

# Current State of GBV Response Capacity in Humanitarian Settings

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A synthesis of information, resources, and opportunities

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Gender-based Violence Area of Responsibility  
Learning Task Team

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## Introduction

In situations of natural disaster, complex emergency, and population displacement, risks increase for multiple forms of gender-based violence (GBV). In recent years, the problem of preventing and responding to GBV in emergencies (GBViE) has received increased attention in the global community. Thanks to successful advocacy over the past 15 years, addressing GBViE has become an increasingly higher priority for humanitarian agencies, governments and donors. A growing number of organizations implement programs to prevent and respond to GBViE and increased GBV programming is a positive development for survivors and others in need of assistance.

As the spotlight of increased attention has turned to GBV programming, the gaps in the humanitarian community's ability to respond are beginning to show. Too often, GBV coordination and programming remain *ad hoc*, poorly staffed and funded, and fail to deliver adequate services for survivors in most settings. According to a DfID funded scoping study<sup>1</sup>, there are limited numbers of international experts with experience and ability to deploy to emergencies and it may be hampering response<sup>2</sup>. To address this issue, UNFPA, UNICEF, NRC (through the GenCap project), UN Women, IMC, and IRC maintain rosters of technical experts. However, the rosters are difficult to maintain and don't appear to be used regularly. Interviews with key informants spoke of a lack of transparent hiring practices in UN agencies, poor communication around job opportunities, and institutional practices such as short-term contract modalities<sup>3</sup>, unclear pathways to move national staff into international positions and lack of family duty stations as barriers to employment as a GBV specialist. Training and capacity building initiatives for new staff and existing staff are often one-off and not sustained. Funding for GBV programs, particularly capacity-building programs for staff, is also unpredictable. As a result, the inability to expand programs and deploy more GBV experts has meant that survivors remain without adequate protection and care.

In order to address this capacity gap and foster safer, more ethical and appropriate approaches to GBViE and explore the next steps in developing capacity-building, the GBV AoR through the Learning Task Team (LTT) has commissioned this descriptive synthesis of existing information on the current state of the response to GBV in humanitarian contexts including an inventory of available learning opportunities and actors that can support capacity development in this area of work, and existing inter- and intra-agency capacity development efforts. This paper will serve as the basis for a discussion that will lead to a consultative workshop culminating in a 5-year strategy to support building capacity in GBViE programming and coordination.

## Methodology

This paper was prepared by a desk review of GBV AoR documents gathered from a number of sources including the GBV AoR's Learning Task Team, GBV agencies, donors, and others.

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<sup>1</sup> Sandison, Peta (2013)

<sup>2</sup> The survey identified the limited availability of GBV specialists as an obstacle to improving GBV humanitarian response. They noted that "existing GBV capacity is provided through external and internal surge rosters and core agency capacity" and estimated the combined total of the above rosters is approximately 200 GBV-deployable surge members, 18 of whom are P4/P5 inter-agency GBV specialists. The remaining surge members typically have broader protection profiles, with some expertise in GBV. The number of GBV surge personnel actually available for individual agency deployments could be as low as 40, half of whom are P2/P3-level and none of whom are profiled as GBV specialists.

<sup>3</sup> Particularly within the UN, see Abirafeh 2014 in Annex 1.

The consultant conducted 30 interviews with key informants taken from UN agencies, INGO service providers, and advocates who work in headquarters, Latin America and the Caribbean, the Middle East and North Africa, West Africa, Central Africa and the Great Lakes Region, and the Asia-Pacific regions. Participants from previous trainings<sup>4</sup> were surveyed. For a list of documents consulted and informants interviewed, see annex 1 and 2.

## **GBV Capacity Building Efforts History**

While the need and potential for GBV programs is great, GBV prevention and response is still a relatively new field of work, with the first focused international non-governmental organization (INGO) program delivered in 1996. There is not yet any specifically focused course of study for undergraduate or graduate students wishing to pursue work in GBV prevention and response program management although there are some classes being offered -mostly in US universities at the master's degree level<sup>5</sup> but also online. Current GBV program managers and coordinators come from a variety of academic backgrounds including public health, protection and legal sector, social work, and general international studies. In emergencies, mental health counselors, nurses, midwives, social workers, lawyers and others who have experience working with GBV survivors domestically are often brought into organizations as well. The crosscutting nature of GBV means that no one discipline can address the full issue although many informants mentioned social work as being an extremely useful background.

While there is an increasing demand for organizations and staff to develop strong GBV prevention and response programs, current opportunities to build technical capacity in GBV prevention and response are not keeping pace with the demand for skilled staff. There are different training opportunities offered by a number of actors but learning of the training opportunities is difficult as there is no single place to go to receive updates on new trainings or resources. The GBV AoR website, a logical place for hosting such a training calendar and list of vacancies is not consistently maintained<sup>6</sup> and getting information requires visiting a number of sites.

This acute need for more technically skilled staff was substantiated by the findings from the 2009 *Documenting GBV Coordination in Humanitarian Settings* assessment carried out by the GBV AoR and the *Chapeau Report of the GBV AoR Scoping Missions, 2011-2012* produced by the Research and Information Management Task Team of the GBV AoR which point to clear gaps that exist in coordination and identified areas where building capacity of lead actors and of partners on the ground, would result in enhanced predictability and better delivery of prevention and response services to address GBV in humanitarian settings. There have been a number of initiatives to try to bridge this gap carried out by a number of agencies.

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<sup>4</sup> To date, only the participants from the 2007-2011 "Ghent courses" and the "Echo project" participants have been surveyed. Others will receive the survey in mid-September 2014.

<sup>5</sup> See Annex 3.

<sup>6</sup> Accessing the website on September 14, 2014, GBVAOR.net/training-events listed old events from March 2014 and GBVAOR.net/vacancies showed no vacancies despite current recruitment for GBV coordinator positions in Pakistan, Afghanistan and GBV program manager positions in Iraq and South Sudan.

### Chronology of some GBV capacity building initiatives

Year	Name of Activity	Partners
2007 - 2011	Coordination of Multi-sectoral Response to GBV in Humanitarian Settings <i>aka "Ghent course"</i>	UNFPA ICRH
2008	GBV Course Development Seminar	UNFPA ARC World Education
2009	5 Day course for UNFPA staff based off "Ghent Course"	UNFPA
2010-2011	Inter-agency GBV Capacity Building Project <i>aka "the ECHO project"</i>	UNFPA UNHCR UNICEF
2011	Managing GBV Programmes in Emergencies: E-Learning Course	UNFPA
2011-2014	Changing Lives: A Learning Initiative to End Violence against Women and Children in Emergences	IRC
2012	Managing GBV Programmes in Emergencies: Pilot Course	UNFPA IMC
2012	Caring for Child Survivors in Humanitarian Settings	UNICEF IRC
2013	GBV in Humanitarian Emergencies in Asia and the Pacific	UNFPA TISS
2013	Managing GBV in the Syria Crisis Response	UNHCR UNFPA

#### *"Coordination of Multi-sectoral Response to GBV in Humanitarian Settings" aka the "Ghent course"*

In 2007, United Nations Population Fund (UNFPA) partnered with the International Centre for Reproductive Health (ICRH) at Ghent University in Belgium<sup>7</sup> to develop and facilitate a two-week intensive training course to build the skill sets of field-based GBV professionals. This course, *Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings*, was held from 2007 to 2011 and trained 82 humanitarian professionals working in 30 different countries on GBV prevention and response models and focused on how to coordinate systems of GBV interventions. This course is currently on pause while a new institutional home is located.

