

**GBV SOP WORKSHOP MANUAL**  
*FOR THE*  
*GENDER-BASED VIOLENCE STANDARD OPERATING PROCEDURES GUIDE*

**Facilitator's Guide**

**GBV AOR**  
*Gender-Based Violence Area of Responsibility*  
Global Protection Cluster

**May 2010**

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The workshop package was developed by Beth Vann with extensive collaboration from the planning team: Robyn Yaker and Kate McCallister of the International Rescue Committee, Joanina Karugaba and Menbere Dawit of UNHCR, Erin Kenny and Diana Arango of UNFPA.

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**Gender-Based Violence Area of Responsibility  
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# GBV SOP Workshop Manual

## Facilitator's Guide

### INTRODUCTION AND OVERVIEW

The *GBV Standard Operating Procedures Guide* (SOP Guide) was published by the IASC<sup>1</sup> Sub-Working Group on Gender and Humanitarian Action in 2008. The guide includes detailed guidance on the process of developing GBV SOPs in humanitarian emergency settings, and includes a template that can be used to develop local SOPs. The guide emphasizes the importance of a collaborative and participatory process for developing the procedures and agreements contained in a SOP document.

This SOP Workshop Manual was developed in 2009 to support individuals and country teams in the use of the SOP Guide. The workshop emphasizes both the content of SOPs and the process of developing them. Although all sections in the SOP Guide are covered in the workshop, emphasis is placed on specific topics and issues that have proven especially challenging in the field. Using a combination of small group work, experiential exercises, and participatory lecture/discussions, facilitators guide learning about both the content of the SOP Guide and the leadership and team-building skills needed to facilitate development of a set of good quality standard operating procedures for prevention and response to gender-based violence in a particular setting.

Workshop participants are comprised of country or local GBV teams and are expected to prepare in advance for the workshop, attend and participate, and lead/facilitate SOP training and development after returning to their field sites.

The SOP Workshop Manual contains the following material:

- ▶ Information about organizing and planning a workshop, including a sample agenda
- ▶ Recommendations for who should participate in the workshop
- ▶ Detailed, step by step facilitator's guidance
- ▶ Participant handouts
- ▶ PowerPoint presentations

The complete SOP Workshop Package includes

- ✦ SOP Workshop Manual (this document)
- ✦ PowerPoint files
- ✦ SOP Participant Manual
- ✦ SOP Guide

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<sup>1</sup> Inter-Agency Standing Committee

## WORKSHOP PURPOSES

The over-arching purpose of this workshop is **to strengthen good quality GBV prevention and response, including coordination, in the targeted field sites**. Specifically, the workshop will enable participants to facilitate development of multi-sectoral GBV prevention and response procedures and practices in their settings. The intention is that both the process and the final results of developing SOPs will be good quality, appropriate, ethical, safe, and participatory. The SOP Guide will be used as intended in the field; that is, developing SOPs will be a participatory process among multi-sectoral actors and the SOP “product” will be a living document with ethical and safe practices that are realistic and community-based, with specific practices and procedures for well coordinated good quality prevention and response interventions. The resulting SOP document will be used, revised, expanded, and improved over time.

The workshop will enable participants to:

- ❖ Return to their field sites and **facilitate the development / revision of SOPs** with their GBV team members and colleagues locally and nationally using the SOP Guide.
- ❖ **Carry the knowledge and skills from this workshop to future posts** in other field settings where they can again facilitate SOP development.

## LEARNING OBJECTIVES

By the end of the SOP training, participants will be able to...

1. Describe the process for developing effective SOPs and be able to explain it to colleagues in the field; including the importance of the process itself.
2. Identify the issues that are key challenges for field teams when developing SOPs, and implement strategies for resolving those issues and challenges.
3. Understand all of the elements and sections in the SOP template, and be able to identify the essential elements and those that may be optional in some contexts.

## PLANNING A WORKSHOP

*Participants must be knowledgeable about GBV prevention and response programming; without this knowledge among all participants, it will not be possible to achieve the workshop objectives. It may be necessary to conduct some general GBV training workshops before convening an SOP workshop.*

## PARTICIPANTS

The target participants for SOP Workshops are **field-based actors actively engaged in GBV prevention and response interventions**. Participants should include, at least, GBV Coordinators and GBV focal points or specialists from the health, psychosocial, protection, security, and legal sectors. Participants should be **individuals who will be able to actively carry forward the outcomes of the workshop and facilitate development of SOPs in their field sites**.

Participants must be **knowledgeable about GBV prevention and response programming**; without this knowledge among all participants, it will not be possible to achieve the workshop objectives. It may be necessary to first conduct some general GBV training workshops before convening an SOP workshop.

The workshop is designed for inter-agency and multi-sectoral GBV teams working together at the local or country level and requires pre-workshop and post-workshop activities.

- If the workshop is to cover multiple countries, it is best to select 4-5 participants from each country.
- If the workshop is aimed to build capacity in country, it is best to select 4-5 participants from each location, region or area of the country where GBV programmes in humanitarian emergency situations are underway or being developed.
- Note: The workshop package can also be used with participants attending as individuals (not as teams) working in a variety of different settings. In this case, the group activities will need to be modified in advance.

We recommend a total of **at least 20 participants and no more than 30** participants for a workshop.

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## Selection

Workshop announcements, invitations, and participant selection must be carefully planned to ensure the “right” group of participants. These must be people who will indeed be working on developing or revising the SOP in the field site. Participants’ supervisors must understand the post-workshop requirements and be committed to supporting participants’ SOP work after the workshop.

It should be acknowledged that invitations through country offices do not always reach the target participants, so it is important to give clear and specific information about “who should attend”. We recommend a screening process for potential participants that allows for feedback and requests for alternate participants when necessary. Be clear with country offices that you reserve the right to select participants from among those who may be recommended.

