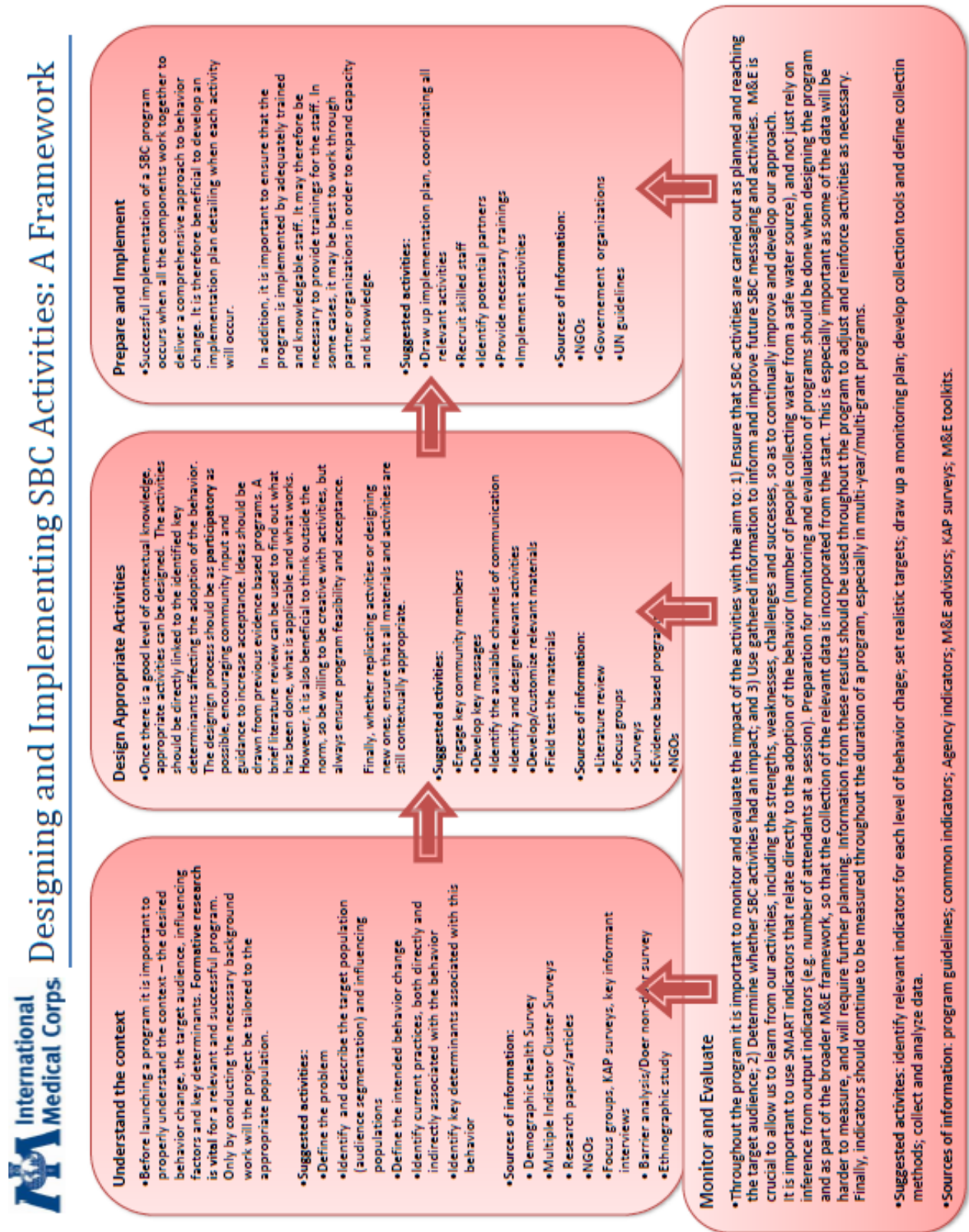
The Integrating Action phase is a time to make actions against domestic violence part of everyday life and institutions' policies and practices. This phase corresponds to *action* in individual behaviour change.

### Phase 5: Consolidating Efforts

The Consolidating Efforts phase is a time to strengthen actions and activities for the prevention of domestic violence to ensure their sustainability, continued growth, and progress. This phase corresponds to *maintenance* in individual behaviour change.

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<sup>5</sup> Adapted from: Raising Voices



# Hand-out: Raising Voices' Guidelines for Communications Materials

## Guidelines for Creating Communication Materials on Violence against Women

Designing communication materials can be fun and exciting; it need not be a daunting task. The following are several key ideas that can help you develop engaging, positive, and effective communication materials.

### **Key Ideas**

#### **Maintain the Dignity of the Characters**

When creating communication materials about domestic violence, it is tempting to use images that show women being abused. While sometimes this may be necessary (particularly in booklets), this approach needs to be used carefully, if done at all. Avoid showing women in undignified positions (i.e., naked, laying on the ground, in the middle of experiencing rape, etc.). Explicit images of acts of violence show women in powerless and exposed situations and, while it may accurately reflect reality, it is rarely effective in helping change people's attitudes. Similarly, avoid showing men being highly aggressive or violent, these are undignified portrayals of men. Women and men viewing explicit images such as these rarely want to identify with the characters or the issue that is being represented. Many people may feel ashamed to look at the image and, as a result, will either ignore it or make jokes to diminish feelings of shame and embarrassment. The use of explicit images can further marginalize the issue, keeping it taboo instead of encouraging people to discuss it. Try instead to maintain the dignity of the characters by showing women and men as reasonable and thoughtful characters who are able to make positive decisions.

#### **Portray the Positive**

When discussing violence, instead of telling people that violence is bad, show how non-violent resolution of conflict and non-violent relationships are positive. For example, instead of showing a picture of a woman being beaten that reads "Stop Domestic Violence", it may be more effective to show a picture of a woman and man sitting together discussing a problem with the male character saying "I respect my wife, we talk about our problems together. Do you?" Materials that portray the positive and role model respectful and alternative ways of thinking and behaving are more engaging and can help facilitate a process of change, more so than just showing the violence.

#### **Help Viewers Engage**

When viewers see themselves in the materials and characters, they are more likely to think about the issue and reflect on how it affects them. Materials that show 'regular' women and men will help more people identify with the characters. Avoid stereotypes. Take care in how you show the man who is being violent. Making this man into a 'monster' (i.e., making him very scary, ugly, or mean) will prevent men from identifying with the character. Showing a man who is not out of control or looking too crazy will help others identify with him and his behavior. Similarly, when showing women, try to make the characters look just like women in your community. Make them different ages and sizes, from different economic levels, or having a disability. The characters should represent the range of people in your community.

#### **Avoid Blaming and Accusations**

Communication materials should avoid blaming women or men for domestic violence. This does not mean that the issue of male responsibility for domestic violence should not be explored, but accusing men of violence and publicly shaming men in materials often only increases resistance and backlash. It is important to hold men accountable yet not to insult, demean, or demonize them. This will only make them defensive and unengaged.

#### **Get People Talking!**

Materials that tell people what to think rarely have meaningful impact on the attitudes or behavior of their viewers. Try to make materials controversial, inject new ideas, ask questions, encourage people to think and feel something about the issue being portrayed. Don't be afraid to raise taboo or hidden topics; materials that tell people what they already know are rarely useful. Be willing to stir things up!

From *Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa*, Raising Voices 2003

## Steps

1. With a small group (e.g., staff members, community volunteers/members, resource persons, etc.), brainstorm specific topics and issues you want to address in the material, record them on a flipchart.
2. Discuss the ideas as a group. Ask yourselves:
  - Which are most compelling?
  - Which are most appropriate for the audience?
  - Which should be avoided?
3. In a smaller group (no more than four), further discuss the group brainstorm and discussion. Decide which ideas are most appropriate for the current communication material. Make sure to save the other interesting ideas, as you may want to use them later.
4. With this smaller group, brainstorm images and words for the communication material. For many people, it helps to make pencil sketches (even of stick people) to get a sense of what type(s) of image(s) you may use. Note: when designing booklets, you may choose to first develop a general outline of the story and then add detail and images after.
5. Once you have an idea, discuss it with an artist. Get her/his feedback on the design and layout. You may choose to show your pencil sketches. Note: when designing murals, you may want to show the artist the proposed site for the mural as this may affect the types of image(s) used.
6. Once you and the artist have discussed the communication material, ask for a pencil prototype. It is best to give the artist a general sense of what you imagine the material to look like before the pencil sketch is started, this can save lots of time later on. Give feedback on the prototype, and ask her/him to make the appropriate changes.
7. Pretest the design with members of the primary audience. Consider the suggested changes and incorporate feedback as you feel is appropriate. If the changes are significant, you may have to go through a second detailed pre-test.
8. Discuss the changes with the artist, and supervise through all stages of drawing. Make sure you check the final pencil design before the ink/color is applied. This can save considerable time and money!

## Communication Material Checklist

### Content

Does your communication material:

- raise a controversial or thought provoking issue?
- avoid telling people what to think and encourage people to think differently?
- avoid stereotyping?
- maintain the dignity of the characters?
- encourage viewers to think for themselves?
- avoid showing women as powerless victims?
- reinforce the concept of human/women's rights?
- encourage personal reflection?
- use characters and situations that viewers can identify with?

### Language

Does your communication material:

- avoid blaming or accusations?
- use language that is informal and familiar to the community?

*From Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa, Raising Voices 2003*

- have a design that is accessible to low-literacy viewers?
- use language and images that are thought provoking but not confrontational?
- use language that is simple and straightforward?
- make provocative statements or ask provocative questions to the viewer?
- keep language as non-technical as possible?
- respond to the reading level of the group you are reaching?
- use an attention grabbing caption, slogan, or question?

### **Illustrations**

Does your communication material:

- use pictures of a scene and characters that community members can and want to identify with?
- show characters being active and thoughtful?
- use diagrams and pictures to enhance the information?
- use images to help low-literate viewers understand the ideas?

### **Design**

Does your communication material:

- have organized information so that it looks appealing on the page (not too crowded or wordy)?
- have large enough writing to be read at a distance?
- use an attention grabbing caption, slogan, or question in a prominent place to help viewers get the main idea?
- use creative and easy to read fonts?
- avoid using all capital letters and underline?
- use bright and vibrant colors?
- use a consistent style?
- identify your organization's contact information and logo?

*From Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa, Raising Voices 2003*

## Hand-out: Steps for Developing Key Messages<sup>6</sup>

- 1. Gather background information.** Review content and effectiveness of existing relevant materials used in your context as well as researching effective GBV messaging used in other parts of the world. Reach out to other organizations or groups such as the **GBV Prevention Network** to see what recent information has been produced.
- 2. Create a message design team.** Identify members of the GBV team, key stakeholders including community leaders, women, and girls' representatives, etc.) and other appropriate people to help design messages, talking points and communication materials. Set time aside to host a design workshop so that GBV practitioners and stakeholders can come together and participate in message development and design process. Where possible, invite graphic artists and/or media experts to the design workshop who can contribute ideas and perspective related to reaching audiences.
- 3. Determine the core content.** Using the information gathered and desired changes identified, identify content that should be included in key information, education, and communication materials.