In December 2009, UNFPA adapted elements of the "Ghent course" for a five-day course that trained 20 UNFPA staff working in humanitarian contexts in Africa, the Arab States Region, and Asia.

#### *GBV Course Development Seminar*

In 2008, a course development seminar sponsored by the UNFPA and the American Refugee Committee (ARC), and designed by World Education, Inc. was held with 16 GBV in Emergencies specialists to address the issue of building capacity to prevent and respond to GBViE. This seminar was structured as a consultative process through which ideas and information relevant to the creation of a course for GBV field-based program managers

<sup>7</sup> The course has been referred to as the "Ghent course" due to its location.

could be collected. As an output of this seminar, World Education recommended a three-phase approach<sup>8</sup> to allow the different skills, knowledge, and life experiences brought to the course by each participant and the types of support needed to allow course content to be applied in the field context.

### *GBV in Emergencies Regional Strengthening in Latin America*

From 2010 to 2013, UNFPA conducted a GBViE capacity development initiative targeting countries in Latin America and the Caribbean. The first sub-regional workshop was held in Panama for Central American countries in 2010. This methodology was designed and carried out with OCHA. Three subsequent workshops were held in 2011 (Caribbean), 2012 (Andean region) and 2013 (for Mercosur countries). UNFPA country office staff and government officials from women's ministries, risk management ministries and civil defense/protection systems from 30 countries<sup>9</sup> were trained. Additionally, beyond the trainings, UNFPA has provided technical assistance to a number of countries to help them institutionalize GBViE as part of their preparedness and response systems.

### *Managing GBV Programmes in Emergencies: E-Learning Course*

In April 2011, UNFPA launched a web-based and CD-ROM e-learning course<sup>10</sup>. The e-learning course uses problems that practitioners currently face and case scenarios from real-life humanitarian contexts to guide learning. Nearly 1000 people have taken this course to date. In April 2012, UNFPA launched an interactive companion User Guide<sup>11</sup> to enable more in-depth learning that supports greater comprehension of the foundational topics that comprise the e-course. The e-learning is available in English, Spanish, and French with an Arabic translation coming soon. And the companion guide is also available in English, Spanish, French, and Arabic.

### *The GBV Capacity-building "ECHO" project in West/Central Africa, Asia, and the Middle East*

In May 2010, UNFPA was awarded a grant from the European Commission (ECHO) to support an inter-agency capacity development initiative with UNICEF and UNHCR in 9 countries experiencing a humanitarian crisis. In the Asia region, the countries that were chosen were Nepal, Pakistan, and Afghanistan. In the Middle East, Iraq, Darfur in Sudan, and Gaza. In West Africa, Cote d'Ivoire, Chad, and Central African Republic. At the center of this

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<sup>8</sup> **Phase 1** is to allow all participants, despite their backgrounds, contexts, and knowledge bases, to develop a shared understanding of GBV and GBV programming through foundational courses available on an e-learning course. The e-learning course uses problems that practitioners currently face and case scenarios from real-life humanitarian contexts to guide learning. A survey tracks participants' learning experiences and provides course developers with monitoring data to improve the course. **Phase 2** was proposed to be a face-to-face course that allowed for a different type of learning than phase one e-learning course. Through face-to-face engagement, participants are able to take part in activities and discussions that build their skills with real time feedback and allow them to hone their judgment on issues that warrant critical analysis. **Phase 3** was envisioned to allow participants to network and develop a community of learners. This proposed phase 3 has not yet been carried out although elements were incorporated in Phase 2.

<sup>9</sup> Panama, Nicaragua, Guatemala, Costa Rica, El Salvador, Dominican Republic, Antigua & Barbuda, Anguilla, Bahamas, Belize, Bermuda, British Virgin Islands, Grenada, Jamaica, Montserrat, St. Kitts & Nevis, St. Lucia, St. Vincent & Grenadines, Turks & Caicos Islands, Suriname, Venezuela, Colombia, Ecuador, Chile, Peru, Bolivia, Argentina, Brazil, Uruguay and Paraguay.

<sup>10</sup> <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html> related to Phase 1.

<sup>11</sup> <http://www.unfpa.org/public/home/publications/pid/10495>

program were the teams of country-level GBV Capacity Promoters who were trained in the core GBV training materials and who worked in tandem with the Regional Program Managers to organize, facilitate and support the introduction and/or rolling out of several core tools for good GBV programming and coordination. There were delays in recruitment so the project lasted for approximately 11 months and ended in December 2011. While there were mixed results in the ECHO project, 133 people were trained and key informants noted that in West Africa, the ECHO project laid the foundation for a lot of work on GBV and the capacity promoters in Asia still contact former Regional Manager and offer each other support. A Community of Practice was started late in the program but was abandoned once the project ended. Although not formally included in the ECHO project, 26 GBV actors working in four different internal conflicts in Sudan and South Sudan were also trained and have gone on to work internationally as NorCaps or international consultants. Following the CP training, an adapted version of Caring for Survivors Training of Trainers was conducted in Khartoum, Sudan with UN, MSW and NGOs and 1-3 trainings were rolled out in each of eight states respectively.

### *Changing Lives: A Learning Initiative to End Violence against Women and Children in Emergencies*

With support from the Bill and Melinda Gates Foundation, the International Rescue Committee (IRC) launched Changing Lives: A Learning Initiative to End Violence against Women and Children in Emergencies<sup>12</sup> in 2011. This three-year project aimed to equip emergency practitioners with the technical expertise, skills and tools necessary to effectively and rapidly launch response to GBV in emergencies. IRC built a capacity building and resource package around its own field-tested GBV Emergency Response Program Model, which outlines the concrete steps necessary for emergency practitioners as they undertake two distinct priorities: ensuring survivors have access to appropriate services in a safe and timely manner, and undertaking coordination and advocacy in order to reduce risks to women and girls. IRC staff carried out three regional-level trainings targeting emergency practitioners working across multiple sectors – GBV, health, protection, child protection—and based in countries that were currently or had recently been impacted by natural or man-made crises. IRC conducted the first large scale global training focused on GBV preparedness and response for over 30 participants. At first, the training was approximately 50% IRC staff and 50% others. However, it has now shifted to almost all non-IRC staff members. Originally, it was also heavily weighted towards International NGOs (INGOs) but they have started working increasingly with local NGOs and local-level emergency preparedness for GBV. All trainings are inter-agency. Since it was launched, they have trained nearly 400 people in GBV emergency response and preparedness. Overall, the evaluations conducted by IRC state that quantitative and qualitative results from the online survey point to a conclusion that increased capacity does foster more effective planning, program design, advocacy, and delivery of core services in emergencies using examples from teams working to respond to a drought and refugee crisis in Ethiopia and Kenya as well as an acute crisis in North Kivu, Democratic Republic of Congo.