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## Requirements for All Participants

### In Advance of the Workshop:

- Read and become familiar with the SOP Guide
- Meet with other workshop participants from the field site and schedule follow up meetings with the entire GBV team to begin within two weeks after the workshop
- Meet with the GBV coordination team to inform them about the workshop objectives and make a plan for post-workshop planning and development activities
- Be familiar with any SOP that is already be in place in the field site, or any efforts underway to develop or strengthen an SOP in the field site
- Provide a copy of the current SOP to the workshop organisers/facilitators

### After the Workshop:

- Meet with other participants from the field site to review the plan developed during the workshop and plan further details as needed
- Facilitate SOP training as needed among the GBV coordination team
- Lead and facilitate development or revision of the local GBV standard operating procedures

## FACILITATORS

We recommend at least two facilitators for this workshop. Facilitators should be knowledgeable and experienced in GBV programming in humanitarian settings and using the SOP Guide. Participants need good information and direct answers or best practice examples from the facilitators that address their questions.

Facilitators should also be experienced facilitators/trainers. This workshop is a combination of teaching and learning through discussion and analysis. For many issues and questions, there is no single “correct” answer, so facilitators must have the skill to draw out analysis and discussion from participants.

## IN ADVANCE OF THE WORKSHOP

1. Communicate with all participants at least two weeks in advance of the workshop.
  - a. Give logistical information.
  - b. Send electronic copies of the *SOP Guide* to each participant and confirm receipt.
  - c. Explain that all participants are expected to arrive at the workshop prepared to *actively engage in discussions* throughout the workshop. Read and become familiar with the contents of the *SOP Guide*. It should be noted that the workshop involves analysis and discussion around key issues and common challenges in using the *SOP Guide*. For this reason, participants must be familiar with the guide before the workshop begins. The workshop is not aimed at basic training on the *SOP Guide* contents, as this can be done by reading the guide and becoming familiar with its contents.
  - d. Request a copy of the current Standard Operating Procedures document used by each participant, in each participant setting. Request participants to also bring a hard copy of the *SOP* document to the workshop. Explain to participants that they should be very familiar with what is in their *SOP* and how it was developed. Some of the workshop activities involve reviewing your *SOP* and comparing it to the recommended good practices discussed in the workshop.
2. Facilitators/organisers must review the *SOPs* sent by participants in advance and try to formulate some conclusions about each, identify common strengths and weaknesses. It is useful to compile a list of those strengths, weaknesses, and any notable information about these *SOPs* – and have this list on hand throughout the workshop as a reference for discussions and planning sessions.
3. Facilitators/organisers should review the Participant Manual, make any revisions needed, and prepare copies. This may include changes to the agenda in the document and inclusion of PPT presentations.
4. Gather the participant materials in advance (see below).

## PARTICIPANT MATERIALS

- ▶ *SOP Workshop Participant Manual* – one for each participant and one for each facilitator. Revise as needed to match any changes in the workshop agenda, sessions, etc. Note that PPT handouts are not included, but can be added.

- ▶ *Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies*. Geneva, Inter-Agency Standing Committee, 2005.
- ▶ *Sexual and gender-based violence against refugees, returnees, and internally displaced persons: guidelines for prevention and response*. Geneva, United Nations High Commissioner for Refugees, 2003
- ▶ *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*. Geneva, World Health Organization, 2007
- ▶ *Clinical management of survivors of rape: developing protocols for use with refugees and internally displaced persons*, revised ed. Geneva, World Health Organization/United Nations High Commissioner for Refugees, 2004
- ▶ *UNHCR Handbook for the Protection of Women and Girls*. Geneva, United Nations High Commissioner for Refugees, 2008
- ▶ *Do's and Don'ts for sexual violence data collection* (two pager from UN Action)
- ▶ Sticky note pad
- ▶ Highlighter
- ▶ Paper and pens

## MATERIALS AND SUPPLIES

- Laptop and projector for PowerPoint presentations
- Flip charts, markers, tape
- CD-ROMs or USB sticks – one for each participant - with SOP Guide in PDF and Word + relevant resource materials. These are given to participants during the closing session
- USB drives for collecting country plans at the end of the planning session
- One laptop per country team or small group table for use during the planning session

## Resource Materials

The Detailed Facilitator's Guide in this manual contains many references to additional resource and informational materials. It is recommended to have at least one copy of each of these materials on hand during the workshop.

## SET UP

**Room requirements:** Sufficient space to allow all participants to move around the room comfortably during group exercises, to sit in small groups at tables, and with registration and information/resource tables in the room.

**Small group break out space:** Additional break out space may not be needed if participants are able to work at their tables during small group exercises.

Layout and participant seating: Ideally, country teams sitting together at country team tables. One table for each team arranged in horseshoe or semi-circle shape with enough space between tables for comfortable movement. Facilitator, flip charts, projector and screen are placed in front of the opening of the semi-circle.

Tea breaks and Lunches: It works best if tea breaks are provided nearby but outside of the meeting room, to give participants a break from the environment. Ideally, lunch should be provided on site to prevent losing participants and late returns.

### LINKING OR COMBINING WITH A GBVIMS TRAINING WORKSHOP

It can be very effective to combine the SOP Workshop with a GBVIMS<sup>2</sup> introductory workshop. The two topics are interlinked in that information sharing, documentation, data, and programme monitoring are key components of both the SOP and the GBVIMS. If you choose to do this, the SOP workshop can be easily revised or shortened to eliminate duplication with the GBVIMS sessions.

### WORKSHOP EVALUATION

It is strongly recommended that participants complete a final evaluation at the end of the workshop. A sample is included in Annex 2. Facilitators and organizers should review the evaluations and compile the results as part of the workshop final report.

### FEEDBACK ON THE SOP WORKSHOP PACKAGE

The GBV AoR would like to hear about your experiences using this workshop package. We would appreciate receiving a copy of your workshop report. We also welcome your feedback, suggestions, ideas, and comments about the usefulness of this workshop and whether it contributes to achievement of the intended longer term purposes (strengthening good quality GBV programming in the field).