To help determine core content, ask:

- What changes or actions are we seeking in relation to GBV prevention?
- Why should the community take this action?
- What core content and actions are most compelling or should be prioritized?
- Which messages are most appropriate for leader to communicate?
- Which should be avoided or addressed at a future date?

- 4. Draft key message.** Effective messages are clear, accurate and appealing. Each message should make one or two points. Messages should be framed in terms of the benefit. Refer to the following message design checklist to help guide message development.<sup>6</sup>

### **Keep the messages simple:**

- Make it easy to understand
- Make it short (simple and to the point-less is more)
- Avoid jargon (use known language and terminology)
- Keep focused on a specific problem
- Keep it action-oriented and solution focused
- Make the message or talking points appealing and interesting

### **Know the audience:**

- Address the audience's values, norms and beliefs.
- Address the audience's needs and priorities as they relate to GBV.
- Consider the tone that most appeals to the audience.

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<sup>6</sup> Tool extracted from International Medical Corps (2021) *Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings*. The tool was originally adapted from Compass: *How-to-Guide; How to Design SBCC Messages*

**Invite the audience to reach their own conclusions:**

- Do not present every detail.
- Allow the audience to use their own thought processes.

**Present positive alternatives or solutions:**

- Keep messages focused on the benefits or positive behaviors rather than using scare tactics or dramatizing violence for greater impact.
- Provide positive alternative behaviors, attitudes, and values.

Lastly, appeal to **people's emotions**. The goal of making messages “emotional” is to make the audience care – because that is when they are most likely to take action.<sup>7</sup> The best way to do that is to appeal to the things that really matter to them or motivate them.

**5. Pretest messages.** Share the key messages with a small group of people for their reaction and opinions. Prepare test versions of the messages. (See **Tip Sheet: Pretesting Communication**)

- Pretest messages.  
The goal of pretesting is to answer the following questions:
  - Is the material/message easily and correctly understood?
  - Are the pictures and the language culturally and socially appropriate?
  - Is the message relevant to the target audience?
  - Is there too much or too little information?
  - Is the source appropriate and credible?
  - Does the target audience like the material?
  - Would the target audience take action based on the material?
  - Would they talk about it with their friends?
  - Is there anything that could vex/offend the audience or someone in their community?
- Revise the messages based on pretest results and the teams' opinions.
- Finalize messages in preparation for developing materials.

## Hand-out: Pretesting Communication<sup>7</sup>

Before means of communication are shared widely, it is important to pretest messages focused on GBV prevention. Communication that is misinterpreted or considered offensive can prove counterproductive and even lead to backlash against the GBV program or individuals.

### **When pretesting with sample audiences, please keep the following in mind:**

- Plan (budget and time) for pretesting, including follow-up pretesting after revisions.
- Do not include artists or others involved with developing IEC materials in pretesting (they are too familiar with content and cannot offer an objective perspective).
- Make sure you pretest IEC materials with diverse groups of intended audiences.
- Do not ask leading questions.
- Do not explain the materials/ messaging during pretesting.
- Do not correct or disagree with participants.
- Demonstrate interest and respect for participants' feedback.

The questions below offer some guidance for pretesting common communications materials.

#### **Poster/Leaflet/Flyer**

- First please look at the picture in the poster/flyer and tell us what you see.
- Now please look at the whole poster/flyer. What do you think it's 'saying'?
- Do you think the poster/flyer is asking you to do something? If yes, what?
- Who do you think this is intended for?
- Is there anything that might offend you or someone in your community? If so, what?
- Is there anything that you don't believe to be true?
- What, specifically, do you like about this poster/flyer?
- What don't you like about this poster/flyer?
- What can be done to improve this poster/flyer?

#### **Radio spot/ Drama sketch**

- Please listen to the radio spot/observe the drama sketch.
- Please summarize the message of the radio spot/sketch.
- Did you feel the spot was asking you to do something? If so, what?
- Did it include anything you don't think is true?
- Who do you think this is intended for? Is it someone like you or someone else?
- Was there anything that could offend you or someone in your community? If so, what?
- Was there something about this that you liked? If so, what?
- Was there something about this that you didn't like? If so, what?
- What can be done to make this a better spot?

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<sup>7</sup> Tool extracted from International Medical Corps (2021) *Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings*. The tool was adapted from Johns Hopkins University Center for Communication Program



## Hand-out: Scenario 1: Myanmar

You are a new programme manager for an existing INGO programme serving IDPs in conflict-affected regions of northern Myanmar. The IDPs live in small settlements, mostly organized by religious group. From your preparatory reading and your initial discussions with the programme team, you understand that IPV and EFM are widespread problems. Women and girls also face risks of rape, particularly if they travel outside of settlements, and there are reported risks of trafficking across the border.

The programme team describes their regular activities, including regular “awareness-raising” work. Through public presentations, posters, and small group discussions, they have worked to inform community members about GBV—what it is, causes/contributing factors, consequences, etc. The programme posters portray women being beaten by men, with text about preventing GBV.

1. Do you feel the current work of the programme is positive? Is it problematic?
2. Do the current programme activities relate to IEC, BCC, or SBC approaches?
3. What steps might you take to review activities/ develop new programme activities?

## Hand-out: Scenario 2: Lebanon

You are a new programme manager for an existing NGO programme in Lebanon. The programme serves both host community populations as well as refugees from Syria and Iraq, who live amongst the populations. Both host communities and refugees speak Arabic, so the programme has been able to target all populations with the same communication campaigns. The programme airs television spots profiling men who talk about the harmful effects of violence against women. One spot features a well-known religious leader. Each spot ends with the message, “Real men don’t abuse women.” The programme has also erected billboards along roads with the same message. Some of these billboards include statistics on GBV.

1. Do you feel the current work of the programme is positive? Is it problematic?
2. Do the current programme activities relate to IEC, BCC, or SBC approaches?
3. What steps might you take to review activities/ develop new programme activities?

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## Module 4-3. GBV Toolkit: GBV and Health

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### Summary

This module includes an overview of the role of the health sector in addressing GBV and explores responsibilities and opportunities for GBV programme managers to strengthen survivors' access to quality health services.

### Learning Objectives

1. Identify responsibilities of health actors related to GBV
2. Identify strategies and approaches for GBV programmes to influence health response to GBV

### Assigned Readings

- GBV AoR (2019). *The Interagency Minimum Standards for Gender Based Violence in Emergency Programming*. Read Standard 4: Health Care for GBV Survivors (pages 26-35).
- Inter-Agency Working Group on Reproductive Health in Crises (2020). [Minimum Initial Services Package Reference Sheet](#).
- Inter-Agency Working Group on Reproductive Health in Crises (2018). [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#) (pages 192-195)

### References and Additional Resources

- IASC (2015) *IASC Guidelines for Integrating Gender Based Violence in Humanitarian Actions*.
- IASC (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.
- WHO (2020) *Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings*. [Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings \(who.int\)](#)
- IRC (2008) *Clinical Care for Sexual Assault Survivors: A multimedia Training Tool*.
- WHO (2019). *Caring for Women Subject to Violence: a WHO Curriculum for Training Health-care Providers*
- World Health Organization (2017). *Responding to children and adolescents who have been sexually abused: WHO clinical guidelines*. [Responding to children and adolescents who have been sexually abused](#)
- IAWG (2019) *MISP Calculator: Minimum Initial Service Package (MISP) Calculators | Inter-Agency Working Group on Reproductive Health in Crises (iawg.net)*

## Hand-out: Small Group Work Instructions

### Steps

- Each group will consider one (1) access issue.
- Identify an intervention, considering core approaches – survivor-centred, intersectional, rights-based, community development
- Each group will report back in plenary:
  - The barrier
  - The intervention
  - Considerations

### Barriers (access issues)

1. Only one clinic serves multiple communities with few transportation options.
2. Survivors must report to the police before accessing post-rape care.
3. All medical staff at the clinic are male.
4. All survivors of rape are referred to the “sexual violence clinic” in the capital (6 hours away by bus); no services are available locally.
5. The clinic completes detailed intake forms for all patients, including survivors of rape. Recently, the Ministry of Health has mandated that all intake forms be sent to the Ministry of Gender.

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## Module 4-4. GBV Toolkit: GBV and Security, Legal/Justice

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### Summary

This session explores the questions of what security and justice mean in practice for a survivor of gender-based violence. Discussion and analysis will include review of the various actors and mechanisms that comprise the security and justice sectors. Real life case studies will be used to identify survivor-centred security sector interventions, and a mock case management meeting will highlight how perspectives and attitudes of different actors may influence survivors' experiences with legal/justice systems.

### Learning Objectives

1. Understand the actors and actions that are part of an effective, multi-sectoral security and justice response to GBV at the individual, community and societal levels.
2. Describe how justice-oriented mechanisms (and the actors within them) may or may not support the rights of GBV survivors.

### Assigned Readings

- Democratic Centre for Armed Forces (2007). *Sexual Violence in Armed Conflict, Global Overview and Implications for the Security Sector*. Read pages 9-12; 155-167 and 191-196
- GBV AoR (2019). *The Inter-Agency Minimum Standards for Gender Based Violence in Emergency Programming*. Read Standard 9: Safety and Risk Mitigation, and Standard 10: Justice and Legal Aid (pages 68-83)

### References and Additional Resources

- UNIFEM, UNDPKO, UN Action against Sexual Violence in Conflict (2010). *Addressing Conflict-Related Sexual Violence: An Analytical Inventory of Peacekeeping Practice*.
- PSVI resources: <https://www.gov.uk/government/policies/sexual-violence-in-conflict>
- SRSG-SVC resources: <http://www.un.org/sexualviolenceinconflict/>
- Sexual Violence Research Initiative (SVRI) resources: <http://www.svri.org/>
- Addressing Conflict-Related Sexual Violence: An Analytical Inventory of Peacekeeping Practice ([www.stoprapenow.org](http://www.stoprapenow.org)).
- Megan Bastick, Karin Grimm and Rahel Kunz (2007). *Sexual Violence in Armed Conflict: a global overview and implications for the security sector*. Geneva: DCAF.
- Kristin Valasek (2008). Security Sector Reform and Gender." *Gender and Security Sector Reform Toolkit*. Eds. Megan Bastick and Kristin Valasek. Geneva: DCAF, OSCE/ODIHR, UN-INSTRAW.
- Safer World (2010). *Briefing: Addressing Violence Against Women in Security and Justice Programmes*. March 2010 ([www.ssrnetwork.net](http://www.ssrnetwork.net)).
- Global Facilitation Network for Security Sector Reform (2007). *A Beginner's Guide to Security Sector Reform* ([www.ssrnetwork.net](http://www.ssrnetwork.net)).
- IASC (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*,
- UNHRC (2014). *Analytical study focusing on gender-based and sexual violence in relation to transitional justice*: <http://www.refworld.org/docid/55c88ef04.html>
- UNHCR (2014). *Analytical study focusing on gender-based and sexual violence in relation to transitional justice* (<http://www.refworld.org/docid/55c88ef04.html>)

- International Commission of Jurists (February 2016). *Women's Access to Justice for Gender Based Violence, A practitioner's Guide* (<http://www.icj.org/wp-content/uploads/2016/03/Universal-Womens-accesss-to-justice-Publications-Practitioners-Guide-Series-2016-ENG.pdf> )
- Aisling Swaine (2003). *Traditional Justice and Gender Based Violence* (<http://www.gsdr.org/document-library/traditional-justice-and-gender-based-violence/>)

## Hand-out: Safety Audit Homework Assignment

### **What**

Conduct a safety audit of the hotel/workshop venue

### **Who**

Work in teams of 3-8 people (form your own groups; facilitators will not make group assignments)

### **Timing**

The entire exercise should take no more than 3 hours, including discussion of findings and conclusions. Be prepared to discuss your findings with the large group.