### *Managing GBV Programmes in Emergencies pilot*

From June 2011 to March 2012, International Medical Corps (IMC) partnered with the UNFPA and an independent consultant to develop a curriculum for a training course in GBV program design and management. Participants were mandated to have taken the e-learning course at least 1 month before and to come to the course with their certificate. The training

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<sup>12</sup> IRC's tools can be found at: <http://gbvresponders.org/resources/>

course, piloted in February 2012, constituted the second phase of a multi-phase “*Managing Gender-based Violence Programmes in Emergencies*” training program as conceptualized in the GBV Course Development seminar. It also incorporated some aspects of Phase 3 in that it had an online platform for participants afterwards.

### *Caring for Child Survivors in Humanitarian Settings*

This joint IRC-UNICEF training held in March 2012 and again in Lebanon in 2013, focused on the foundational knowledge and skills necessary to implement high quality case management and psychosocial care for child survivors of sexual abuse. It introduced participants to newly developed and field tested approaches for responding to the special needs of children and families affected by sexual abuse. This training course was the first to focus on child sexual abuse knowledge and skills to enable service providers to: effectively interview child survivors about sexual abuse; facilitate children’s recovery and healing from sexual abuse through appropriate case management approaches and effective case coordination across multiple service providers.

### *Managing GBV Response in the Syria Crisis Workshops*

In May 2013, UNHCR and UNFPA held a regional GBV workshop in Amman, Jordan with 31 participants from five countries involved in the Syria refugee response (Egypt, Iraq, Jordan, Lebanon and Turkey). UNICEF provided technical support and resources. The workshop was organized to address the increasing need to expand GBV programming and coordination within the Syria refugee response. Participants included inter-agency teams including protection officers, GBV specialists, child protection specialists from UN agencies, NGOs and national ministries. A consultant hired by UNHCR adapted the workshop modules from the ‘Managing Gender-Based Violence Programming in Emergencies’ and ‘Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings’ curricula.

In July 2013, UNFPA and UNHCR held a second workshop in Amman from 7-9 July, 2013 for 23 participants working inside Syria. UNICEF provided technical support and resources. The workshop was organized to address the increasing need to build capacity to expand principle-based GBV programming and coordination in Syria. The workshop focused on inter-agency teams from Syria, including child protection officers, GBV specialists, protection officers from UN agencies and NGOs.

### *The United Kingdom’s Global Call to Action to End Violence Against Women and Girls in Emergencies*

The 2013 UK-led Global Call to Action was an attempt to address the gap in capacity and begin a concerted effort to strengthen GBV prevention and response in emergencies. The initial call to action was an attempt to make sure “prevention and response to violence against women and girls in emergencies is life-saving and should be prioritized from the outset of an emergency, alongside other life-saving interventions.” Nine donor governments (including the UK, US, Australia, Sweden and Japan), six UN agencies, the ICRC, the International Organization for Migration and 21 international NGOs endorsed a communiqué outlining future action and commitments at a November 2013 meeting. DfID pointed out the need for more experts to be put in place as GBV program management and as coordinators in emergencies as part of its “the right people” approach to the puzzle piece.



### *US Government: Safe from the Start Initiative*

The US government's 2013 Safe from the Start initiative reiterated this ongoing concern and the attempt to respond to the many ongoing humanitarian emergencies worldwide including the conflicts in Syria and Central African Republic, the Super Typhoon in the Philippines, and the opening of neglected humanitarian conflicts like Myanmar have led to increased frustrations of how to do this with the current capacity. Under the initiative, the US government announced three goals:

1. Increase dedicated GBV interventions
2. Integrating GBV risk mitigation across all humanitarian sectors
3. *Increasing accountability at the global level* for prioritizing GBV prevention and response in emergencies

Actions proposed include:

- Addressing the shortage of humanitarian professionals with skills needed to implement multi-sector GBV prevention and response programming, through support for technical expert surge capacity at global and regional levels and promising mentorship and training schemes.
- Support key international organization partners, like UNHCR, to develop their institutional capacity for ethical, survivor-centered GBV prevention and response, through training and establishing new GBV positions and programs.
- Assess why existing resources, guidelines and standards are not widely and consistently used.
- Develop new resources, or improve upon existing tools as needed, for integrating GBV and protection across different sectors.
- Invest in capacity building and training across all areas of humanitarian response in order to build awareness of standards and tools and enable broad uptake of their use.
- Identify new strategies to ensure women and girls participate in the design of broader relief efforts.
- Identify clear expectations required of key actors throughout the humanitarian system so that GBV prevention and response are appropriately addressed from the early phases of an emergency.
- Support the development of guidelines and training materials that will help responsible actors at all levels gain the skills and competencies needed to uphold their GBV responsibilities.
- Continue efforts to support and monitor partner compliance with existing U.S. requirements pertaining to Codes of Conduct for Prevention of Sexual Exploitation and Abuse (PSEA), including training for State and USAID humanitarian personnel on PSEA and other protection issues.

Currently, under the *Safe from the Start Initiative*, UNHCR is undertaking efforts to strengthen their GBV capacity under this initiative by developing an internal three tiered e-learning course on GBV that will be mandatory for all staff and finalizing facilitators guides for 19 topics related to GBV for field trainings. These have to be translated into the UN languages in order to make them mandatory and will be shared with other partners. The International Committee of the Red Cross and Red Crescent (ICRC) also received funding for activities to strengthen its response to sexual violence in situations of armed conflict and other situations of violence.

### *Internal Capacity-building and field-level trainings by service providers*

Training personnel in GBV concepts and in service delivery skills is a major part of most GBV programming in emergencies. Operational NGOs like IMC, IRC, and ARC have a lot of experience and have been building capacity in their staff and with local organizations at the field level for some time.

Medical humanitarian organizations like Médecins Sans Frontières (MSF) and the International Committee of the Red Cross and the Red Crescent (ICRC) have also conducted internal strengthening of response to GBV (but predominantly sexual violence). The MSF movements have employed sexual violence experts over the years that have delivered regional trainings for midwives, nurses, and doctors and developed policy papers on responding to SV in all programs.

### ***The GBV Area of Responsibility Learning Task Team (LTT)***

In October 2011, IMC and UNFPA initiated a Training Task Team within the GBV AoR, including members from UN agencies and INGOs. The terms of reference for the Task Team include establishing core competencies for GBV professionals, maintaining and sharing knowledge of GBV-related training opportunities, supporting the continued development of the “*Managing Gender-based Violence Programs in Emergencies*” multi-phase training program, and coordinating with GBV AoR RRT<sup>13</sup> members.

After the pilot training course was held in February 2012, the Training Task Team lost momentum and ceased regular meetings due to turnover in GBV AoR leadership. In late 2012, IMC and UNFPA drafted new terms of reference for a reconfigured Learning Task Team (LTT) and reached out to former Task Team members to revitalize capacity-building initiatives.

After the March 2013 GBV AoR annual planning meeting, the Learning Task Team was tasked with taking forward several initiatives of the AoR’s annual work plan, including working with a consultant and a membership group to define core competencies for GBV professionals, recommending AoR endorsement of learning opportunities designed to strengthen identified core competencies, and supporting member agencies to better establish internal capacity-building and mentorship systems to support field-based GBV professionals.

## **Current Capacity**

While previous trainings have increased the number of trained professionals available to support GBV programming in emergencies, from interviews and document reviews, it is increasingly clear that understanding of and ability to implement informed, quality, and holistic programming and coordination to address GBViE continues to be inadequate. Additionally, financial and other resource commitments to ensure GBV programming and coordination is supported by specialized professionals, is also still not prioritized in emergencies.