The best way to share your experiences and your feedback is by joining the GBV AoR Community of Practice and posting your comments online. Information about how to join can be found at <http://onerresponse.info/GlobalClusters/Protection/GBV>. You are also welcome to email the workshop developers directly by contacting Beth Vann [beth@bvann.com](mailto:beth@bvann.com) or Erin Kenny at UNFPA [ekenny@unfpa.org](mailto:ekenny@unfpa.org)

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<sup>2</sup> The GBV Information Management System (GBVIMS) is the new and recommended electronic system for documenting, compiling, and analyzing reported GBV incident data in humanitarian emergency field sites. At the time of publication of this SOP Training Package, plans are underway for global roll out the GBVIMS to all field sites. For more information, contact the GBVIMS Help Desk, [GBVIMS@gmail.com](mailto:GBVIMS@gmail.com) and/or read updates on the GBV AoR website. <http://onerresponse.info/GlobalClusters/Protection/GBV>

## AGENDA AND SCHEDULE AT A GLANCE

### Day One

Timing	Session
09:00 – 10:30	<b>Session 1. Workshop Opening</b>
10:30 - 10:45	<i>Tea Break</i>
10:45 – 12:45	<b>Session 2. The SOP Guide and the Development Process</b>
13:00 - 14:00	<i>Lunch</i>
14:00 – 15:00	<b>Session 3. Your SOP Development Process</b>
15:00 - 15:15	<i>Tea break</i>
15:15 – 16:45	<b>Session 4. Guiding Principles</b>
17:00-17:15	Review and close for the day

### Day Two

Timing	Session
09:00 – 10:30	Workshop opening, plan for the day, announcements <b>Session 5. Guiding Principles Part Two – Information Sharing</b>
10:30 – 10:45	<i>Tea break</i>
10:45 – 12:30	<b>Session 6. Reporting and Referral Procedures</b>
12:30	<i>Lunch</i>
13:30 – 14:00	<b>Session 7. Roles and Responsibilities for Prevention and Response</b>
14:00 – 15:30	<b>Session 8. Coordination</b>
15:30	<i>Tea break</i>
15:45 – 16:45	<b>Session 9. SOP Review and Reflection</b>
16:45 – 17:00	Review and close for the day

### Day Three

Timing	Session
09:00 – 10:00	Workshop opening, plan for the day, announcements <b>Continued - Session 9, SOP Review and Reflection</b>
<b>10:00 - 10:30</b>	<b>Session 10, Documentation, Data, and Monitoring</b>
10:30/10:45	<i>Tea break</i>
10:45 – 12:30	<b>Continued – Session 10, Documentation, Data, and Monitoring (small group work)</b>
12:30	<i>Lunch</i>
13:30 – 14:00	<b>Continued – Session 10, Documentation, Data, and Monitoring</b>
14:00 – 15:45	<b>Session 11, Planning</b>
15:45 – 16:00	<i>Tea break</i>
16:00 – 17:00	<b>Session 12, Closing</b>



# DETAILED FACILITATOR'S GUIDE

## SESSION 1. WORKSHOP OPENING

### Description

Usual and customary workshop opening with general orientation to the workshop, introductions, and setting the general climate for the workshop.

### Learning Objectives

1. The importance of good coordination and well defined roles, responsibilities, and systems for GBV prevention and response
2. Participants and facilitators to become acquainted with one another
3. All will understand more about the development of these tools, the reasons behind this workshop, and what outcomes are expected.
4. General aim is to build buy-in and commitment from all participants

### Timing

1 ½ hour

### Materials/Preparation

- ✎ PPT 1\_Opening
  - Adapt and revise slides according to your workshop
- ✎ Handout 1 (Purposes and Agenda) in participant handbooks
- ✎ Flip charts and markers

### Detailed Guide

#### 1. Welcoming Remarks

Welcoming remarks will help to set the tone for the workshop. A welcome address from a leader in the setting will demonstrate the importance of this workshop and emphasise buy in and support from high level leadership for good quality prevention and response to GBV in the setting.



#### 2. Introductions

##### A. Facilitators introduce themselves (3 min.)

- Name – Organisation – Location
- Brief description of work/give job title
- Brief summary of your link/interest/experience in SOP development in the field



B. Participant Introductions (30 min)

- If participants are here in country or local GBV teams: Introductions by country teams – who they are, why these specific people are here to represent the team, what they hope to gain as a team. (10 min discussion); 5 min per team to introduce the team)
- If participants are attending as individuals, form into groups of 3-4 people to discuss according to the slide. (10 minute discussion)
- Plenary: Teams/groups introduce themselves by giving a short (3-5 min per group) summary of the discussion. Each individual should also be introduced, with name, organisation, and location.
- Important to keep plenary introductions brief; this session can take a very long time if the facilitator does not manage time carefully.

**Introductions - Participants**

- Talk with your country team
- 10 minute discussion
  - Names – Organisations – Locations
  - What is your work on GBV prevention and response
  - Brief status of the SOP in your location
  - Brief info about if/how you use incident report data to guide and strengthen your GBV interventions
  - Reasons why you are here, what you hope to gain
- Be prepared to introduce your country team to the group (very brief introduction)

C. Getting to Know Each Other (5 min) Follow slides -- Facilitator asks some “Raise your hand if...” questions of the whole group so that everyone can learn something quickly about who is in the room and the status of SOP in each setting.

- In advance of this session, revise slides as needed to best match what you know about the participants.

Please raise your hand if ...

You have an SOP for GBV prevention and response in your setting

Before today, you have already been using the 2008 SOP Guide you have in your packet now.

You believe the SOP you are using was developed through a participatory process involving ALL relevant actors and the community

You believe your SOP is a working document, is being used as intended, it is useful as a guide, and is passed on to incoming staff so that they can immediately know what's being done.

All of the field sites in your country are using the same case definitions for different types of GBV incidents that survivors disclose.

You think your SOP document might benefit from some review and possible improvements.

All of the field sites in your country are using the same case definitions for different types of GBV incidents that survivors disclose.

Each organisation/partner keeps their own GBV data and we are not sure we have non-duplicated counts of incident reports.

We have been trying to agree on a system for sharing information about reported incidents, but we are not there yet.

We have agreed on a system for sharing information about reported incidents – and it seems to be working.

As a team, and as individuals, our GBV coordination group is careful to always abide by the guiding principles.