### **Details**

Select an audit tool from among the materials for this workshop; revise as needed.  
Discuss how to conduct the audit, including methods, any key informants you will seek, etc.  
Divide the workload amongst team members and conduct the audit.

Be prepared to discuss your findings. Be sure to include:

- Security staff presence
- Security risks in the setting and any mitigation or prevention strategies that may be in place
- Security/safety strengths

## Hand-out: Recommendations for Security Sector Responses

From: Megan Bastick, Karin Grimm and Rahel Kunz. "Sexual Violence in Armed Conflict: a global overview and implications for the security sector." Geneva: DCAF, 2007; pg. 199-200.

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### RECOMMENDATIONS

Given the diverse and multiple forms, settings, perpetrators, motives and consequences of sexual violence in armed conflict, responses to such abuse must be multi-sectoral if they are to be effective. This implies the necessity to adopt a holistic interorganisational and inter-agency approach, involving a broad range of stakeholders and services. Security sector responses to conflict-related sexual violence are a key component of this approach. To date, however, security sector institutions have in general not been sufficiently engaged in the combat against sexual violence in armed conflict. They have so far fallen far short of meeting their responsibilities to prevent sexual violence, and to protect and promote the dignity of survivors.

This *Global Overview* of sexual violence in armed conflict underscores the magnitude of the problem in all regions, and the urgency of initiating or reinforcing targeted and sustained measures to address it. The *Global Overview* itself demonstrates the inadequacy of data on sexual violence, and the difficulties in determining the full extent of its prevalence worldwide.

Focusing in particular on *Implications for the Security Sector*, this report urges security actors to boost their prevention activities and response to sexual violence in armed conflict. It highlights the main challenges involved and examines how the security sector, including the police, judicial institutions, peacekeepers, DDR programmes, as well as civil society, can effectively respond to such violence in concrete ways. Whilst realising that the report is by no means exhaustive, we nevertheless hope that it provides a basis for further examination, exchange and sharing of good practices between states and security institutions. Different security actors have different responsibilities and roles as regards sexual violence in armed conflict, and will accordingly develop different strategies of prevention and response. Nonetheless, a number of common priorities and approaches should guide all security sector institutions in developing and implementing these strategies, and as such form the basis of the following Recommendations.



## Recommendations for the Security Sector

**1** Security sector institutions should **cooperate and coordinate** with other sectors that provide essential services to survivors of sexual violence in conflict. These include agencies providing medical care and psychological counselling, protection and shelter, socio-economic support and legal advice. Security sector actors should also coordinate and collaborate with each other in their efforts to prevent and respond to sexual violence.

**2** Security sector institutions should adopt a **gender sensitive approach** at all stages of response to sexual violence in conflict: in planning, implementation, monitoring and evaluation. This approach should take into consideration the particular needs of adult male survivors of sexual violence.

**3** **Gender training** for all security sector personnel is necessary in order to develop a gender-sensitive capacity within security services. This should include training to address the particular needs of victims of sexual violence.

**4** The **full and equal participation of women** in the security sector should be promoted, to ensure that security services are able to effectively identify and respond to the needs of all members of the community. Measures to increase the proportion of women should include gender-sensitive recruitment and retention strategies, and be accompanied by the development of an organisational culture that promotes gender equality within security services.

**5** Security sector institutions should develop **operational protocols and procedures** for assisting and supporting victims of sexual violence. These should include, for example, protocols for interviewing victims and investigating sexual violence crimes, for documenting sexual violence, and for referrals to health, social and legal services.

**6** In providing services to survivors of sexual violence during conflict, security sector institutions should determine whether **special measures** are needed for particular groups, such as children, former combatants, and male survivors of sexual violence.

**7** Access to **justice**, including reparations, should be ensured for victims of sexual violence.

**8** Security sector institutions should develop and prioritise operational strategies to **prevent sexual violence** in armed conflict.

**9** Strict **codes of conduct** prohibiting sexual abuse and exploitation by security sector personnel, including armed forces, police, peacekeepers and DDR staff, must be formulated, implemented with proper training, and enforced. This is essential to prevent sexual violence, to fight impunity and thus ensure accountability.

**10** Security sector institutions should seek and support the **participation of civil society and affected communities**, including women and girls, in responding to sexual violence. Civil society organisations may advise or provide training to security actors, undertake awareness-raising in affected communities, or provide essential services to victims.

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## Networking Event

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### Summary

The purpose of this networking event is to provide space for training participants to engage with other GBV specialists. The primary purpose of the event is to strengthen connections between GBV professionals, including emerging practitioners and experts, to increase support, professional development opportunities, and a sense of community among those engaged with a challenging field of work.

### Learning Objectives

1. Meet other GBV professionals.
2. Become more familiar with career paths and options for GBV professionals.
3. Learn about GBV-related work in the location of the networking event.

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## Module 4-5. GBV Toolkit: GBV and Psychosocial Support

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### Summary

This module will review principles of psychosocial GBV programming and will help Programme Managers identify appropriate activities for both individual and community-based psychosocial support.

### Learning Objectives

1. Identify contextually-appropriate, community-based group psychosocial support activities
2. Identify different factors and approaches for providing psychosocial support to individual survivors

### Assigned Readings

- GBV AoR (2019). *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. Read Standard 5 (pages 36-43)

### References and Additional Resources

- IASC (2010). *Psychosocial Support in Humanitarian Emergencies: What Should Protection Managers Know?*
- IASC (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.
- GBVIMS Steering Committee (2016). *Inter-Agency GBV Case Management Guidelines*
- IASC (2018). *Pocket Guide: How to support survivors of gender-based violence when a GBV actor is not available in your area*. Available at: <https://gbvguidelines.org/en/pocketguide/>
- IRC (2011) *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*
- IASC (2010). *Caring for Survivors*
- UNICEF. *Training Manual on Providing Emotional Support to Survivors of Sexual Violence in Conflict Situations*
- WHO (2011). *Psychological First Aid for Field Workers*

## Hand-out - Scenario 1: Safe Shelter in Ethiopia?

For the last six months, you have managed a GBV programme in a new Somali refugee camp in Ethiopia. The refugee community is organized according to a clan system and is Muslim. Family sizes are large and children stay with their parents, or established guardians, until they marry. Girls often marry in their early teens. The community faces many challenges, and all basic services are currently provided by UN agencies, the Ethiopian government's Association for Refugee and Returnee Affairs (ARRA), and I/NGOs. Male heads of family hold food distribution cards in most cases.

Health-seeking behaviour among the community is low, and many services, including sanitation facilities, vaccines, and family planning, must be newly introduced. Your programme is working to raise awareness to prevent different forms of GBV. You have worked with the community to establish a referral pathway, and you have trained staff and volunteers to support survivors who report violence.

Slowly, your programme is earning community trust, and more and more survivors are reporting cases. The majority of cases involve intimate partner violence. Some women reporting this abuse have expressed interest in moving away from their husbands, with their children.

Yours is the only INGO providing GBV services in this camp, though other organizations provide GBV services in nearby camps. You coordinate with these groups during twice-monthly GBV working group meetings. UNHCR chairs these meetings and coordinates all camp services, along with ARRA. Both UNHCR and ARRA have protection focal points. UNHCR has protocols for establishing new tents and providing separate ration cards for women survivors of domestic violence.

Your programme has an unspent budget line for "psychosocial support." You have 20,000 USD to spend in the next six months but are not sure of funding after that point. At a recent GBV working group meeting, UNHCR stated that a women's shelter is needed for survivors of domestic violence to "escape their abusive husbands". UNHCR asked you to use the 20,000 USD to build a shelter to accommodate identified survivors. You are expected to consider this approach and report back to UNHCR with a decision before the next GBV working group meeting.

## Hand-out - Scenario 2: Integrating Male Survivors in DRC?

For the last three months, you have served as the Programme Manager for a two-year-old INGO GBV prevention and response programme in Eastern DRC. Funding for the programme is secured for the next three years, with USAID as the primary donor. USAID is based in Kinshasa, the capital of DRC.

You are based in Goma, the capital of North Kivu Province, and you oversee programming in five sites throughout the Province. Travel to these sites is difficult, and often interrupted by security concerns. Thus far, you have only managed to visit two sites; you hope to visit each site once every six months. Junior programme managers at each site report to Goma each month, where you are able to receive programme updates and provide refresher trainings and other necessary support.

Your GBV programme is designed around a civil society capacity development approach. Your programme's coverage area from each site is geographically large, with a dispersed population and limited roads. Previous to your arrival, the programme identified between one to three local organizations at each of the five sites and has since worked to build the capacity of these groups to provide psychosocial support to vulnerable women and survivors of violence. Most of the local groups were doing this or similar work before linking with your INGO, and the groups mostly comprise younger and middle-aged women.

Your programme has helped the local groups establish or reinforce *maisons d'écoute*, or listening centres, a common approach to provision of individual survivor support in DRC. The listening centres are tucked into communities, designed so as not to draw attention to those who visit. Women from the supported local groups wait at the centres to receive survivors reporting rape or other forms of GBV. They are trained in case management and they provide basic emotional support and referrals, including referrals to health services that your programme also supports. The junior programme managers whom you supervise oversee both the health services and psychosocial services provided through the local groups at the listening centres. The junior programme managers check in on these centres as often as they are able. Each listening centre receives an average of three new cases every day.

Sexual violence in the DRC is periodically featured in the international press, particularly when new research is published or when attacks, including reports of large-scale rapes, occur. Last week, a report was published contending that, while women comprise the majority of rape survivors in DRC, large numbers of men are also affected and do not receive comparable support or attention. The report garnered attention in the press and donors were contacted to provide a response. The USAID representative in Kinshasa forwarded the report to you by email and requested that you provide information, within a week, on how you would adapt your programme's activities to appropriately respond to male survivors. She suggested that you make all listening centres available to both women and men.

## Hand-out - Scenario 3: Brazilian arts in Jordan?

For the last six months, you have worked as an expatriate GBV programme manager for an INGO based in urban Jordan. Your programme operates out of two community resource centres that serve as hubs for multiple services. The resource centres are officially open to all, but based on location and community segregation, one resource centre primarily serves refugees and one serves the Jordanian host community.

Posters and leaflets throughout the community, as well as word of mouth, advertise your programme's GBV support services at the resource centres. The programme is focused on supporting women affected by intimate partner violence. Your team consists of two legal staff who provide free legal advice, accompaniment and follow up for women who want to seek justice, and two psychologists who offer private counselling sessions for women who report abuse. All staff are trained to provide cross referrals and referrals to healthcare providers.