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<sup>13</sup> GBV AoR Rapid Reponse Team consisted of five members who provide support to GBV in Emergencies in Asia-Pacific, West and Central Africa, Middle East and North Africa and a roving Global specialist and a GBV data specialist. They were deployed throughout 2012 and 2013 and will be replaced by UNFPA’s REGA – Regional Emergency GBV Advisors.

Although UNFPA and UNICEF are currently increasing their numbers of specialized GBV prevention and response staff to address some of these capacity gaps, the demands for both surge and longer-term support currently far outstrip the supply. The findings of the RRT advisor in West and Central Africa show that government's ability to provide skilled staff or to respond to GBViE is particularly weak as GBV and other human rights issues are viewed as secondary, given the inability to meet even basic needs. While political will might exist in some countries, capacity to implement programming or effective coordination is absent. UN agencies and international organizations have too few experienced GBV staff – and face a high turnaround of those staff that they do have and internal barriers to recruitment and retention of staff. Active international and national NGOs face human resource challenges. There are too few national organizations providing direct services to survivors – those that exist are small and ad hoc.

In Asia, there is limited capacity - particularly in coordination. Capacity in Asia can also be a politically sensitive term, as actors in country might interpret "lack of capacity" as questioning their technical knowledge and expertise, noted the Asia RRT. At times, additional surge capacity or support might not be requested or wanted even if the needs are present.

Globally, UN and INGOs face challenges in recruiting experienced staff to manage focused GBV programs in emergencies. While many young professionals express interest in this field of work, and while many have related domestic experience and/or relevant academic backgrounds, few have specific training in managing GBViE prevention and response programs, as training opportunities have until now been ad hoc and limited.

Despite the training manuals, guidelines and tools that are available, key informants noted that existing GBV field staff are still not familiar with many of the "core" GBV tools and some said that they did not have the motivation or time to learn about new tools as there is little guidance available about what to focus on and difficulties in putting new materials into practice, applying and retaining the material, especially when working under stressful conditions with overwhelming work responsibilities. So despite advances in developing new tools, they are not always being used. Others said that training on the "core" tools is not the key element in what is missing in developing effective programs and coordination as current GBV program and coordination staff is technically trained. They wondered if an emphasis on creating tools has created a "technocratic" response and that actual skills, creativity, analytical thinking, and problem solving that are key to effective response were being lost in a desire to "replicate accepted programs that don't always match the context".

The 2009 GBV AoR workshop report also noted this "...the challenges of being a GBV program manager has so much to do with situations and decision making, and not just understanding theory, and this critical understanding is what so many people lack." This may be a problem that is true of all humanitarian response efforts but some key informants felt that it was particularly felt in GBViE as GBV work is highly nuanced, thus requiring practitioners who are technically skilled, courageous enough to talk about 'taboo' subjects and motivated enough to implement dynamic, responsive programming.

One informant noted that the GBV sector has high expectations for GBV Coordinators and Managers – expecting them to be experts in coordination, mediation, training methods, social work, case management, public health, legal/justice systems, social and behavioral change, community mobilization, advocacy, gender mainstreaming and understanding technically how to mitigate GBV in other clusters/sectors. "There's a difference between

knowing what the skills are that one needs to manage a GBV program and actually being good at applying all of this while in an emergency,” noted one interviewee. Additionally, coordination of a GBV working group is a full-time job, yet the Coordinator often takes on a coordination role, coordinates projects in multiple geographic locations and manages projects unrelated to GBViE<sup>14</sup>. Political will from senior managements to take on the work of GBViE – particularly coordination is often missing.

The interviewees noted that having a competent and properly skilled person is not due to training alone -- internal systems must be in place that make sure the right people are hired and there must be funding for positions as well as supervision, mentoring, and accountability in place. Many employment recruitment efforts, particularly in the UN, require academic qualifications (usually a master’s degree) and require a number of years work experience in an international environment. Many practitioners at the field level are experienced in the skills needed for GBViE work but don’t meet the academic qualifications or the international experience requirements so are automatically disqualified for these positions.

## Current Learning Opportunities

GBViE learning opportunities<sup>15</sup> – including trainings, mentoring, and peer support are in huge demand in country, at the regional level, and globally. All of the GBV RRTs mentioned in their final reports an alarming lack of capacity in country and the many requests from the field that they received for trainings but could not always fill. The need for, and interest in, face-to-face training is demonstrated by the large number of applications received for any training. For example, within one month of the call for applications for the “*Managing Gender-based Violence Programs in Emergencies*” pilot course, IMC received nearly 500 applications from around the world for an advertised 20 places in the course. The great majority of these applicants fit the participant profile for the course and expressed serious commitment and interest in their applications. In addition, UNFPA regularly received over 400 applicants for the annual “Ghent Course”, many of whom were seeking not coordination training, but training on GBV program management. Several informants questioned whether participants who were sent to the courses however, were the right people as governments and agencies can sometimes “reward” staff by sending them to an international training whether they are in the best position to implement the skills learned in the trainings or not. One consulted said “If the course is for coordination, then it should be UNFPA staff only as there are very few NGOs who co-coordinate clusters but everyone who went to Ghent wanted program management courses, they didn’t do coordination. The people who do coordinating are also usually not senior but often national level staff who don’t get the opportunity to attend.”

There have been efforts to address this lack of capacity as evidenced above. In the Call to Action, many of the trainings mentioned were for internal staff to build awareness of the issue of GBV, to understand GBV in emergencies or to mainstream a gender or protection perspective into other humanitarian training. However, according to informants and the 2008 course development seminar<sup>16</sup>, the field is still in need of ongoing learning systems and opportunities that do more than build awareness of the issue. Instead, a comprehensive

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<sup>14</sup> Many UNFPA GBV coordinators are often “double-hatted” as gender project officers as well. UN and INGO co-coordinators are often GBV program managers as well. There is rarely funding for stand-alone coordination roles.

<sup>15</sup> See Annex 3 for a list of opportunities

<sup>16</sup> Vann, B. and Lindsley, R. (2009) *Gender-Based Violence Course Development Seminar Final Report from American Refugee Committee (ARC), World Education, and UNFPA*

capacity building effort would emphasize applied learning methods to support those who manage GBV programs but have little to no formal training in GBV<sup>17</sup> to become competent professionals (or experts) capable of managing quality GBV programs in emergencies<sup>18</sup>. To develop these skills, there are currently relatively few opportunities available although more are becoming available compared to the past.

Key informants mentioned that past courses like the “Ghent course”, the *Managing GBV in Emergencies*, and current courses like IRC’s ERP were very useful in allowing participants to coordinate more effectively<sup>19</sup>. The tools developed and used in these courses have also been used in the field by the GBV AoR RRT members in 2012 and 2013 including the *Caring for Survivors Training Package* and other training materials on SOP development, referral pathway development, and clinical management of rape developed by UN agencies and their partners.

The non-profit NGO Raising Voices and its partner Centre for Domestic Violence Prevention (CEDOVIP) offer regional courses in GBV prevention in Kampala, Uganda through the Violence Prevention Learning Centre. These courses, targeting activists and activist organizations, include the *SASA!* and *Get Moving!* Methodology.