### 3. Background, Purposes, Objectives

#### A. Background. (5 min.)



Developed from work started by UNHCR

- 2006 memo to all UNHCR offices
- Describing purposes of SOPs
- Offering a *standard template to be used by UNHCR staff to work with partners to create Standard Operating Procedures (SOPs) for prevention and response to SGBV in UNHCR operations and/or to review and improve existing arrangements*

Developed from work started by UNHCR

- The 2006 memo required all offices to work with partners and develop SOPs for GBV prevention and response
- 2006-2008 – many experiences and lessons
- 2007-2008 – building from UNHCR’s experiences – a new, expanded, revised version developed in collaboration with UN agencies and NGOs (led by the IASC sub-working group on Gender and Humanitarian Action)

- Give brief background information about the SOP Guide and its intended uses
- Emphasise the collaboration involved in developing the SOP Guide, that it was a participatory process involving a wide range of organisations both in the field and at headquarters.
- Remind participants that the SOP Guide grew from early efforts by UNHCR to establish agreed upon systems and procedures for GBV prevention and response, and that UNHCR’s lessons and experiences were incorporated into the current SOP Guide.

#### B. Workshop Purposes and Objectives

- Refer participants to the Workshop Purposes and Objectives in their handbook.
- Read through each, answering any questions, clarifying as needed.
- Ask if participants can agree these are our purposes and learning objectives.

**Workshop Purposes**

1. Strengthen good quality GBV prevention and response, including coordination, in the field.
2. Enable participants to facilitate development of GBV SOPs in their settings.
  - Both the *process* and the *final results* of developing SOPs in these sites will be good quality, appropriate, ethical, safe, and participatory.

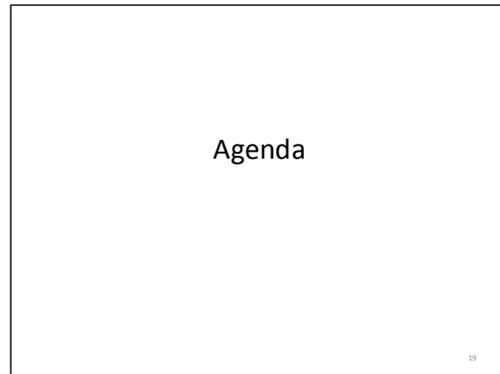
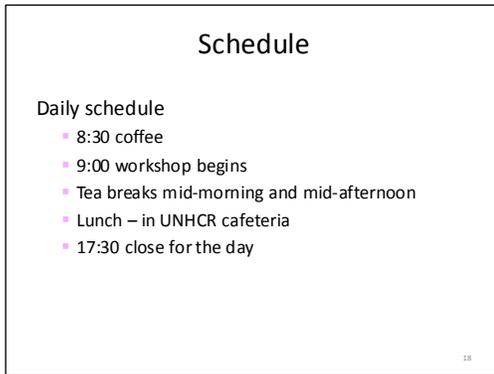
The workshop will enable participants – individually and as a GBV team - to:

- ❖ Return to their field sites and **facilitate the development / revision of SOPs** with their GBV team members and colleagues locally and nationally using the SOP Guide.
- ❖ **Carry the knowledge and skills from this conference to future posts** in other field settings where they can again facilitate SOP and GBVIMS development.

### 4. Agenda, Schedule, Resource Materials

- A. Refer participants to the Agenda in their handbooks. Go through agenda and schedule, answer any questions.

- Be sure to revise the Schedule slide to match your workshop.



- B. Give brief overview of the contents of the participant handbooks (handouts, worksheets, notes pages).
  - C. Explain that the resource materials in their packets are theirs for use during the workshop and in their field sites (SOP Guide and any other materials).
- 5. Housekeeping issues, ground rules, announcements**
- A. Ask for agreement to a few ground rules during the sessions. List them on a flip chart and post on the wall throughout the workshop. Some examples:
    - Mobile phones silent during workshop sessions
    - Listen when others are talking
    - Respect time; arrive on time, facilitators will ensure ending on time
  - B. Give information about location of tea breaks, lunch, toilets, break out space, etc.
  - C. Any announcements
- 6. Tea break at the end of this opening session will allow for immediate socialising and discussion among participants.**




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## Key Messages

- ◆ The **“SOP Guide” - Establishing GBV Standard Operating Procedures (SOPs)** - replaces, and is adapted from UNHCR’s “Standard Operating Procedures for SGBV Prevention and Response” template and accompanying guidance memorandum (No. 62/2006, 28 July 2006).
- ◆ The guide was developed under the auspices of the IASC Sub-Working Group on Gender and Humanitarian Action.
- ◆ Draft versions of this guide were reviewed by GBV technical experts from UN agencies, NGOs, humanitarian and human rights organizations, and educational institutions; including those working in field sites.

- ◆ The SOP Guide is one of several guides, training manuals, and other resource materials aimed to provide easy to use, concrete support to humanitarian country teams.
- ◆ All of these materials emphasise approaches that are rights-based, community-based, and survivor-centred.
- ◆ The goal of these materials is to enable humanitarian actors to implement - at least - the minimum standards for prevention and response to sexual violence in the early stages of an emergency and into more stabilised phases, as described in the “GBV Guidelines”, *Guidelines for GBV Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (IASC, 2005).
- ◆ See also the “Summary” (section A) in the SOP Guide for general information about SOPs.

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### References, Further Reading

- SOP Guide
- IASC GBV Guidelines

## SESSION 2. THE SOP GUIDE AND THE DEVELOPMENT PROCESS

### Description

This session begins with a general orientation to the contents of the SOP Guide, then focuses on the process of developing SOPs in individual settings and an overview of how to use the SOP Template.

### Learning Objectives

1. To gain general awareness of the contents of the SOP Guide
2. To learn the importance of a careful process in developing/revising SOPs
3. To increase familiarity with the SOP template and how to use it.

### Timing

2 hours

### Materials/Preparation

-  PPT 2\_Intro and Process
-  SOP Guide for each participant

### Detailed Guide

1. Introduction to the SOP Guide
  - A. Begin the session by reviewing the workshop learning objectives and re-emphasising the importance of the participatory process for developing and revising SOPs.

**Learning Objectives**

By the end of the workshop, participants will be able to...