A growing number of women are availing themselves of the services your programme offers, but you would like to expand psychosocial activities beyond counselling. You feel it is important to attract larger numbers of women to the resource centres for recreational activities, both to provide some protection for women experiencing violence who may be shy to report to the centres, and to provide positive social opportunities for women recovering from violence. You are unsure, though, what type of activities might be most successful. You also have no specific funds for community psychosocial support activities.

Last week, you met a representative from an INGO new to town. You exchanged contact information, and yesterday, the woman wrote to ask if you would be interested in partnering with her organization. She has funding for community-based psychosocial support activities and wants to link with an organization with established services for refugees. She sends a link to her organization's website and a description of the activities her team would help organize.

The organization teaches Capoeira, a game/dance/martial art native to Brazil. Capoeira is described as an art form that combines ritualized movements, dancing, acrobatics, music and singing. According to the organization's literature, learning Capoeira can be an empowering and therapeutic experience. It also promotes friendships and social cohesion. The organization believes that introduction of foreign art forms into new communities can foster intercultural dialogue and positive exchange of ideas. Over the past several years, the organization has successfully introduced Capoeira to troubled communities in Haiti, Mexico, the United States, and Kenya.

You aren't sure how you feel about the Capoeira introduction, so you discuss the possibility with your only expatriate colleague who is in town at the moment. He thinks it's a great idea and says he always feels energized learning something new. Wouldn't the same be true for refugees, and surely Jordanians too, if the organization is willing to also support them? The Capoeira organization's representative is passing by your office tomorrow, so you need to decide how you will respond.

## Hand-out - Scenario 4: Income generation in Chad?

You just moved to Chad, where you will serve an INGO as a GBV programme manager on a one-year contract. Your INGO has been delivering health and nutrition programmes in four Darfur refugee camps for the last three years. During the last two years, your INGO started integrating limited GBV activities into its health programme, ensuring good quality clinical management of sexual violence and conducting some GBV awareness-raising activities through community health workers (CHWs). The organization decided to expand its GBV activities and offer more comprehensive prevention and response services. It was recently awarded a one-year grant for a focused GBV programme, and you will be the first manager of that programme. You can't be sure if the programme will be re-funded after one year.

Your INGO's nutrition programme lost a major donor around the time your GBV programme was funded, so the GBV programme was staffed with former nutrition programme staff before your arrival. Four staff (two female and two male) will serve as Programme Officers - one for each of the four camps you cover, and a fifth staff (male) will serve as your Deputy Manager. While none of the staff has a GBV background, all are familiar with the camps and community leaders and speak relevant languages.

Your programme's proposal is very vague, and likely wasn't written by someone with a GBV background. It describes multiple hardships of women and girls and promises to build capacities of communities to prevent violence, mitigate vulnerabilities, and ensure healthcare, psychosocial and reintegration assistance to survivors. There is no outlined programme approach. In addition to other items, you have a 40,000 USD budget for community-based volunteers, a 60,000 USD budget for construction, a 6,000 USD budget for psychosocial assistance and a 16,000 USD budget for reintegration activities.

As a first step, you organize an assessment to determine what type of psychosocial/reintegration assistance vulnerable women and GBV survivors may want. Your team conducts a series of separate focus group discussions with adolescent girls, adult women and community leaders. Women and community leaders identify a need for counselling/emotional support and recreational activities; all three groups identify a primary need for income generation opportunities. When you talk with your staff team about the results, all agree that the most pressing problem for women in the community is lack of income. The staff propose starting income generation activities (IGAs) - training women to bake bread or to sew clothes to sell in the camps.

You cannot deny the requests for IGAs, but you are unsure if this direction will take you off track from identifying and supporting survivors, and you are sceptical of the potential for women to earn much income selling products within the impoverished refugee camps. You have no background in livelihoods programming, and have no specific budget line for market research or business training. Your current staff also have no background in this type of programming, though they seem confident that they could take on an IGA project and succeed. You need to decide what approach you will take, so you can begin training your staff and developing implementation plans.

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## Module 4-6 GBV Toolkit: Women & Girls' Safe Spaces

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### Summary

Women and Girls' Safe Spaces (WGSS) are a standard intervention for GBV programming in humanitarian settings, because of the multiple ways that these spaces contribute to GBV prevention and response and the multiple opportunities for empowerment that WGSS provide. GBV programme managers are likely to be responsible for establishing and implementing WGSS and should be prepared to apply best practices when doing so. As GBV programme managers transition from one setting to a new context, they must also be prepared to consider different approaches for effective WGSS implementation.

### Learning Objectives

1. Understand the significance and purposes of WGSS in humanitarian settings
2. Define WGSS standards and principles
3. Consider a range of approaches and interventions for WGSS in different settings

### Assigned Readings

- GBV AoR (2019). *The Interagency Minimum Standards for Gender Based Violence in Emergency Programming*. Read Standard 8: Women's and Girls' Safe Spaces (pages 60-66).
  - IRC and IMC (2019). *Women and Girls' Safe Spaces Toolkit*. Read 12-page excerpt.
1. different number of funding units to spend, as indicated in Handouts. Each group should have a note taker/ presenter. Provide at least 25 minutes for groups to agree on interventions. They should present their results on flip chart, drawing and taping select interventions to paper.
  2. Lead plenary debrief. Ask group representatives to present. Refer to summary table of key issues for each group below. Refer also to key discussion points/ facilitator notes below.

### References and Additional Resources

- UNFPA (2021). *Transcending Norms: Gender Transformative Approaches in Women's and Girls' Safe Spaces in Humanitarian Settings*.
- GBV AoR (2019). *The Interagency Minimum Standards for Gender Based Violence in Emergency Programming*. Additional standards for integrated programming.



## Hand-out: Group 1. Women & Girls' Safe Space Exercise

You are a new programme manager for a GBV programme that has been operational for almost two years. The programme is responding to needs in an IDP camp with a large population of women and children. Many men have resisted displacement, trying to guard their family property through continued conflict between the government and non-state actors. During lulls in the conflict, some women leave the camp to visit their homes and husbands. The government is suspicious of the IDPs and believes many of them are affiliated with non-state actors. They believe that women leaving the camp bring assistance to those fighting the government.

Fifteen months ago, the GBV programme constructed a single WGSS in the camp. Your organization had to secure permission from the government camp authority, who thought the WGSS should be placed in a central location near the police post, clinic, and market.

Your program offers GBV case management services through the WGSS but very few survivors have sought these services. Your team explains that GBV is a very taboo subject and that survivors fear stigma from the community. Despite the limited reporting, your team believes that women face risks of rape, particularly when they leave the camp. They are also concerned that girls are being forced into marriages more frequently and at younger ages, as parents worry about their safety and their limited marriage opportunities in the camp.

You have visited the WGSS three times. There is no fence on the property, and people visiting the market- men, women, and children- all pass right by the entrance. During two of your visits, you noted groups of men gathered in front of the WGSS drinking tea. The WGSS toilet constructed by your organization seems to be used by all as a market toilet.

Inside, the WGSS includes one large, open room and two interior, private rooms for meetings. The WGSS is decorated with informational posters. There are always two staff present at the WGSS—a WGSS manager and a GBV caseworker. During your visits, you have never seen more than three women in the WGSS. When you ask the staff about their regular activities, they explain that they remain available to tell women and girls who visit about GBV services, and to provide GBV case management services.

From your first impressions, is the WGSS:

- Meeting minimum requirements for facilities/infrastructure?
- Meeting minimum staffing requirements?
- Meeting the five standard objectives of WGSS?
- Meeting the needs of women in the community?

What additional information do you need to guide WGSS implementation? What steps will you take to collect information and strengthen the program?

## Hand-out: Group 2. Women & Girls' Safe Space Exercise

You are a new programme manager for a GBV programme that has been operational for almost two years. The programme is responding to needs in a refugee camp with a growing population. Refugees have been affected by a protracted conflict in a neighbouring country that has also increasingly been affected by drought. The emergency is underfunded. Your organization received a one-year continuation for the GBV program but future support is uncertain.

Fifteen months ago, the programme constructed a single WGSS in the camp. Your organization had to secure permission from the government, UNHCR, and camp leadership for construction. Camp leadership designated the site for the WGSS. While the fenced in WGSS compound is fairly large, the WGSS itself is quite small and there is no toilet in the compound.

You have visited the WGSS three times. The WGSS includes only one, open room that is very crowded with women and their children. GBV case management services are not offered within the WGSS. A single facilitator is the only staff supporting the WGSS and she keeps busy organizing activities, orienting visitors, and holding information sessions about GBV. Women sitting inside also work on crafts with supplies purchased from the limited GBV budget. You understand these crafts are then sold and women who make the crafts keep the profits.

From your first impressions, is the WGSS:

- Meeting minimum requirements for facilities/infrastructure?
- Meeting minimum staffing requirements?
- Meeting the five standard objectives of WGSS?
- Meeting the needs of women in the community?

What additional information do you need to guide WGSS implementation? What steps will you take to collect information and strengthen the programme?

## Hand-out: Group 3. Women & Girls' Safe Space Exercise

You are a new programme manager for a GBV programme that has been operational for almost two years. The programme is in a medium-sized town, serving the host community and refugees who make up approximately one third of the population. Many within the host community belong to the same ethnic group as the president of the neighbouring country refugees have fled. Perceptions about ethnic affiliation, as well as fears over strained resources, contribute to tensions between the host and refugee populations.

Your programme is fairly well funded, with at least three more years of secured funding. Fifteen months ago, the GBV programme constructed a large WGSS near one end of town. Your organization had to secure permission from the government for construction. The WGSS includes two large, open rooms/halls, two interior, private rooms (one with a separate entrance), a storage space, a children's room, a fenced-in courtyard, two toilets, and a kitchen.

The WGSS is fully staffed with members of the host community, as refugees do not have work eligibility. WGSS staff include a WGSS manager, two WGSS facilitators, two outreach staff (one male; one female), and a GBV Caseworker.

You have visited the WGSS three times. You were surprised how far the WGSS is from the centre of town. During each of your visits, most of the staff were crocheting and chatting with the women in the WGSS. Based on dress, all of the women in the WGSS appeared to be from the host community. You suspected the same group of women was present during each visit, and when you asked one of the staff they confirmed that a dedicated group of women tend to visit the WGSS almost every day. The staff explained how important the WGSS is for these women.

From your first impressions, is the WGSS:

- Meeting minimum requirements for facilities/infrastructure?
- Meeting minimum staffing requirements?
- Meeting the five standard objectives of WGSS?
- Meeting the needs of women in the community?

What additional information do you need to guide WGSS implementation? What steps will you take to collect information and strengthen the program?

## Hand-out: Group 1. WGSS Consultation Results

After conducting a service mapping and a series of consultations with women, adolescent girls, and men in the camp, you understand the following:

- Community members understand the WGSS is a place where women who have been raped or beaten can seek services.
- Women do not believe many survivors would want to seek support at the WGSS. They explain that everyone would see them enter the WGSS and talk about them.
- Community members believe the police may be monitoring women who visit the WGSS.
- Police are not receiving any reports of GBV.
- Community members appear to be suspicious of one another, not only of the police. There are many rumours about whose families may be affiliated with armed groups.
- Women are worried about their daughters' safety and their loss of marriage opportunities.
- No upper secondary school is available in the camp, and adolescent girls are idle from age 15 and younger. It is not uncommon for girls to marry by age 13.