### *Current Academic Courses*

For many GBV program manager and coordination positions, job descriptions ask for a master’s degree in a “relevant field” which is open for interpretation, as there are no current academic degree programs focusing purely on GBV in humanitarian emergencies. However, there are some university level courses being taught in the US and Europe that address elements of GBV in humanitarian emergencies. In the USA, the Elliot School of International Affairs at George Washington University offers a course entitled *Gender-based Violence in Humanitarian Settings*. This master’s degree course is a survey course that presents a holistic picture of how GBV impacts displaced people. The Master’s in Public Health program in Columbia University offers *GBV in Complex Emergencies* – a seven-week course that explores the socio-cultural and political factors that contribute to the existence of GBV and which lead to an increased occurrence of acts of GBV in complex emergencies, with an emphasis on conflict zones. The University of Denver in the USA offers a *GBV in International Disasters* course taught through the Graduation School of Professional Psychology in the Masters in International Disaster Psychology department that is focused on psychosocial support for GBV survivors. This course encourages students to critically examine the international scope and types of GBV, struggle with related ethical dilemmas, and become familiar with promising practice intervention models and related human rights instruments. The University of Denver also offers more coursework looking at international protection in humanitarian settings through the School of International Studies that focuses on GBV as an aspect of protection – such as dealing with protection mandates with a focus on GBV. The University of Valencia which offers a *Master’s in Law and Gender Violence* which has a compulsory course on international legal frameworks of protection from GBV and coordinating social and health services and preventive action and legal services.

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<sup>17</sup> **A Level 3:** This person has a BA or MA, but also has experience managing humanitarian programs. They have attended trainings in various topics, maybe on aspects of GBV or not—knowledge and skill profile incomplete. They are currently managing a GBV program, but do not have full training in what makes GBV program management different and unique.

<sup>18</sup> **Level 4:** This person has same profile as seminar participants. Good education, good field experience, program management experience, and specific experience and knowledge of GBV and managing GBV programs” people.

<sup>19</sup> ICRH and UNFPA 2007, ICRH and UNFPA 2008, ICRH and UNFPA 2009, ICRH and UNFPA 2010, ICRH and UNFPA 2011, Kenny and Yang 2010, IRC 2014.

There are courses at universities that address GBV but not necessarily in emergencies nor from a service delivery perspective. There are various academic courses looking at the gendered nature of violence in institutes like Fletcher School at Tufts University, George Mason University, University of Sussex, University of Ulster, International Institute of Social Studies, SOAS at the University of London, the University of Kent, and American University but few appear to focus on prevention and response services for survivors. A *Master's in International Humanitarian Action* is offered as an international Erasmus Mundus Master's program by nine European universities, namely in the Netherlands, Spain, Sweden, Germany, Ireland, Belgium and France. These universities are united in the Network on Humanitarian Action (NOHA) and students can choose to focus on gender issues and GBV. UNICEF has developed a Child Protection in Emergencies diploma program in partnership with University of KwaZulu Natal that also includes sections on GBV in Emergencies.

UNFPA's Arab States Regional office is developing a partnership with the American University in Cairo, American University in Beirut, Ahfad University in Khartoum and Beirzet University in Ramallah to create a revised and updated curriculum for GBV Programming and Coordination in humanitarian contexts that takes into account lessons learned and includes case studies from the Arab region and interactive materials. A consultant has been hired and the process is underway, with the first course planned for November 2014. In 2013, UNFPA's Asia Regional office worked with the Tata Institute for Social Sciences in Mumbai, India to pilot a two-week program for the Asia region. The curricula were revised and the course was shortened and is being offered in Bangkok in October 2014. UNFPA has engaged in similar partnerships with Ghent University and the Mauritius Institute of Health.

### *Distance Learning Opportunities*

There are a few e-learning opportunities available for people interested in learning more about GBV in Emergencies, some free of charge and others for a fee. Most focus on individual skills such as clinical management of rape, improving psychological care for GBV survivors, and understanding livelihoods and GBV or reducing risk of GBV associated with accessing cooking fuel. There are a few over-arching courses geared specifically to GBV in Emergencies program management or coordination – UNFPA's *Managing GBV in Emergencies – e-learning course* and the IASC *Different Needs – Equal Opportunities* which focuses on mainstreaming gender in emergency response. The IASC gender online course is offered in partnership with Human Rights Education Associates (HREA), an INGO that supports human rights learning, the training of activists and professionals, and the development of educational materials. HREA also partners with the Child Protection Working Group, World Vision and Plan International to support their capacity building on integrating child protection into humanitarian emergencies for staff and will be launching a Community of practice for child protection and gender, including GBV.

HREA also offers an e-learning course for aid workers, development workers, and INGO staff members that introduces participants to general definitions, concepts and normative and legal frameworks related to concepts of GBV. The course covers forms, causes and consequences of GBV in conflict contexts, as well as on an endemic basis. Prevention and response programming, as well as models underpinning mainstreaming and targeted actions on GBV, and the need for coordinated approaches. The course provides basic knowledge and skills on GBV to staff of international humanitarian and development organizations aiming to deepen their understanding and engagement on GBV responsive programming. Members of the GBV AoR often participate as subject matter experts. The Kimmage

Development Studies Centre (KODE) in Dublin, Ireland offers *Understanding and Addressing GBV in Development* – a distance-learning course focused on violence against women but not in emergency settings.

### *Limitations of current trainings*

Many of the key informants stated that while there are sufficient training tools for technical expertise in GBV programming, most training does not train towards developing the behavioural core competencies needed for effective GBV program management and coordination<sup>20</sup>. Almost all informants agreed that experiential, applied learning (and actual experience!) is important and should be emphasized in all trainings, suggesting that simulations and on-the-job training following trainings could be helpful.

Key informants identified the following areas (both functional skills as well as thematic areas) as gaps in our current training packages:

- Program Management Skills including design, monitoring and evaluation
- Advocacy skills
- Monitoring and Evaluation – particularly development of good indicators
- Ethical and safe data collection including assessments, analysis and use
- Fundraising and donor relations
- Training skills
- Support for self-care for staff and self
- Human resources management including staff recruitment, development, supervision and support
- Understanding and delivering case management
- Understanding GBV and healthcare delivery, including clinical management of rape
- Understanding protection
- GBV prevention programming
- Behaviour Change Communication (BCC)
- Preventing Sexual Exploitation and Abuse (PSEA)
- Engaging with men and boys in emergency settings including working with male survivors and working with men as allies to end gender-based violence
- Human trafficking and its relation to sexual violence

### ***Moving beyond trainings***

Most informants mentioned that building the capacity of GBV program managers and coordinators to take them to the level of expert must involve more than one-off trainings. “People love trainings, they are great for building relationships...but true learning happens on the job,” stated one interviewee. Real professional development requires a number of learning opportunities outside of academic coursework and trainings such as: mentoring, systematic professional supervision (as other professions like nursing, social work, medicine, psychology use to train staff), pairing or counterpart systems for formal on-the-job training; coaching and/or support for internships with an expert coaching on an identified set of core competencies. These opportunities are few and far between currently.

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<sup>20</sup> For more information on competencies see the paper “Core Competencies for GBV Program Managers and Coordinators”. A behavioral core competency is the non-technical/functional competency – or behavior needed to do the job.