1. Describe the process for developing effective SOPs and be able to explain it to colleagues in the field; including the importance of the process itself.
2. Identify the issues that are key challenges for field teams when developing SOPs, and implement strategies for resolving those issues and challenges.

**Introduction to the SOP Guide**



1

2. General orientation to contents of the SOP Guide
  - A. Ask participants to follow along with their copy of the SOP Guide
  - B. 15-20 minute general orientation to what is in the SOP Guide.
    - Follow slides 4 and 5 in the PPT.
    - Emphasis on page 7-8 “How to use this guide” section

### What is a set of Standard Operating Procedures?

- SOP Guide, Page 3:  
*Standard operating procedures are specific procedures and agreements among organisations that reflect the plan of action and individual organisations' roles and responsibilities. As such, SOPs are companion documents that support the GBV plan of action.*
- What is the plan of action? Do you have one? It is not the SOP.

Ask participants if they agree with this definition; generate brief discussion about the difference between a “plan of action” and an SOP.

### The 2008 SOP Guide



- Front Section (how to develop)
- Page 7  
C. How to Use This Guide
- Template
- Table of Contents
  - 10 sections
  - Signatures
  - Annexes

Using your copy of the SOP Guide and asking participants to use their copies:

Quickly open to the pages listed on this slide.

This is a quick look; further detail and discussion to follow as described below.

### 3. Score Card

- Direct participants to their packet, to find the SOP Score Card.
- Explain that
  - The Score Card follows the order of the SOP template
  - Is for you to use during this workshop, starting now, to keep notes as we go through each section.
  - You will have the opportunity to share scores with others on your country team later this week, so that you can compare notes and share ideas.
  - We want you to actively use this score card as we go through the SOP Guide and the Template.
  - This score card will form the basis of the planning you will be doing toward the end of this workshop.

### 4. The SOP Development Process (1 hour)

#### A. Participatory presentation, with discussion

- Be prepared with a few discussion questions, such as:
  - When you developed your SOP, were you aware of the process you were using? Did you carefully reach out to a wide group of participants?
  - Was the process transparent and participatory?

#### B. SOP Guide Part B, “How to Develop Standard Operating Procedures” – go through each section, with majority of time going through the 7 steps in the process.

- C. Have participants follow along in their copies –encourage them to use highlighters and sticky notes to mark important points, key messages they want to remember, etc.

**The Process**

- SOP Guide, page 3

**Development of SOPs is a process that must involve all relevant actors.**

**The process of developing SOPs is as important as the final SOP product.**

6

*The process itself can be considered an intervention, in that it engages all of the relevant actors and will involve collaboration, inter-organizational and inter-sectoral dialogue, community participation, negotiation, and thereby increase all participants' understanding of how to prevent and respond to gender-based violence.*

7

**Part B. How to Develop SOPs**  
Page 4

- Participants in developing the SOP
- Leadership and Coordination
- Technical and Policy Guidance
- Process for Writing (7 steps)
- Review and revisions

Exceptions and notes for acute emergencies

8

**Part B. How to Develop SOPs**

- Participants in developing the SOP
  - Which sectors/clusters? At which levels?
  - Which organisations?
  - Which individuals?

9

**Part B. How to Develop SOPs**

- Leadership and Coordination
  - Coordinating agency
  - GBV working groups with sector/cluster focal points
    - National, sub-national

10

**Part B. How to Develop SOPs**

- Technical and Policy Guidance
  - IASC GBV Guidelines
  - UNHCR SGBV Guidelines
  - WHO ethical/safety recommendations
  - Technical expertise and support

11

**Part B. How to Develop SOPs**

- Process for Writing (7 steps)
- Pages 6-7

12

**Process for Writing**

Step 1 – Core group makes a plan

Step 2 – Rapid assessment/situational analysis

Step 3 – Meet with key stakeholders and actors to discuss the draft plan for SOP development
 

- Probably needs to include some training

13

**Process for writing - continued**

Step 4 – Series of meetings

- Careful facilitation
- Inclusion
- Participation
- Transparency
- Divide into subgroups of sectors/clusters as needed for detailed discussions
- Continuous revision and communication

14

**Process for writing - continued**

Step 5 – Final draft review

Step 6 – Finalize and gain official commitment

Step 7 – Inform the community

15

Part B. How to Develop SOPs  
(continued)

- ✓ Process for writing
- Review and revisions
- Exceptions and notes for acute emergencies

16

Now that we have covered the process for the initial development of a set of Standard Operating Procedures...

Notes on Page 7 about Review and Revisions

Notes on Page 7 about acute emergencies

We have now gone through Part B of the SOP Guide, the **process for developing SOPs**. To review:

Part B. How to Develop SOPs

- ✓ Participants in developing the SOP
- ✓ Leadership and Coordination
- ✓ Technical and Policy Guidance
- ✓ Process for Writing (7 steps)
- ✓ Review and revisions
- ✓ Exceptions and notes for acute emergencies

17

Carefully consider the participants

Good leadership and careful coordination are essential

Good technical and policy guidance must be part of the process

Make a plan for future reviews and revisions

5. Using the SOP Template (20 – 30 minutes) (No PowerPoint for this section)
  - A. Ask participants to turn to Part C, How to Use This Guide and onward to the SOP Template
  - B. Remind participants of Step 3 in the process – that all who participate in the process should have access to the SOP Guide.
  - C. Briefly introduce the template, explaining that it is a guide – not a rule book.
    - It is a comprehensive guide with full details that are probably needed in most settings
    - In the early stages of an acute emergency, all sections probably cannot and should not be defined as this work takes some time (and acute emergencies require quick action)
    - Completion of the entire template takes time and involves a process of discussion, teaching, and negotiation
    - You and your colleagues will determine and agree on what exactly should be included in your SOP.