In your programme budget, you have **15 units** of additional funding to invest in WGSS-related activities. These units can be used for construction, rehabilitation, staffing, training, or activities with beneficiaries.

Please discuss what specific interventions you want to prioritize for the year. These interventions should be suited to your context. You must also include at least one intervention for each of the five standard objectives of WGSS.

Interventions are coded by colour according to the following costs:

White interventions: No funds required, provided minimum WGSS staffing requirements are met
Light yellow interventions: One unit of funds
Dark yellow interventions: Two units of funds
Pink interventions: Three units of funds
Green interventions: Five units of funds

## Hand-out: Group 2. WGSS Consultation Results

After conducting a service mapping and a series of consultations with women, adolescent girls, and men in the camp, you understand the following:

- Women’s associations are present in the camp that have not yet been linked to the WGSS. The associations are working to raise awareness of issues affecting women and girls.
- Both men and women are concerned about limited livelihoods opportunities, particularly as food distributions have decreased. Women indicate opportunities to earn income as a top priority.
- Both men and women are largely positive about the WGSS. They understand that women visit the WGSS to make crafts and earn money. They hope these opportunities will be expanded and made available to all women.
- The health clinic in the camp provides CMR care for survivors of rape. There are no focused GBV case management services.
- Women report that IPV is common but that most women would not seek support for such experiences.

In your programme budget, you have **10 units** of additional funding to invest in WGSS-related activities. These units can be used for construction, rehabilitation, staffing, training, or activities with beneficiaries.

Please discuss what specific interventions you want to prioritize for the year, with the understanding that your funding may not be renewed. These interventions should be suited to your context. You must also include at least one intervention for each of the five standard objectives of WGSS.

Interventions are coded by colour according to the following costs:

White interventions: No funds required, provided minimum WGSS staffing requirements are met
Light yellow interventions: One unit of funds
Dark yellow interventions: Two units of funds
Pink interventions: Three units of funds
Green interventions: Five units of funds

## Hand-out: Group 3. WGSS Consultation Results

After conducting a service mapping and a series of consultations with women, adolescent girls, and men in the camp, you understand the following:

- Only those within walking proximity of the WGSS know about the service.
- Refugee women explain that the WGSS is a space for host community women.
- Refugee women believe the host community women are learning valuable crafts at the WGSS. They wonder why women who have work eligibility should be provided this opportunity, instead of refugee women who need opportunities to earn income.
- The WGSS is near the outskirts of town. Women who live in the centre of town, or on the other side of town, do not have easy access to the WGSS.
- The health clinic in the centre of town offers CMR services. The clinic provides free services for refugees.
- IPV is reportedly common among both refugee and host community populations. There are reports of girls being forced into marriages with older men from the host community.

In your programme budget, you have **20 units** of additional funding to invest in WGSS-related activities. These units can be used for construction, rehabilitation, staffing, training, or activities with beneficiaries.

Please discuss what specific interventions you want to prioritize for the year. These interventions should be suited to your context. You must also include at least one intervention for each of the five standard objectives of WGSS.

Interventions are coded by colour according to the following costs:

White interventions: No funds required, provided minimum WGSS staffing requirements are met
Light yellow interventions: One unit of funds
Dark yellow interventions: Two units of funds
Pink interventions: Three units of funds
Green interventions: Five units of funds

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## Module 4-7. GBV Toolkit: Case Management

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### Summary

This module will provide some insight into the usefulness of a case management approach for survivor support. Discussion will focus on the GBV Programme Manager's role in guiding the case management process and advocating for a survivor-centred approach to multi-sectoral assistance. The module includes sections devoted to: 1. Case management process and overview, 2. Case management and IPV, 3. Case management and child sexual assault, 4. Case management and early/forced marriage, 5. Case management and service coordination, 6. Case management supervision.

### Learning Objectives

1. Understand the case management process for support of survivors of GBV
2. Understand how case management services can be tailored to survivors of different ages and to address different forms of GBV
3. Understand the responsibilities of a GBV Programme Manager regarding case management supervision
4. Consider ways to improve service coordination and to effectively advocate for appropriate response to GBV

### Assigned Readings

- GBV AoR (2019). *The Interagency Minimum Standards for Gender Based Violence in Emergency Programming*. Read Standard 6: GBV Case Management (pages 44-51) and Standard 7: Referral Systems (page 52-58).
- GBVIMS Steering Committee (2017). *Interagency GBV Case Management Toolkit*. Review content and read pages 50-54. Bring copy of *Case Management Toolkit* to session for group review.
- IRC (2011) *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*. Read pages 21-39; 102-103; 114-117 (advance reading for course)
- IASC (2008). *Establishing Gender-Based Violence Standard Operating Procedures (SOPs) for multi-sectoral and inter-organisations prevention and response to gender-based violence in humanitarian settings*. Review pages 19-25

### References and Additional Resources

- IASC (2010). *Caring for Survivors*
- GBV AoR (2016). *GBV Case Management Toolkit*
- IRC (2012). *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*
- USAID (2015). *Child, Early, Forced Marriage Resource Guide*.
- International Medical Corps (2021). *Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings*. The GBV Response chapter includes guidance for supporting survivors involved with mediation or community justice mechanisms.

## Hand-out: Scenario 1 - Fatima

Fatima, 24, lives in a refugee camp. Yesterday she left the camp to collect firewood with two other women. Fatima collected her wood quickly and returned for the camp ahead of the others. Four armed men met her on her way. One of the men yelled at her for some time and then forced her to the ground. He held a gun to her and told her he would kill her. She could hear others laughing, and then two of the men raped her.

When Fatima returned to the camp she went straight home. Her husband has travelled, and she is staying with her young child, her sister, Amal, and her sister's children. Amal was worried about her state when she returned home, but Fatima wouldn't answer many questions. Amal tried to visit one of the other women who accompanied Fatima during firewood collection, and her family reported that she hadn't left bed since returning from the bush and appeared to be ill. The next day, Amal seeks out Zeinab, a woman who volunteers for an organization providing support services for women in the camp. Zeinab asks Amal to bring her sister to the organization's women's centre.

Amal, Fatima, and two of their children visit the women's centre approximately 30 hours after the rape occurred. Zeinab welcomes the group, engages the children in activities, and asks Fatima if she would like to speak with a Caseworker in a private room. Fatima nods in agreement.



## Hand-out: Scenario 2- Augustine

Until this month, Augustine regularly visited the women's centre in town. Mary, a Caseworker at the women's centre, runs into Augustine at the market and asks why she hasn't seen her in some time. Augustine looks very tired and unhappy. She explains that her husband had been away for some time but has now returned. Now she needs to do more work around the house to care for him.

Mary asks if everything is okay at home and Augustine cries just a little. She looks down and says life with her husband is very difficult. He is not an easy man to live with. Mary asks if Augustine might be able to visit the women's centre soon to talk more, but Augustine says her husband won't allow this. Mary asks about other options, and Augustine suggests that they meet at a church yard the following afternoon.

During their discussion, Mary learns that Augustine and her husband have been married for 10 years and have three children. He is a soldier and is frequently away for long periods. When they were first married, her husband was very friendly and they enjoyed their time together. Now, it seems she can never please her husband. He has a very short temper and scolds her for poor housework, cooking, etc. He gets particularly angry when she asks for money. Augustine worries when he drinks because he can become angry over seemingly nothing. Sometimes he strikes her, and last week, he beat her until she had a headache for two days. He felt sorry after this beating and was very kind the next day. When her husband is in town, Augustine doesn't see much of her extended family. They are not aware of her husband's behaviour and are proud that she is married to a soldier.

## Hand-out: Scenario 3 - Asma

Leila, 40, visits an INGO office offering support services for women and asks to speak with a Caseworker. The Caseworker, Mariam, arranges for a quiet place to talk. As soon as they sit together and Mariam asks what Leila would like to talk about, Leila's body language changes. She becomes more at ease and is clearly distraught.

Leila explains that her youngest child, Asma, is only 7 years old. For the last few weeks, Asma has been behaving differently. She has hardly been speaking and wakes during the night like she did as a smaller child. Normally an independent girl, Asma has also been sticking to Leila's side and refusing to leave her.

Two days ago, Leila noticed some underclothes tucked under Asma's mattress. She pulled them out and saw that they had bloodstains on them. When she first asked Asma about this she only cried. Finally Asma explained, in her own words, that a 16-year-old neighbour had three times forced her to visit him in his home and had sexually abused her.

Leila told her husband who yesterday reported to their clan leader to seek justice. Leila is not sure what is happening with those proceedings. She is worried about Asma's behaviour and isn't sure what to say to her. Her husband is also now behaving strangely around Asma because he is angry and ashamed. Leila also worries that everyone will hear what happened to Asma and they will tease her and her family.

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## Module 4-8. GBV Toolkit: Advocacy

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### Summary

This module will define advocacy and introduce how the different levels of advocacy intersect with the work of a GBV programme manager. This includes advocating for the survivor on an individual basis, advocating for services and mitigation of risks at the community level. A case study exercise will help participants identify ways that different levels of advocacy can be employed by a GBV programme manager. Ethical considerations of advocacy around GBV will be discussed, as well as issues related to working with the media.

### Learning Objectives

1. Identify specific advocacy roles of a GBV programme manager
2. Identify ethical/confidentiality issues involved in carrying out advocacy for GBV prevention and response

### Assigned Readings

- GBV AoR (2019). *The Inter-Agency Minimum Standards for Gender Based Violence in Emergency Programming*. Read Standard 14: Collection and Use of Survivor Data (pages 112-113 (From: Reporting and communications on GBV))
- WHO (2007). *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*. Read in detail pages 18-23 (recommendations on Confidentiality and Informed Consent).
- Irish Consortium on GBV (2022) *Ethical Storytelling on GBV*. Extracted introduction.

### References and Additional Resources

- Global Protection Cluster (2014). *Gender-Based Violence in Emergencies Advocacy Handbook*. [http://gbvaor.net/?get=004804|2015/02/GBV-in-Emergencies\\_Advocacy-Handbook\\_final.pdf](http://gbvaor.net/?get=004804|2015/02/GBV-in-Emergencies_Advocacy-Handbook_final.pdf)
- GBV AoR (2018). *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*. Section 3.7 relates to advocacy as a core function of GBV coordination. Available from the GBV AoR website: <https://gbvaor.net/>
- WHO (2007). *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*.
- CEDPA Training Manual Series (2000) *Gender, Reproductive Health, and Advocacy*, Centre for Development and Population Activities (CEDPA), Washington, DC.
- UNFPA (2020) *Reporting on GBV in Humanitarian Settings (A Journalist's Handbook)*. Developed for the Syria emergency. Second edition available at: [Reporting on Gender-based Violence in Humanitarian Settings: A Journalist's Handbook \(unfpa.org\)](#)
- UN Women, UNFPA, UNICEF (2020) *Guidelines for Responsible Reporting on Violence against Women and Violence against Children*. Developed for the Asia Pacific region. [Responsible representation and reporting of violence against women and violence against children | UNICEF South Asia](#)
- CARE (2014) Communications Involving Survivors of Gender-Based Violence Policy and Guidelines. [Microsoft Word - CI Secretariat GBV Comms Policy & Guidelines \(careinternational.org.uk\)](#)
- GBVIMS Podcast(2019). Available: [What does ethical storytelling have to do with GBV data? by GBVIMS \(soundcloud.com\)](#)

- UNESCO (2019) *Reporting on violence against women and girls: A handbook for journalists*. [Reporting on violence against women and girls: a handbook for journalists - UNESCO Digital Library](#)
- International Medical Corps (2021). *Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings*. The GBV Response chapter includes guidance and a planning tool for advocating on behalf of an individual survivor. The Supporting Women Leaders chapter includes a tool for advocating with leaders for community-level change.