In the absence of formal support mechanisms within their agencies, people often rely on the handfuls of experts using informal networks of friends and colleagues from the GBV field and making connections in face-to-face trainings. While some organizations encourage this sort of networking, others have restrictions in place discouraging staff from discussing issues outside of their agency so staff may feel uneasy discussing with others in different agencies.

While many international staff see one of their main jobs to be “working themselves out of a job” by training and supporting national staff, being able to move from a national level position into an international position is another issue that must be addressed. Interviewees mentioned visa problems, lack of formal higher education degrees, language issues, and agency fears of losing valued national staff members as barriers for moving into international positions. Many UN agencies will not allow for national staff to have contracts without a Masters degree, even with years of relevant GBV experience. This limits national staff from obtaining higher positions or international posts.

“Being a GBV coordinator in a remote location can be a lonely job,” mentioned one informant. “It helps to know there is someone out there you can turn to with your questions.” Recent studies<sup>21</sup> have shown that having a “mentor who encouraged my hopes and dreams,” “[educators] who cared about me” and at least one educator who “made me excited about learning” are three times more likely to be thriving and twice as likely to be engaged at work. Having an established professional “who cared about them as a person — or had a mentor who encouraged their goals and dreams and/or had an internship where they applied what they were learning — were twice as likely to be engaged with their work and thriving in their overall well-being.” While some agencies have tried to set up formalized mentoring, it often fails — one agency mentioned a management training and mentoring/leadership with senior managers program that was piloted but was eventually scrapped but in some countries, with senior management leadership and buy-in, a mentoring program by IRC in Ethiopia has really flourished and is on its sixth year due to extensive support by senior management and human resources. Exploring mentoring programs, coaching opportunities, and professional supervision are all areas mentioned that need to be included in any future activities.

### ***Other Issues that impact capacity***

Interviewees raised some of the other challenges that the GBV AoR faces in the implementation of GBV programs and strengthened coordination. While some of these issues may not be unique to the GBVIE sector, they are important to raise as they impact the retention of skilled GBV experts. Issues included:

#### *Inconsistent prioritization of GBV interventions in emergencies*

Success in GBV Coordination was often due to buy-in from senior management in lead agencies to commit resources and promote GBV within the organizations. Unfortunately, this happens inconsistently, and often management prioritizes the agencies’ agenda over an interagency approach — particularly with regards to GBV coordination. When senior management recognizes the value of dedicated GBV coordination and the need for required resources, as well as programmatic interventions to support coordination, it usually greatly increases the ability to respond in country — Myanmar was a good example of this.

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<sup>21</sup> [http://www.nytimes.com/2014/09/10/opinion/thomas-friedman-it-takes-a-mentor.html?emc=edit\\_th\\_20140910&nl=todaysheadlines&nid=3326977&r=0](http://www.nytimes.com/2014/09/10/opinion/thomas-friedman-it-takes-a-mentor.html?emc=edit_th_20140910&nl=todaysheadlines&nid=3326977&r=0)



Additionally, the longer an emergency continues, it is difficult to sustain highly technical positions as funding often decreases.

*Lack of sufficient human resources but pressure to fill GBV coordination and management positions*

It is difficult to find experienced people to place into program management positions and there are not very many people at a senior level who are either willing or able to go to some emergencies (such as South Sudan and Central African Republic). This is across the areas of the Middle East, Western and Central Africa, and the Asia Pacific regions. Latin America appears to have more capacity within the region to rely upon. Young or new professionals may be available for hire, but, ethically, it would be important to ensure on-the-ground technical support and supervision is available for a new manager. However, funding for multiple specialized GBV professionals is often not available, particularly in protracted emergencies. Also, nationalizing GBV programs is important, but often this is done without clear intention and purpose to safely transition and phase out of expat positions and set national staff up for success.

*GBV coordinators need to have specific personal attributes and values to lead complicated GBV responses.* Many key informants mentioned how important personality was to being a successful GBV coordinator. “A good coordinator should build the reputation of being a problem-solver and someone who is easy to work with” and “we need a good listener/communications person – they must be an excellent communicator – timely and clear.” It can be difficult to identify experienced people with these attributes in the interviewing process. People familiar with HR processes noted that often focusing on core competencies as an interviewing process is time-consuming and sometimes leads to ignoring technical skills. Reviewing human resources recruiting and interviewing practices, and utilizing internships and performance management tools could be useful.

*Inappropriate contracts and unclear systems of hiring*

Human resource policies, procedures, and limitations sometimes negatively impact the type(s), numbers, and capacity of GBV coordinators and GBV managers in the field. For example, in the UN, it is often difficult to establish a new “post” which leads to a common practice of hiring consultants on time-limited contracts with gaps between deployments leading to inconsistent response. Lack of advanced degrees can prohibit people with extensive field experience from moving into international positions. Experienced people may also be reluctant to deploy as consultants to insecure locations due to lack of institutional support. For NGOs, employment contracts are made based on actual funding, and some agencies are reluctant to hire until they have dedicated funding. Also, emergency funding tends to be short-term (often 1 year or shorter), and this uncertainty in terms of follow-on funding makes it difficult to retain qualified staff.

*Problems with Co-Coordination roles of UNFPA, UNICEF, UNHCR, and UN Women*

UN agencies responsible for GBV coordination – UNICEF and UNFPA – share responsibility at the global level and are co-leads of the GBV AoR yet GBV prevention and response services in many countries are impeded by the lack of coordination between these two lead GBV agencies. It can become more complicated in refugee settings with UNHCR as a lead agency for refugees. The increased role of UN Women in GBV in emergencies work and the appointment of Women Protection Advisors in countries with peacekeeping missions<sup>22</sup>

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<sup>22</sup> UN Security Council Resolution 1888 was adopted in 2009 and appointed women protection advisers in peacekeeping missions.

makes coordination more complex. These conflicts are sometimes due to personality differences between staff, territorial/branding issues, or lack of capacity to coordinate effectively. As such, GBV coordinators are often trapped in the middle of agency battles that are counterproductive and to the detriment of GBV prevention and response.

*Staff development is often under-funded or not prioritized as an essential component of programming*

Longer-term funding is needed to build human resources with expertise on GBV and ensure continued growth and learning. Some key informants stated that donors still have a difficult time funding staff and staff development. However, donors mentioned that they are willing to fund proposals put forward and highlighted the need for a strategy that would allow them to invest in a thoughtful way.

*Constant staff turnovers often without handover*

There were numerous examples given about GBV positions going unfilled and little to no handover leaving new program managers and coordinators to start things over from scratch.

*Other deployment problems*

There is a chronic shortage of French and Arabic speakers with GBV expertise who are also fluent in English. It often takes a very long amount of time to identify and deploy an expert and staff may be drawn from other emergencies, leaving them with a gap in resources. There is also a traditional gap where experienced women become mothers and can't always deploy into hostile environments – and as GBViE is still predominantly a female lead sector, this may impact this sector more than others. There is a lack of family duty stations in humanitarian crises but there are lots of entry level people willing to go to tough places so they often get placed into emergencies to 'gain experience'. There are experienced people who have moved on from the GBViE sector; perhaps a study is needed to understand more about why they leave and what can be done for retention.