- D. Draw attention to Part C – about notations in the template for “Essential Issues”, blue text, annexes, etc.
  - E. Explain that we will follow the template for this workshop
  - F. Skip quickly through Sections 1 and 2 in the template quickly highlighting the Essential Issues
  - G. Allow time to page through the template, noting the different Sections. Explain that the remaining workshop sessions will cover these sections.
6. End this session with a review of the key points (see below)

---

## Key Messages

- ◆ Participation, leadership, coordination, and transparency as essential components of the process of developing an SOP.
- ◆ Although not specifically stated in the SOP Guide, the core group must take responsibility for, and be accountable for both quality and completeness of the SOP. For these reasons, at least some members of the core group must be knowledgeable and experienced GBV professionals.
- ◆ The process itself can be considered an intervention, at least in terms of training and capacity building among colleagues and partners.
- ◆ The SOP Guide is a guide, not a hard and fast rule book. The sections included in the template have proven useful in many field sites, so they are recommended.
- ◆ In the early stages of an acute emergency, some minimum SOPs must be developed rapidly.
- ◆ Periodically throughout this session, you may need to remind participants to make notes on their “Score Card”. They will need those notes for the next session.
- ◆ Participants should already be familiar with the SOP Guide; this was one of their pre-workshop assignments. If you find that participants are not familiar with the guide, it will be useful to take more time for this session and allow 20-30 minutes for participants to read through it on their own.
- ◆ Participants must have general knowledge of all of the contents before continuing to the next sessions. Without this general knowledge, there will be unnecessary confusion throughout the workshop.
- ◆ The SOP Guide is intended for use by humanitarian actors in humanitarian emergency settings, from the earliest stages of an acute emergency through stabilization and recovery and into the transition to development. The guide is NOT intended for development of governments’ national plans of action for addressing GBV among the entire population. While it may be that GBV SOPs that were developed for use during an emergency can help to support and form the beginnings of a national plan of action for the long term and for the entire country, there are other tools, materials, and considerations for those types of national plans of action to address.

## Handout – SOP Score Card

This document is intended as an informal assessment of the current status of the SOP in your setting. Use this as a guide through the workshop to measure your setting's SOP against the standards and recommendations in the 2008 SOP Guide.

Section and Issue	Quick Assessment (check one)				Comments, Notes
	Not done	Started, not finished	Complete - but does not meet standards for essential issues, technical quality, participation, inclusion, and/or transparency	Complete-meets all suggested standards	
<b>1. Introduction</b>					
Purposes					
Key resources					
Scope					
Acronyms list					
<b>2. Setting(s)</b>					
<b>3. Definitions &amp; Terms</b>					
General terms					
Case definitions					
<b>4. Guiding principles</b>					
<b>5. Reporting &amp; referral mechanisms</b>					
Disclosure/reporting (entry points)					
SEA protocols					
Mandatory reporting					
Help-seeking/referral pathway					
Consent/information sharing					
Immediate response/referrals					
Child survivors					
<b>6. Response</b>					
Health/medical					
Psychosocial					
Security					
<b>7. Prevention</b>					
All parties					
Community leaders					
Community groups					
Health/medical					
Psychosocial					
Security					
Legal justice					
Other clusters/sectors					

Section and Issue	Quick Assessment (check one)				Comments, Notes
	Not done	Started, not finished	Complete - but does not meet standards for essential issues, technical quality, participation, inclusion, and/or transparency	Complete-meets all suggested standards	
<b>8. Informing the community</b>					
<b>9. Documentation, data, monitoring</b>					
Intake/incident form					
Incident report data					
Qualitative data					
Indicators					
Monitoring report(s)					
<b>10. Coordination</b>					
Coordination mechanisms					
Coordinating agency(ies)					
Local GBV working group					
Sub-national GBV working group					
National GBV working group					
Case management meetings (local)					
<b>11. Signatories</b>					
Annexes					



## SESSION 3. YOUR SOP DEVELOPMENT PROCESS – SMALL GROUP DISCUSSIONS

### Description

This is a group discussion to review and analyse the process for SOP development in participants' sites. This discussion helps to emphasise the importance of the process, demonstrate how good processes will facilitate good SOPs, and will lay the foundation for more in-depth discussions and planning later in the workshop.

### Learning Objectives

1. Gain a general understanding of the current status of participants' SOP work in terms of the best practices for the *process* of developing SOPs
2. Team building

### Timing

1 hour

### Materials/Preparation

-  OPTIONAL: PPT\_3 Process Small Groups (blank presentation, can be developed with content to support this session as needed)
-  Participant manuals
-  Make arrangements for small group break out:
  - Arrange for space if needed
  - Divide participant list into small working groups, if participants are not easily divided by country or local GBV teams

### Detailed Guide

1. Introduce this session by explaining that each small group or country team will take about 30 minutes to reflect on and discuss the current status of the SOP in your setting.
  - This is to build from our discussions in the last session about the process of developing SOPs.
  - This is to be a brief discussion of where you view yourselves in the development process. For example, did you follow the recommended steps, what happened before now, where do you think you may need to review or re-visit some of the steps in the process, and other questions like that.
  - This is a brief discussion, as a first step toward the more in-depth discussions and planning you will do later in the workshop.
  - To allow you all to gain a general understanding of the current status of the SOP in your setting.
  - Please reflect on what has occurred and what could occur in terms of the best practices for the process of developing the SOP.

2. Direct participants to their handbooks, *Handout 3, Reflection on SOP Process: country team discussion*.
  - Read through the instructions and the questions, asking participants to follow along
  - Provide any clarifications needed, ask if there are questions
  - Be sure the instructions are clear
  - Remind about the importance of keeping to time
3. Allow 30 minutes for small group discussions. Move around among the groups and re-direct as needed to keep the focus on the process rather than specific details about the SOPs. Answer any questions.
4. Plenary Discussion (20 minutes)
  - A. Ask the group to come back together in plenary.
  - B. Begin with a few questions to help groups start sharing what they discussed. Some examples:
    - Did you find that you are on track with the best practices described in the SOP Guide for the process of SOP development?
    - What is working / what has not been working so well?
    - What did you discuss about the participants in the SOP development?
    - What about leadership and accountability for the SOP development process?
  - C. Try to draw out a few common issues, strengths, and weaknesses among the groups. List key words on a flip chart so that all can see what they have in common.
  - D. End the session by thanking the group for their honest reflections and willingness to review their work. Ask participants to hold onto their notes from this discussion; they will need them further along in the workshop.