## Hand-out: Advocacy for Asma

You are a GBV Programme Manager, supervising a team of Case Workers and Community Mobilizers. Two weeks ago, Miriam, a Case Worker, first met with a woman named Leila, who reported that her daughter Asma had been sexually abused. Miriam has been following this case and has reported to you with updates.

Leila's husband Adam reported the alleged abuse to a clan leader who determined the following: the family of the 16-year-old neighbour accused of abuse should pay a fine to Adam, and the 16-year-old should be committed to marry Asma once she reaches puberty. Adam did not feel this was sufficient punishment and went to the local police authority in anger.

The police registered a case and accompanied Adam back to his home to investigate. A police officer asked Asma to explain what the neighbour did to her, took notes, and reported to his supervising chief.

Yesterday, the police chief attended an interagency protection coordination meeting. The chief raised the case of Asma, sharing all known details, and asked what UN agencies were doing to address these types of cases. He reported that at least one NGO had previous knowledge Asma's case and did not report the case to the police, but rather encouraged the family to seek justice through a clan leader.

After the protection coordination meeting, two staff from a concerned UN agency went straight to Asma's home to investigate the case. The staff spoke first with Adam, and after seeking his consent, interviewed Asma directly.

You were not present at the protection coordination meeting, but your supervisor attended. Your supervisor asks if you have been involved with Asma's case and expresses concern that handling of the case may bring trouble for your organization. He reports his concerns to your organization's Country Director.

This morning, you hear from Miriam that Leila is distraught, worried that the whole community is now talking about Asma.

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### **Discuss the following:**

- What is your responsibility as a programme manager to use advocacy at the four levels below?
- What are some actions you could take at each level?
- When considering actions, can you identify an "ask"? From whom are you requesting action?

Individual level: What should you do to advocate for Asma at an individual level? What could the possible repercussions be for Asma, Miriam, the accused, and others?

Community level: At a community level, what advocacy interventions might be helpful, reflecting on issues arising during Asma's case?

National level: Does Asma's case highlight a need for any national-level advocacy? Who might support these efforts?

Global level: Are there any higher-level advocacy concerns or opportunities? How can the international coordination community be leveraged? What support might be provided by your organization's HQ?

## Hand-out: Advocacy for Fatima

You are a GBV Programme Manager, supervising a team of Case Workers and Community Mobilizers in a refugee community. Two weeks ago, one of your Case Workers, Hakima, first met with a woman named Fatima, who reported that she was raped by two men while collecting firewood with a small group of women.

Hakima accompanied Fatima to receive medical care and has been meeting with Fatima since, discretely at the women's centre. Fatima is starting to work on a recovery plan with Hakima, and she has stated that she is not interested in seeking legal/justice services at this time. You have not met with Fatima directly, but Hakima has provided regular updates.

Meanwhile, Amal, Fatima's sister, and neighbours of the other women who were collecting wood, have begun talking about what might have happened that day. Rumours have begun to spread, and before long, a rumour reaches the government agency responsible for refugee protection (GARRP).

Yesterday, a senior GARRP officer attended an interagency protection coordination meeting. He raised the alleged firewood incident, sharing all rumoured details, including Fatima's name, and asked what UN agencies were doing to address these types of cases. He reported that at least one NGO had previous knowledge of this case and did not immediately report to authorities.

After the protection coordination meeting, two staff from a concerned UN agency went straight to Amal's home to investigate the case. Amal insisted that Fatima speak with the UN representatives.

You were not present at the protection coordination meeting, but your supervisor attended. Your supervisor asks if you have been involved with the alleged firewood case and expresses concern that handling of the case may bring trouble for your organization. He reports his concerns to your organization's Country Director.

This morning, Hakima attempted to visit Fatima but she refused to see her.

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### **Discuss the following:**

- What is your responsibility as a programme manager to use advocacy at the four levels below?
- What are some actions you could take at each level?
- When considering actions, can you identify an "ask"? From whom are you requesting action?

Individual level: What should you do to advocate for Fatima at an individual level? What could the possible repercussions be for Fatima, Hakima, and others?

Community level: At a community level, what advocacy interventions might be helpful, reflecting on issues arising during Fatima's case?

National level: Does Fatima's case highlight a need for any national-level advocacy? Who might support these efforts?

Global level: Are there any higher-level advocacy concerns or opportunities? How can the international coordination community be leveraged? What support might be provided by your organization's HQ?

## Hand-out: Planning Guide and Tool: Advocacy with Leaders on Behalf of Survivors<sup>8</sup>

This planning guide is intended to help a GBV team consider the appropriateness, as well as the approach, of engaging leaders to advocate on behalf of individual survivors of GBV. Guidance is organized into three steps: 1. Reviewing safety and ethics, 2. Planning for the meeting, and 3. During the meeting.

The planning tool that follows this guidance may help GBV teams further organize their ideas and plans. While this tool is designed to help teams prepare for challenging discussions related to supporting individual survivors, GBV teams may use the tool to organize themselves ahead of any meeting with leaders that involves advocacy, or an “ask”.

### **Advocacy with Leaders on Behalf of Survivors: Planning Guide**

#### **1. Review safety and ethics before a GBV team member engages in direct advocacy:**

- Advocacy is based on expressed wishes of survivor, including selection of leader
- GBV team member is clear on the survivor’s wishes, including what information you can share with leader
- Survivor is receiving ongoing GBV case management/ psychosocial support services
- GBV team member feels safe and comfortable meetings with the leader for this purpose. This type of engagement shouldn’t be required of staff
- GBV team member has access to direct supervisor and ability to report any threats, etc.

#### **2. Plan for the meeting with a leader:**

- Ensure safety and ethical criteria are met
- Agree on team member/ representative to engage leader, considering preparedness and appropriate profile
- Discuss approach with supervisor/ colleagues
  - Clarify and prioritize “asks” for leader
  - Consider leader’s interests in the case
  - Identify common ground
  - Identify positive contributions of leader to highlight during the meeting
  - Discuss actions taken in similar cases to prepare for likely reactions and possible risks and consequences
  - Collect information, including relevant facts about the case and related forms of GBV (see Fact Sheets on different forms of GBV)
  - Organize and review key points, emphasizing common ground, appealing to facts, and focusing on “asks”
  - Practice greetings, key messages, positive communication

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<sup>8 8</sup> Tool extracted from International Medical Corps (2021) *Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings*.

- Request a meeting, as appropriate. If dropping by, be sure to select good time (not during meals, prayers, etc.)
- Plan transportation as needed to arrive on time
- Plan to wear respectful clothing

### **3. During the meeting with a leader:**

- Greet and exchange pleasantries
- Explain the purpose of your visit and why you have sought their support
- Listen. The leader may be eager to share feelings and opinions about a case. Exercise patience, listen to concerns, and acknowledge their feelings without argument.
- Acknowledge leader's interests and positive contributions
- Share concerns, drawing on key points. Listen to leader's response and/or concerns
- Appeal to leader's interests and your mutual concern for the survivor
- Explore the potential of "asks"/ requested actions together.
  - Adopt a joint problem-solving approach
  - Keep your focus on the survivor and the case at hand; don't be distracted by broader or other issues that may be raised
  - Don't press for an immediate decision if this is not needed
  - If the leader is very angry or resistant, or if any threats are made, thank them for their time and quickly end the meeting
- Summarize points of agreement and next steps
  - Share any final thoughts that you would like the leader to consider
  - Express appreciation for leader's time and consideration
  - Share contact information and plan for follow-up, as relevant



## Advocacy with Leaders on Behalf of Survivors: Planning Tool

### Summary of Issues and Request

Briefly, why are you considering advocating with a leader?

### Ethics & Safety

Has the survivor requested this intervention?  Yes  No

Are you clear about the survivor's wishes and consent related to:

- What specific information you can share?  Yes  No
- With which specific leaders?  Yes  No

Does the staff feel safe and comfortable to meet with the leader?  Yes  No

Does the staff have:

- Required means of communication and transportation?  Yes  No
- Knowledge of available support, in case of threats or other security risks?  Yes  No

### Purpose

What is your major ask?

What actions do you want the leader to take?

## Leader's Interests

How open is the community leader to the issue?



Open. Supportive of the GBV program and a proponent of survivor-centered response.



Partially Open. Has demonstrated interest in GBV program activities, but not known as a reliable advocate for survivors.



Closed. Not known to the GBV program and/or thought to be not supportive.

The leader will likely be most concerned about...

## Key Points for Discussion

What key points- pieces of information or facts- are important to highlight?  
Which facts will most appeal to the leader's interests (see **factsheets**)?

## Prepare for Potential Challenges

Anticipate different perspectives and possible arguments.  
How will you re-orient discussion to focus on key points?

## Communication Style

Important things to remember when communicating with leader.  
Specific greetings?  
Has the leader made positive contributions to community safety, or to the GBV program, that you want to acknowledge?

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## Module 5. Human Resources

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### Summary

This module focuses on particular challenges related to supervising and supporting staff and volunteers within GBV programmes. These challenges are divided into two major areas of focus—1. Identifying, organizing, and preparing staff teams, and 2. Supporting staff and encouraging self-care. The module emphasizes reflection on challenges and helps participants to identify resources for future guidance. The module also reviews responsibilities related to protection from sexual exploitation and abuse—for all humanitarian staff, and specific responsibilities of GBV programme managers.

### Learning Objectives

1. Understand the practical and ethical responsibilities of managing staff
2. Identify resources to strengthen staff support and to encourage self-care

### References and Additional Resources

- Vann (Revised 2021). *Issues in GBV Programmes, Supervising and Supporting Staff*
- Headington Institute. Resources available at: <http://www.headington-institute.org/>
- Antares Foundation. Resources available at: <https://www.ataresfoundation.org/>
- Mandala Foundation. Resources available at: <http://www.mandalafoundation.org.au/>
- IASC Task Team on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (AAP/PSEA). Resources available at: <https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse>
- PSEA Task Force. Resources available at: <http://pseataaskforce.org/en/taskforce>
- Interaction PSEA resources and learning materials:
  - Video: *No Excuse for Abuse* to educate staff on responsibilities: [No Excuse for Abuse - InterAction](#)
  - Course materials on different components of PSEA: [Course Materials For Preventing Sexual Exploitation And Abuse - InterAction](#)

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## Module 6. Practice with Case Study

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### Summary

This module includes several exercises that should build on each other to allow participants an opportunity to apply learning from the course. An evolving case study is presented, with specific time-limited assignments for participants to tackle together in small groups.