## **Some Proposed Ideas for Inclusion in Capacity Building Strategy**

Throughout the interviews with key informants, different ideas were proposed that could be explored further by the GBV AoR to outline a capacity building strategy for GBViE specialists. A five-year strategy will be developed in consultation with current GBV specialists during a workshop in October 2014 and finalized by the end of 2014. *These ideas are included to provide a start to the discussion at the consultative workshop and are not an exhaustive list or recommendations from the consultant.*

### ***Create a certification process for GBV coordinators and program managers***

The humanitarian field has been moving towards increased professionalization over the past few years in an attempt to standardize responses and build the capacity of aid workers. Several ideas were proposed including:

- *Developing a summer institute* at a university similar to the Oxford University International Summer School in Forced Migration<sup>23</sup> or the Fordham University

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<sup>23</sup> <http://www.rsc.ox.ac.uk/study/international-summer-school>

International Diploma in Humanitarian Assistance<sup>24</sup>.

- *Shorter certification programs:* An alternative to a summer institute could be a shorter or continuing education style program conducted regionally and in headquarters on weekends for education, peer sharing, and accessible to experts in the region. Adapt the model of the Professionals in Humanitarian Assistance and Protection (PHAP)<sup>25</sup> by conducting core professional trainings regionally in Africa, Asia, Europe, the Middle East and the US to focus on core GBV issues with additional technical workshops tailored to regional interests.
- *Working with academic institutes with advanced programs in core fields like social work, mental health, and legal issues to develop more international GBV courses.* As there are many different academic institutions looking at theory and practice, it would be important to focus more on practitioners to solidify key technical competencies. Since social work promotes a knowledge base and skill set complementary to those required for managing GBV programs, including theory and practice in individual, family and group work, and training in both community work and policy, the GBV AoR could align with a respected social work program to engage relevant expertise to support development of specific relevant skills in the field.
- *Bring key national staff members into social work or other programs to build their skills* This could link to a university sponsored internships or sponsored on-the-job training programs for students with existing GBV program managers and coordinators to build experience.
- *Strengthen linkages with existing program management courses including mandatory need for certification in program management before deployment.* GBV coordinators have to be really good program managers and typically, there is not much training in program management put in place before deployment. Linking with an accredited program management course could strengthen this skill.

### ***Introduce supervision/on-the-job training models for new GBV program managers***

While new GBV program managers are supervised in their positions, it is rarely by someone with expertise in GBV so how does one meaningfully support staff in goal setting and progress in their work? The domestic equivalent of a GBV program manager is often a social work professional. Social work professionals often have to go through an internship, which includes weekly **supervision** sessions (weekly debriefs with one's supervisor). Beyond the internship, the aspiring social worker must still have weekly supervision with a licensed social worker and conduct a certain number of hours of supervision for a few years in order to be licensed.

- *Creating "on the job" learning must be non-negotiable and be built into every program.* This system would help people to apply knowledge ("gender equality/PSS/human rights/etc.); feel supported to think creatively through each case and situation; learn new techniques, theories, etc. based on real-life scenarios; address self-care issues; and learn new insights about their strengths and areas for improvement.
- *Develop a process particularly suited to supporting junior professionals career path* As one informant said, "We owe it to the world to define and find ways to build the capacity of the "rising stars" to become program managers but not by sacrificing the standards of our programs." How can we strike a balance between deploying

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<sup>24</sup>[http://www.fordham.edu/academics/programs\\_at\\_fordham\\_/international\\_humani/graduate\\_program/international\\_diplom/](http://www.fordham.edu/academics/programs_at_fordham_/international_humani/graduate_program/international_diplom/)

<sup>25</sup> <http://phap.org/training/onsite-core-training>

inexperienced staff in difficult positions and giving people the experience that they need to grow into positions? Introducing a period where one's practice is monitored and ongoing on-the-job training and support provided as nursing, mental health, and social work professionals use would be one way of doing this.

- *Create a pool of experts to mentor or provide supportive supervision for GBV program managers and coordinators* Internally, agencies must find a way to train people and mentor them for the future. Many informants are not sure of what mentoring looks like but agreed that it is key to a good GBV coordination – a skill that seems particularly personality-driven. Further work is needed to define what makes a good mentor but lessons can be learned from other sectors and clusters.
- *Consider exchange visits of GBV professionals within the region* Increase engagement with the GBV AoR for exchange of experience, technical support as well as mobilization between regions. In Asia, there was a promising exchange between Mongolia and Pakistan as well as Pakistan and Afghanistan on the GBVIMS. There were also exchanges in Central Africa between Chad and Central African Republic. “We must understand that capacity does not flow only from North to South but often from South-South and from field station to field station rather than only through regional and HQs,” said one specialist.
- *Promote internship opportunities at universities or request Junior Professional Officers in New York or Geneva or regional hubs* to conduct operational research or desk research to support incoming REGA advisors or country GBV sub-clusters coordination on key issues. The REGA and country GBV sub-clusters are often overburdened by lack of administrative support – particularly for issues that may arise in the field, it would be helpful to have a dedicated person whose job it is to provide support on research, new initiatives, or writing to help ensure that developments in the field are reflected into HQ discussions and new materials and research is provided to support the field staff.

### ***Improve access to resources for learning opportunities***

Information on capacity-building opportunities, job vacancies, and opportunities to share information and ask for support are found scattered throughout the internet with no one main website. The IRC's GBVResponders.net website is very good but a more inter-agency approach like the GBV AoR website could be more broad-based.

- *Link with a university or research institute to play the role of a hub for repository or a “GBV AoR intranet”* similar to the role of the Sexual Violence Research Initiative (SVRI)<sup>26</sup> in the Medical Research Council in South Africa. The SVRI has incorporated more work on humanitarian response in their past few conferences – there could be a place to form a partnership with them. There is a strong need to be able to access current tools and guidelines in one easy to find place so as to make access easy for practitioners outside Europe and the US.
- *Re-launch the GBV AoR Community of Practice.* While there were many problems with the ECHO project community of practice, in general, it can be viewed as a successful project as many informants and people surveyed<sup>27</sup> mentioned its utility. Taking the lessons learned from the GBV AoR community of practice, this initiative could be re-launched on an easier platform to bridge gaps between HQ based experts and field practitioners.

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<sup>26</sup> <http://www.svri.org/about.htm>

<sup>27</sup> Some training participants were surveyed during this consultancy and asked about follow-up after trainings and mentioned that they had used the Community of Practice and did not know why it disappeared.

- *Link with HREA.org's new Gender Community of Practice that will have a forum devoted to GBV.*
- *Explore new ideas to promote existing tools like podcasts or audio guides.* The work in the field is not always conducive to taking time out to travel for week(s) long training courses. However, various technology-based systems like self-guided learning on the web or CD-ROM, synchronous communication like chat and webinars, and asynchronous communications tools like message boards and even podcasts or audio learning could be adapted for the field – for instance one interviewee said “we spend so much time in cars heading out to the camps, can we use that downtime to learn something new?”
- *Build personal skills and values to ensure access to professional development opportunities* GBV Coordination is very much dependent on interpersonal skills. There have been virtually no discussions around building these skills – it could be helpful to have more intensive training on interpersonal skills, conflict resolution, etc. One participant noted that a “leadership training course” unrelated to humanitarian issues or gender-based violence was probably one of the most influential and helpful classes she had ever taken. At MSF, all senior managers are required to take an intensive two-week course that is built off leadership principles and spends a lot of time developing “leadership core competencies” like conflict resolution and other things. Investing in these kinds of staff trainings (as well as trainings requested by key people in positions like adult learning techniques, French language trainings, and other things that are not necessarily ‘directly’ related to their work) would build an investment in key personnel that would lead to deeper ties to the field, hopefully.