---

## Key Messages

- ◆ Participants should be referencing their Score Cards which they have (hopefully) been filling out throughout the first session.
- ◆ This is not yet their in-depth analysis and planning – just a quick check-in for the team to see if they know where they are in the process and have a sense of whether it is going well and using best practices.
- ◆ Carefully facilitate and manage the plenary discussion to allow all groups to give information from their discussions. This is not a formal report-back form each group. Try to keep this discussion informal and focusing on what is working and what needs further improvements.

---

## Handout – Reflection on SOP Process

*As a first step toward the more in-depth discussions and planning later in the workshop, this time should allow team members to gain a general understanding of the current status of the SOP in their setting, in terms of reflecting on what has occurred and what could occur in terms of the best practices for the process of developing the SOP.*

The following are suggested to help start your discussion.

1. Share what you know about how the current SOP was developed, such as
  - a. When was it developed and revised (if it has been revised)
  - b. What kind of process was used
  - c. Who led the process? An individual or a team?
  - d. Who was involved, who participated, who provided input, who reviewed drafts (consider organisations, sectors/clusters, technical expertise, etc.)
2. Share information, opinions, observations, and even rumours of the usefulness and effectiveness of the process used to develop the SOP.
  - a. Were the “right” people involved? Why or why not?
  - b. Was the process participatory and well facilitated? Why or why not?
  - c. Were drafts shared with the entire group as the SOP was developed?
  - d. Was the final SOP signed by the core group? Was this done individually or together? Was there some sort of official ceremony that involved the community and humanitarian leadership?
3. Where are we now?
  - a. If the process was inclusive, transparent, participatory, and had appropriate technical input – do we have an effective SOP that is well and appropriately used and known by the community? Why or why not?
  - b. If the process did not meet those standards – is our SOP well and appropriately used and known by the community?

---

**OR**, if you do not have an existing SOP in your situation:

Use this time to reflect as a team on where you think you are in the 7-Step development process. Consider also:

- Who might be most appropriate as the “core group”
- Who might be the most effective leader of this process
- Who is involved and who should be engaged to become involved



## SESSION 4. GUIDING PRINCIPLES

### Description

The four Guiding Principles – Safety, Confidentiality, Respect, and Non-Discrimination – are emphasized in all GBV resource and guidance materials. Using and applying these guiding principles, however, can present real challenges in the field. In this session, case studies are used to illustrate the use of the guiding principles and encourage participants to think through how to negotiate with team members to ensure compliance with these fundamental principles.

### Learning Objectives

1. Renewed commitment to adherence to the guiding principles.
2. Understand the importance of adherence to the guiding principles as individuals and as a team.
3. Understand and agree about the importance of carefully managing the challenges in adhering to the guiding principles.

### Timing

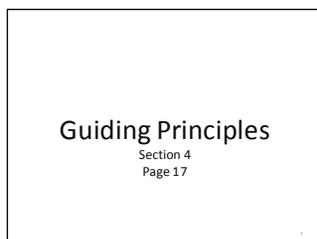
1 - 1½ hour

### Materials/Preparation

-  PPT 4\_Guiding Principles
-  Hang the Agree-Disagree-Don't Know signs around the room. Try to put the signs on different walls so that there is space for groups of people to gather/stand near each sign.

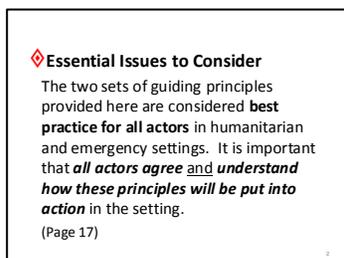
### Detailed Guide

1. Overview (10-15 min)



Ask participants to open the SOP Guide to Section 4 of the Template (page 17) and follow along during this session, highlighting and marking their SOP Guide as they wish.

Explain that we will take a few moments to review the key points about the Guiding Principles.



Ask someone to read the first “Essential Issues to Consider” text box, as on this slide.

**Guiding Principles for ALL ACTIONS**

- Ethics and safety
- Cooperation and communication with each other
- Carefully coordinated interventions
- Full engagement of the community
- Equal and active participation by women and men, girls and boys
- Integration into all programmes and all sectors/ clusters
- Accountability for action at all levels
- Codes of conduct and ethics for all staff and volunteers

3

Using these next two slides as guides and reading from the SOP Template, read through each of the **guiding principles for all actors** and the **guiding principles for working with survivors**. Allow time for questions and clarification as needed.

Remind participants they have a copy of the WHO ethical and safety recommendations document in their packet.

**Guiding Principles for WORKING WITH SURVIVORS**

1. Safety
2. Confidentiality
3. Respect dignity
4. Non-discrimination

4

Ask: Do you think that all actors in your setting agree and understand about applying the guiding principles, as indicated here?

Engage in a discussion to highlight issues participants identify, challenges in following through with applying the guiding principles, and how they are addressing these challenges.

**2. Case Scenarios**

- A. Use the case scenarios in the remaining slides in the PPT to discuss. Use as many or as few as seem appropriate for the group. The point is to be sure people have a sense of how to apply the guiding principles, and that everyone on the team is responsible to ensure that everyone on the team abides by those guiding principles.
- B. Show one slide at a time. Read it aloud. Ask participants to get out of their seats and stand near the sign on the wall that best answers for them – Agree, Disagree, Don’t Know (or Not Sure).
- C. When everyone is standing near a sign, ask a few questions of each group to generate a short discussion and bring out the key issues related to guiding principles. Some examples of questions:
  - Why are you standing here? Can you explain to the other group over there why you think you are correct and they are incorrect?
  - Which guiding principles in particular does this scenario bring up?

*Even before the refugees started arriving, the international media made it well known that sexual violence perpetrated by armed combatants was a common occurrence and they targeted teenage girls. The start up of humanitarian aid was under a microscope – the media and our headquarters offices were watching closely to see that services for rape survivors were put into place quickly. And we were ready before the big influxes arrived. We built sexual assault drop-in centers in the plots next to where the schools would be built.*

This situation is a good example of adherence to the guiding principles. Agree? Disagree? Not sure?