### Learning Objectives

1. Apply knowledge and skills related to GBV assessment
2. Apply knowledge and skills related to GBV programme planning
3. Practice and gain new insights for addressing some common challenges in GBV programming.

### Assigned Readings

- News article and Situation Update on the situation in Harbour, found in the Participant Manual. (*Stop reading at Hand-Out: Assessment Practice with Case Study.*)

## Hand-out: Case Study Work

- Working in groups, you will carry out a range of planning activities related to the case study on the following pages. Do not move ahead- wait for instructions from a Facilitator.
- Remember you need a reliable timekeeper.
- Everyone is expected to use the materials, concepts, steps, and other information from the workshop discussions to carry out the case study assignments.

# EXPERT NEWS

Date: 5 October

## Free from war, Disruption's refugees meet new challenges

Refugees living in Harbour describe difficult and unsafe conditions.

Early morning in Beta camp, ten-year-old Anita waits for her breakfast. Her mother has left their crowded tent to collect food for Anita and her older brother. Anita is comparatively lucky, as her family arrived in Harbour with saved cash, but her mother explains that breakfast will again be limited to bread and tea, as they don't know how long their funds—two months' salary from her former work in a pharmacy-- will need to last. She's not sure when it will be safe to return home.



Humanitarian agencies in Harbour describe an increasingly dire situation for refugees from the embattled country of Disruption. On 27 August, conflict broke out in the Contested region of Disruption, when the regional Contested government declared independence from larger Disruption. The Disruption army continues to fight the Contested separatists in a conflict that has been marked by human rights violations by both parties, including killings of civilians and rape, according to a recent Amnesty International report.

Since the onset of the conflict, large numbers of people have been displaced from the Contested region, with more than 50,000 refugees crossing the border into Harbour. The United Nations refugee agency, UNHCR, supported the government of Harbour to establish a first refugee camp, Alpha, in early September. As refugee arrivals increased and facilities in Alpha were stretched, UNHCR opened a second and larger camp, Beta, to accommodate up to 30,000 refugees. Beta camp was established to the south of Alpha, closer to the reception center where UNHCR processes new arrivals. The location and facilities in Beta were supposed to offer improved conditions and services, but the camp has been vexed since it opened. The wells constructed have never produced the anticipated water supply, and the rapid influx of refugees has resulted in a camp population nearly double what UNHCR intended. Overcrowding and limited services have led to angry disputes between refugees, as well as recent demonstrations. Some women have resorted to traveling approximately 10 kilometers to a river to collect water.

Anita's mother, Diana, collected water from the river yesterday. She won't allow her children to drink the water without boiling it first, and she will boil the water this morning for tea. Diana explains that she will do her best to avoid returning to the river, not only because she is afraid of water parasites, but because she has heard that other women have been attacked along the route.

Diana fled Disruption with her two children to escape just this sort of violence. Her husband encouraged her to leave because of reports of gang rape by Disruption soldiers. He stayed behind to guard their property, and his business.

Beta refugee camp is overwhelmingly populated with women and children. Many Disruption men remain to work and protect their land; others have taken up arms with the Contested separatists. As the Harbour government is closely allied with the central Disruption government, some refugees feel that they are viewed

with suspicion by Harbourian officials and staff. Diana explained, “They think it’s our fault, so they don’t care that we suffer.”

A UNHCR spokesperson maintains that the government of Harbour is doing its best to respond to the crisis, which has overwhelmed current capacity. Additional humanitarian agencies are establishing presence in the region, and a third refugee camp, Charlie, should open next week. Charlie will have capacity for up to 20,000 refugees. When asked whether additional camps will be established, the UNHCR spokesperson replied, “This seems likely, given the flow of arrivals. We have established plans for different scenarios, including safe return of refugees if the conflict in Disruption is resolved.”

As a second attempt at peace talks broke down over the weekend, resolution to the conflict in Disruption appears increasingly out of reach. Refugees in Harbour will require shelter, food assistance, and other services, particularly with colder months approaching.

Anita just finished her second week in Beta camp, and she hopes to join the camp school if she’s unable to return home. “I hope the school is safe. My mother worries, because things are not very good here.”



# Harbour

**15 October**

The Government of Harbour, civil society, UNHCR, the UN Refugee Agency, and other UN and international organizations are responding to the emergency at the border. UNHCR is working with authorities and inter-agency partners in supporting access to services and rights. Close coordination with the Government, which leads the response, is ensured at national and local levels.

## KEY FIGURES

**85,225**

Disruption refugees registered in Harbour, with increasing daily arrivals

**3**

Refugee camps established

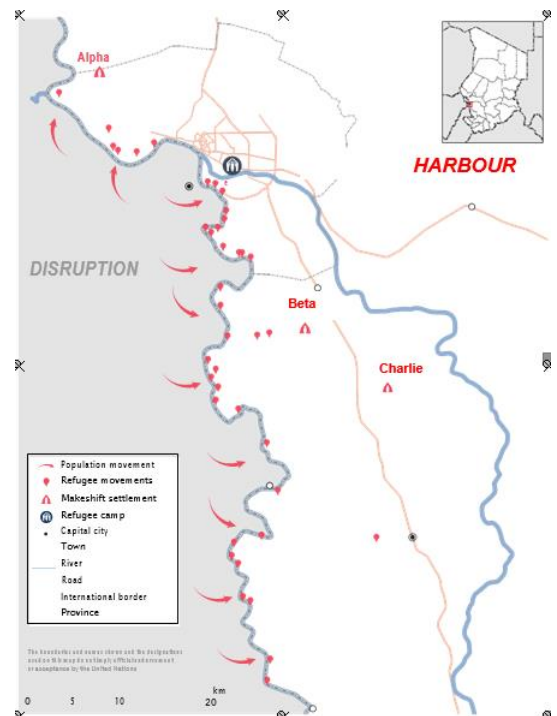
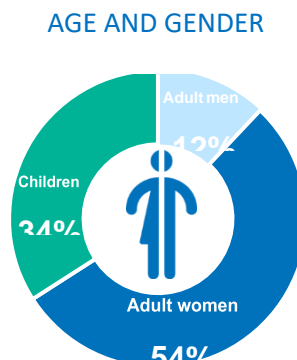
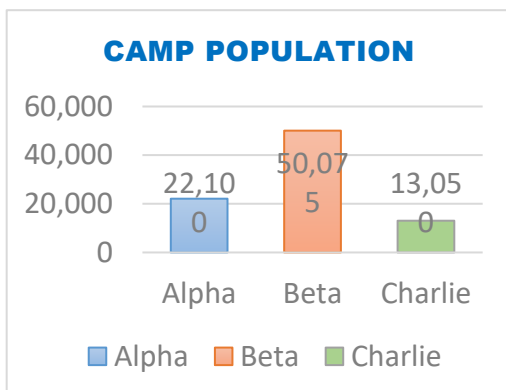
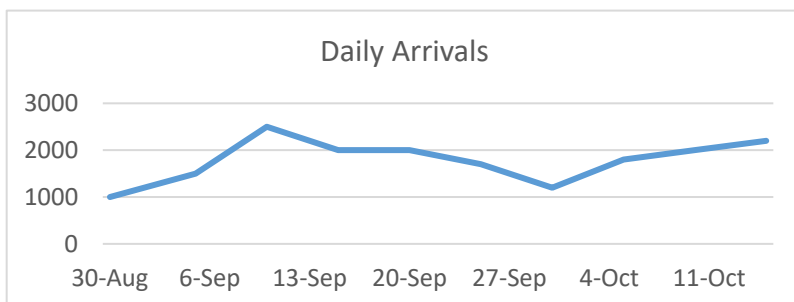
**50**

Days since the onset of the emergency



Beta refugee camp

## ARRIVALS 30 August – 11 October





# UNHCR Response

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## At the border

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- **UNHCR has established an office near the capital of the border region, with a nearby reception centre where refugees are registered. Refugees are transferred within 48 hours to a refugee camp.**
  - **The porous border between Disruption and Harbour has resulted in multiple crossing points, and a large number of informal settlements along the border. Some refugees are reportedly hesitant to register and move to camps.**
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## Protection

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- **UNHCR and partners are identifying vulnerable populations in need of assistance, including unaccompanied and separated children.**
  - **UNHCR child protection teams are collaborating with UNICEF, the National Child Protection Authority and county-level child protection authorities to develop procedures for addressing the needs of unaccompanied and separated children.**
  - **UNHCR is developing partnerships with several national and international organizations providing specialized protection services, including child protection, gender-based violence, and support for persons with physical disabilities.**
  - **On 30 September, UNHCR conducted a comprehensive protection training focusing on child protection, gender-based violence, accountability to affected people and prevention of sexual exploitation and abuse. The training was attended by 46 participants from Government authorities, NGO partners, volunteers and refugee focal points**
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## Coordination

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- **UNHCR has established coordination working groups for Shelter, Health, Food and NFIs, WASH, Protection, and a GBV/CP sub-protection working group.**
  - **Coordinated, sectoral assessments have been conducted in Alpha and Beta.**
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## Communication and provision of information

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- **UNHCR provides information directly to arrivals at the border and through distribution of leaflets and posters at the refugee camps.**
  - **PSEA information has been distributed in all camps.**
- 

## Food and NFI Assistance

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- **UNHCR is coordinating with WFP and partners to distribute food in the three camps of Alpha, Beta, and Charlie. Some refugees are also accessing markets in Harbour.**
  - **Over 10,000 households have benefited from distribution of NFIs.**
- 

## WASH

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- **Water points have been established in all three camps. Water supply is below Sphere standard in Beta camp.**
  - **Sex-separated latrines have been established in all three camps. Latrine construction continues in Charlie, and supplies have been pre-positioned for additional camps.**
-

## Hand-out: Assessment Practice with Case Study

It's 15 October. You have just been hired by an international NGO, RightWay Relief People (RRP), as a GBV Programme Manager in the country of Harbour.

- According to your terms of reference, you are to conduct a GBV assessment, write proposals, and initiate emergency GBV activities.
- Your contract is for two months, with a possibility to extend depending on funding and the findings from your assessment.
- You have been in the country for two days. You have received a security briefing and general orientation. Your housing and other logistical supports for your time in Harbour are in order.
- You will have access to a vehicle, driver, and interpreter for at least two weeks; these resources are shared with other sector specialists involved with RRP's operation.

### Assignment

1. Develop a plan for conducting a GBV assessment in the refugee context of Harbour. Include key actions you will take, and resources required. Be sure to include the steps described in Module 3-1.
2. Be sure you have a recorder who is noting important details of your discussion and the plan you develop.

### Report back

There is no specific report-back. Rather, be prepared to answer some questions in plenary about your plan and how you developed your plan.