### ***Strengthen institutional commitment by targeting relationships with senior management in humanitarian systems***

The lack of prioritization of GBViE has often been linked to the lack of senior management in the implementing agency, coordinating agency, other sectors, or the Humanitarian Coordinators to see it as a vital part of response in humanitarian action. Finding ways to influence senior management, either through advocacy, training, or by bringing more GBV activists into senior management could address some of these issues. This was re-iterated in the IRC’s document evaluating their Changing Lives initiative that stated “There was resounding agreement across INGOs, donors, and multilateral agencies—including senior-level decision-makers, as well as practitioners—that closing the gap in responding requires greater capacity and commitment at senior management level, in order to institutionalize GBV as a priority response in emergencies.”

- *Develop a mechanism to engage with senior management to build allies for GBV.* The GBV AoR should target senior management’s knowledge of the current policies and mandates within the humanitarian system to support GBViE as a life-saving mechanism. GBViE also falls within the responsibilities of other clusters such as health, shelter, and water-sanitation yet it is often “shoved off” onto the under-resourced GBV working group. The Child Protection Working Group developed a *Minimum Standards for Child Protection*<sup>28</sup> document that specifically linked to the Sphere standards to provide more ways for other agencies to understand and engage in child protection work. The GBV AoR should consider a similar document that can be used for advocacy, training, and sensitization to overcome the lack of prioritization. One participant in a survey mentioned “the GBV AoR is much too

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<sup>28</sup> Child Protection Working Group (2012).

focused on its current partners, it needs to think more expansively in terms of members.”

- *Train HC/RCs and heads of agencies on their responsibilities towards GBViE.* Building off the Protection Cluster’s work to engage with senior management, the GBV AoR could pilot similar programs through OCHA to make training on GBViE mandatory for Humanitarian Coordinator/Resident Coordinators. UNHCR is currently making training on GBViE mandatory for all staff and have specifically targeted senior management to increase understanding and ability to address GBViE in the increasingly complex refugee emergencies.
- *Promote common definitions and measures of success, including a common and straightforward set of core indicators.* There have been some movement in creating indicators to measure GBV programming success. Agencies have integrated GBV indicators in protection tools, in the OCHA indicators registry, and the UN has agreed on common indicators on VAW recently but there is more than can be done. As noted in IRC’s Changing Lives report, “There is an important link between organizational learning and shaping an effective narrative for promoting action and donor commitment. An effective narrative should reflect what success looks like and resonate outside the GBV community: “What puts fire in the collective belly that this is something life-saving? I think people have to reflect on what the genesis of that commitment to this issue is and find ways to illustrate that in a way that’s appropriate ethically and [important] to everyone else.”

### ***Develop a cohesive training approach for GBViE materials***

While there are many different initiatives and tools being developed to address GBViE, coordination of efforts is challenging. With the development of a Capacity Building Strategy for the GBV AoR, some core principles could be agreed upon.

- *Trainings should continue to be based on the principles of adult learning and build off an active “learner” approach with as many realistic scenarios and simulations as possible.* Overall, evaluations about the training methods being used in the previous trainings were very favorable. In general, this can be achieved by continuing to engage multiple stakeholders in the design of GBV capacity building courses and programs, including participants from the 2008 GBV Course Development Workshop (i.e. World Education and others) and any other field-based experts on GBV and instructional design. The increased use of simulations to re-create field conditions as much as possible would also be helpful.
- *Introduce competency-based training materials.* As the GBV AoR works towards developing a competency framework for GBV program managers and coordinators, some consultees said that identifying capacity building methods for each competency would help meet the identified gaps. The Child Protection Working Group has been working on a way to create links between the Minimum Standards and Core Competencies in their training but it still needs support, as it is difficult to get field teams to link the tools sometimes.
- *Include participatory training skills as a core competency.* Many training participants are asked to return to their programs after a training course and duplicate the training yet lack the “participatory” training skills that they have just enjoyed. One informant mentioned “participants love trying participatory methodology but they won’t GIVE a training in participatory methodology because it’s out of their comfort zone. We need to teach other cultures how to do participatory training so we can duplicate our efforts.”

## ***Improve human resources processes in GBViE organizations***

Many of the consultees had ideas about how to diversify and improve human resource issues in GBViE.

- *Focus on moving national level specialists into other countries and increasing diversity in GBV professionals*  
Addressing the challenges that prevent talented national staff from moving into other countries and emergencies is a challenge and needs more attention.
- *Recruit non-GBV specialists from relevant clusters and train them on GBV.* Some interviewees mentioned the idea of taking shelter, camp management, water sanitation program management and recruiting them to be GBV program managers. The shared program management skills would be in place and they could receive specialized training to understand GBV. They would then “speak the language” of other sectors and bring a different perspective to the GBV work.
- *Train GBV experts on other key clusters like WASH, Shelter, and CCM.* Helping GBV experts better understand the demands of other sectors could allow for innovative ways to integrate GBV into their work.
- *Maintain a Database of GBV experts in each region* fed into by lists of persons trained in countries on GBV. A focus should be kept on those who have training capabilities in certain technical areas (i.e. MISP, CMR, GBVIMS).
- *Create a GBV Help Desk* The Global Protection Cluster (GPC) and the Child Protection Cluster (CPC) have “help desks” that are staffed with a number of full time staff. The GPC facilitates field access to expert advice and rapid deployment capacity. The CPC has roving and remote rapid response team support for existing coordinators that helps to ensure sustainability, handover, and cover gaps. There is flexibility about where the “help desks” are located – for instance, some Child Protection helpdesk experts are home based in China and Australia but can deploy into the field as needed. Moving experts away from North America would also help with time difference problems for emergencies in the Middle East, Africa, and Asia.
- *Engage with Human Resources professionals to develop a competency based hiring system.* There were pros and cons raised regarding the competency-based hiring process with some saying that it lead to an over-focus on intangible behavioural issues and left technical knowledge behind and others agreeing that having a competency-based way to assess potential candidates was preferable to the way it is currently done. More understanding of competency frameworks should help clarify the way forward.

## **Conclusions**

In conclusion, thanks to consistent advocacy and work on the issue of gender-based violence since 2007, there have been great advances within the GBViE field. However, there is still a great need for learning opportunities and programs that move junior people into senior “expert” GBV positions and increase the resources available to support and build capacity to prevent and respond. While there are ideas and courses in development throughout the humanitarian world including the Global Protection Cluster and the Child Protection Working Group, currently there are few opportunities in place through the Gender-based Violence Area of Responsibility to meet the demand from the field. As the strategy for the GBV AoR’s capacity building is developed throughout 2014, issues blocking initiatives will hopefully be overcome leading to better and more sustained support for GBV Program Managers and Coordinators.





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## Annex 2: List of Key Informants

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Tristan Burnett	IOM: International Organization for Migration
Jennifer Kvernmo	IOM: International Organization for Migration
Leora Ward	IRC: International Rescue Committee
Carrie Schilder	IRC Human Resources
Gina Bramucci	IRC Training
Jennifer Chase	NRC: Norwegian Refugee Council
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Maha Muna	UNFPA Pacific
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