## Hand-out: Programme Planning with Case Study

It's 1 November. You have completed an initial GBV assessment on behalf of RRP. The US Bureau for Population, Refugees and Migration (PRM) has issued a call for proposals to respond to emergency needs in Harbour, including GBV prevention and response.

- RRP will submit a proposal covering multiple sectors, and you will lead design of the GBV sub-sector.
- The GBV budget, including staffing, will not exceed 700,000 USD.
- Your initial assessment results are attached to remind you of your findings.

### **Assignment**

1. Quickly identify the problem(s) to be addressed by your GBV programme.
2. Develop a programme plan with key interventions for a one-year programme.
3. Remember to reflect on the:
  - a. Multi-sectoral model
  - b. Ecological framework and levels of intervention
  - c. Survivor-centred, intersectional, community-based, and rights-based approaches

### **Report back**

Summarize your planned programme interventions on flip chart paper and post on the wall.

After you have posted your flip charts, take time to look at other groups' summaries. Make a note of any questions, observations, or comments you have.

## RightWay Relief People Initial GBV Assessment Results

### **Purpose of Assessment:**

- Establish a better understanding of the context to inform programming plans, including plans for services

### **Methods of Assessment:**

- Desk review of situation updates and available materials
- Site visits to observe conditions at the Reception Center, Beta Camp, Charlie Camp, and four informal settlements along border.
- KII with sectoral focal points and government officials
- Two FGDs with women in Beta Camp

### **Limitations:**

- FGDs were not possible in Charlie Camp because of food distribution on day of visit.
- With competing demands on vehicle, not yet able to visit Alpha Camp

### **General Findings:**

- No focused GBV services are available.
- A national organization that is largely focused on education has begun sharing GBV information in Alpha Camp. The organization is active in protection/ GBV coordination but does not appear to be oriented to principles; during a recent meeting, UNHCR stopped them from sharing names of alleged survivors.
- There is large concern over how refugees in informal settlements are meeting basic needs. IOM is planning to assist refugees to move toward the Reception Center, but some refugees are reluctantly hesitant to register.
- Camp leadership structures have been established in all three camps. A designated group of women leaders has been created in each camp, with support from UNHCR, but the primary decision-making structures are dominated by men (despite heavy imbalance of population toward women).
- Women are very busy within/ outside of camps meeting basic needs—food distribution queues, water queues—with concerns raised over the protection of children left alone.
- Protection concerns for women outside of camps, including in informal settlements
- Women are suspicious of Harboursian government and Harboursian staff.
- KIIs raise similar concerns for all camp populations, though conditions are generally reported to be worst in Beta Camp, due to water shortages and tension among the refugee population, as well as anger toward authorities/humanitarian response.

## Beta Camp: Findings from Safety Audit, Interviews, and Focus Group Discussions

Camp Layout
<ul style="list-style-type: none"> <li>☛ On Registration</li> </ul>
<ul style="list-style-type: none"> <li>- Family registration cards are assigned to women.</li> <li>- There is a high proportion of no-male households.</li> <li>- Some refugees are moving directly to camps from informal settlements, bypassing the reception centre. Many still lack registration cards and are stretching rations for households they join (usually extended family).</li> </ul>
<ul style="list-style-type: none"> <li>☛ On Food Distribution</li> </ul>
<ul style="list-style-type: none"> <li>- Women report long queues for food rations</li> <li>- Food rations are not considered adequate. Items including oil must still be purchased from the market.</li> <li>- Tense arguments have arisen in the market over food prices, as refugees believe Harbourian vendors are overcharging.</li> <li>- The Food and NFI working group recently established a food committee, including 15 representatives (including 8 women).</li> </ul>
<ul style="list-style-type: none"> <li>☛ On Water</li> </ul>
<ul style="list-style-type: none"> <li>- Water is not adequate and a great source of concern for women.</li> <li>- Some women are traveling to the river (approx. 10 km) to bathe and wash clothing. It is difficult to transport much water back to the camp because of the distance.</li> <li>- The community is very concerned over two alleged incidents of rape from September linked to water collection at the river.</li> <li>- Newer arrivals lack receptacles for water collection. Hygiene kits have not been distributed for some time.</li> </ul>
<ul style="list-style-type: none"> <li>☛ On Security</li> </ul>
<ul style="list-style-type: none"> <li>- The nearest police station is ~7km from the camp</li> <li>- A 24/7 police point has been established at entrance to the camp, with a patrol around the camp during the day.</li> <li>- Male youth have initiated a camp watch group. Women consulted were divided over whether this is a good initiative, as some of the male youth are thought to be disruptive (some have been involved in angry demonstrations).</li> <li>- Harbourian authorities are very concerned over recent demonstrations in the camp.</li> <li>- Night lighting is insufficient.</li> </ul>
<ul style="list-style-type: none"> <li>☛ On Survivor Support</li> </ul>
<ul style="list-style-type: none"> <li>- There is one clinic in the camp, near the entrance (~2km from furthest tents)</li> <li>- PEP and EC were recently procured; Clinic staff have not been trained in CMR/IPV</li> <li>- No WGSS or designated space/service for women and girls</li> <li>- No focused GBV response service</li> <li>- No known, informal response service. When asked where a survivor would seek support, respondents said she would most likely tell no one, but may tell family or a community leader.</li> </ul>
<ul style="list-style-type: none"> <li>☛ On Decision Making</li> </ul>
<ul style="list-style-type: none"> <li>- Camp Management Committee has been established, largely composed of community leaders from Disruption</li> <li>- Women's Leadership Association established, with focal points representing on the Camp Management Committee</li> </ul>
<ul style="list-style-type: none"> <li>☛ On Shelter</li> </ul>
<ul style="list-style-type: none"> <li>- Tents are designed for temporary shelter, and not ideal for approaching, colder months. Improved tents are being distributed in Charlie. The Shelter Working Group is discussing plans to either replace or reinforce Beta shelter.</li> </ul>
<ul style="list-style-type: none"> <li>☛ On Latrines</li> </ul>
<ul style="list-style-type: none"> <li>- Latrines are sex-separated but insufficient in number. Construction of new latrines is planned, with delays.</li> <li>- Some lights around latrines have been broken by youth; women feel unsafe visiting at night.</li> </ul>

## Hand-out: Group One, Challenges

### **Time**

30 minutes

### **Scenario**

You have been implementing the GBV programme as planned for eight months now.

Harbourian officials arrived at the Women and Girls Safe Space yesterday demanding all project documents, including client information, GBV incident reports and case files. The government recently announced it will be assuming oversight of all GBV-related services. This decision comes after international news reports of Disruption refugees experiencing rape, and criticism of the government's protection of refugees.

The programme staff somehow managed to send the officials away, but they will be back on Monday next week.

### **Assignment**

Discuss the various actions you might take to try and resolve this issue. Remember to consider all of the elements of the GBV Toolkit and all of the guidance, tools, ideas, and best practices we have been discussing.

### **Report back**

RRP leadership expects you to maintain good relations with the Government, as continued work in country depends on this.

The Harbour RRP Country Director has called you to a meeting about this issue. Coincidentally, RRP's Regional Director and the headquarters-based GBV Technical Advisor are in country right now. You will meet with all three of these senior representatives today in the RRP Harbour country office today.

Prepare to briefly present to the RRP representatives. Summarize your plans and request any assistance you might need.



## Hand-out: Group Two, Challenges

### **Time**

30 minutes

### **Scenario**

You have been implementing the GBV programme as planned for eight months now.

Two nights ago, one of the social workers was attacked by the angry husband of a GBV survivor. The social worker is in the hospital recovering from stab wounds. You investigated this incident yesterday and found that the social worker had been having some meetings with the husband to ask him to stop beating his wife (a client). The social worker was frustrated and worried about the wife, and was just trying to solve the case.

Today at the general camp coordination meeting, the community leaders talked about the incident and complained about the GBV programme. They said that the programme is causing too many problems in the camp and it should be shut down because it is doing bad work. In the meeting, they asked to meet with the RRP Country Director. UNHCR is chair of the camp coordination meeting, and UNHCR is also serving as the coordinating agency for protection/GBV, as well as a new donor for RRP's GBV programme.

### **Assignment**

Discuss the various actions you might take to try and resolve this issue. Remember to consider all of the elements of the GBV Toolkit and all of the guidance, tools, ideas, and best practices we have been discussing.

### **Report back**

RRP leadership is freaking out about this issue.

The Harbour RRP Country Director has called you for an urgent meeting. Coincidentally, RRP's Regional Director and the headquarters-based GBV Technical Advisor are in country right now. You will meet with all three of these senior representatives today in the RRP Harbour country office today.

Prepare to briefly present to the RRP representatives. Summarize your plans and request any assistance you might need.

## Hand-out: Group Three, Challenges

### **Time**

30 minutes

### **Scenario**

You have been implementing the GBV programme as planned for six months now.

You understood six months ago that your donor would be funding your full proposal (500,000 USD). They paid the first tranche of 50,000 USD for start-up. This week, the donor informed the Country Director that there will only be 150,000 USD more available for the programme this year. The donor also requested that the programme do more work with men and boys.

### **Assignment**

Discuss the various actions you might take to try and resolve this issue. Remember to consider all of the elements of the GBV Toolkit and all of the guidance, tools, ideas, and best practices we have been discussing.

### **Report back**

RRP leadership is expecting you to cut costs but still keep the donor happy.

The Harbour RRP Country Director has called you to a meeting about this issue. Coincidentally, RRP's Regional Director and the headquarters-based GBV Technical Advisor are in country right now. You will meet with all three of these senior representatives today in the RRP Harbour country office today.

Prepare to briefly present to the RRP representatives. Summarize your plans and request any assistance you might need.

## Hand-out: Group Four, Challenges

### **Time**

30 minutes

### **Scenario**

You have are currently six months into a programme cycle. Activities are just now in full swing in Beta and Charlie Camps, according to your original programme plans. It took longer than you'd expected to recruit and train staff. Your programme is underspent because of delays in staffing and implementation.

UNHCR is expanding teams of Community Services Officers, with GBV Focal Points designated for each camp. You just learned that  $\frac{3}{4}$  of your GBV staff have been recruited by UNHCR.

Meanwhile, you just received an award to expand GBV programming into the two newest camps—Delta and Echo. You were planning to devote most of your time to recruitment and start-up in these camps, as things were finally on track in Beta and Charlie.

### **Assignment**

Discuss the various actions you might take to try and resolve these issues. Remember to consider all of the elements of the GBV Toolkit and all of the guides, tools, ideas, and best practices we have been discussing.

### **Report back**

RRP leadership is expecting you to move programming in all camps forward without further delays.

The Harbour RRP Country Director has called you to a meeting about the programme. Coincidentally, RRP's Regional Director and the headquarters-based GBV Technical Advisor are in country right now. You will meet with all three of these senior representatives today in the RRP Harbour country office today.

Prepare to briefly present to the RRP representatives. Summarize your plans and request any assistance you might need.

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## Module 7. Review and Closing

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### Summary

This session summarizes the key messages from the entire training while emphasizing the group's networking and sharing that took place throughout the workshop.

### Objectives

1. Review key messages from the workshop
2. Receive materials for ongoing learning and further information to participate in MGBViE Phase III
3. Share reflections and support with fellow participants