7

*In Western Bina, where conflict has raged for nearly 13 years, rape is a daily reality for most women and girls. The successful prosecution of rape cases in this region is rare. Cases often come to the court well after the two-year time limit for reporting has expired. In order to bring more perpetrators to trial, the Western Bina GBV Working Group inserted text in their SOP that mandated that all service-providers share original copies of their intake forms with the chief of police.*

This situation is a good example of adherence to the guiding principles. Agree? Disagree? Not sure?

8

Media reports came out that two young girls had been raped near the water point outside of Twulah camp. The four UN agencies most engaged in GBV work in and around the IDP camps immediately jumped in to support them. Each agency went to interview the girls and each spoke to them at length about what had happened. They then met together to develop a plan of action that would ensure both immediate assistance and long-term, holistic care for the girls in all relevant sectors of response: health, psychosocial, security and legal.

This situation is a good example of adherence to the guiding principles. Agree? Disagree? Not sure?

10

Maya is a social worker with a national NGO that runs safe house and provides community-based psychosocial support. A woman has reported to Maya four times about abuse she has suffered by her husband. Each time, Maya gives her information on the safe house, but the woman opts to go to her home instead. Despite her concern for the woman's safety, she does not try to persuade her to go to the safe house.

This situation is a good example of adherence to the guiding principles. Agree? Disagree? Not sure?

9

Dapang community has been displaced for several years. The community values the family unit as a cornerstone of their culture which must be preserved. Any conflict within the home is traditionally referred to a Community Council. Agencies working in the area developed an SOP for GBV to be culturally sensitive and support community-based approaches. The SOP states that married women who experience violence in the home should be referred to the Community Council and not the police or formal justice system.

This situation is a good example of adherence to the guiding principles. Agree? Disagree? Not sure?

11

### 3. Close the session

#### Guiding Principles

In conclusion:

*We are all responsible –  
individually and as a team*

12

End this session by reminding participants that all members of the team are responsible – and should be held accountable – for individual and team adherence to the guiding principles. Each of has the responsibility to speak up if we believe guiding principles are not being respected.

## Key Messages

- ◆ This session will probably bring out many comments, issues, and questions. As described in many places throughout the SOP Guide, issues of confidentiality and respecting the choices of the survivor can be extremely challenging for the various actors. If you find that the first part of this session (overview) is bringing out many issues, try to move the group to the case examples portion of this session so that they can discuss more concrete examples and move forward.
- ◆ The **guiding principles for working with survivors** described in this section of the SOP Template can also be found in most of the GBV resource materials and guidelines for use in humanitarian emergencies, including UNHCR's SGBV Guidelines, the IASC GBV Guidelines, the UNHCR/WHO Clinical Management of Rape Guidelines, and all GBV training manuals.

- ◆ The importance of understanding and adherence to the guiding principles is emphasised in all GBV literature. GBV actors are familiar with the guiding principles; the information in this session should not be new to participants.
- ◆ The **guiding principles for all actors** reflect humanitarian ethics and good programming principles for all types of interventions and programmes. These, too, should not be new to participants.
- ◆ In the field, adherence to all of the guiding principles is a frequent and common challenge. There are many reasons for this, and this session provides an opportunity for participants to explore ways they can do more to support others in adhering to the guiding principles.
- ◆ Achieving full compliance with all of the guiding principles is the overall aim; achieving that aim requires continuing attention to the guiding principles, regular discussions, and refresher trainings from time to time.

---

### References, Further Reading

*Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies.* Geneva, Inter-Agency Standing Committee, 2005.

*Sexual and gender-based violence against refugees, returnees, and internally displaced persons: guidelines for prevention and response.* Geneva, United Nations High Commissioner for Refugees, 2003.

*WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.* Geneva, World Health Organization, 2007.

Age, Gender and Diversity Mainstreaming (AGDM) materials from UNHCR can be found at

The *UNHCR Tool for Participatory Assessment in Operations* <http://www.unhcr.org/450e963f2.html>  
A *Community-based Approach in UNHCR Operations* <http://www.unhcr.org/47ed0e212.html>

## SESSION 5. GUIDING PRINCIPLES PART TWO - INFORMATION SHARING

### Description

Information sharing is vital to multi-sectoral action to address GBV. It is also complex and requires careful consideration of essential ethical and safety issues. This session emphasises ethical and safety issues in sharing information and introduces a sample information-sharing protocol that can be adapted in any setting.

### Learning Objectives

1. Be familiar with ethical and safety considerations of sharing GBV data
2. Know how to establish or refine information sharing protocols with partners.

### Timing

1-2 hours, depending on the number of case examples needed to illustrate key messages

### Materials and Preparation

- ✎ PPT 5\_Info Sharing
- ✎ Participants' copies of the *WHO ethical and safety recommendations*
- ✎ Handout – Sample Information Sharing Protocol (in participant manuals)

### Detailed Guide

1. Open this session by asking the group a few questions and generating a short discussion. (10 minutes)
  - A. The key point here is to begin identifying some of the confusion and challenges that can occur if the GBV team has not fully discussed and agreed about the details of information sharing about reported GBV incidents.
  - B. Some examples of questions to ask:
    - Do you have an idea of how many GBV cases – and what types of cases - are reported each month in your setting?
      - Who keeps this data? How is it shared with others?
    - How many of you have established information-sharing protocols in your setting for sharing information about reported GBV incidents?
      - If yes, is it working well? How did you establish those protocols?



- For those of you who do share GBV incident data, are your systems for this in line with the guiding principles we discussed in the last session?
2. Show the next slide, read through it and ask if participants will agree with these statements
  3. Although we must take special care in choosing information to be shared, and the methods for sharing information, it is important that there is some sharing of reported GBV incident data in field sites.
    - A. Ask: Why do you think information sharing is important?
    - B. When participants have answered this question, discussed briefly, show the next slide:
  4. We agree that information sharing is important. And we also agree that information about GBV is sensitive and potentially dangerous to survivors, communities, and service providers.
    - A. We must therefore carefully consider a number of factors:
      - Read through these 2 slides
      - Allow time for participants to read along
      - Answer any questions, rephrase as needed

### Overview

- Inquiries into sexual violence incidents are extremely sensitive.
- Collecting and sharing information on GBV can be dangerous, even life threatening to survivors, communities, and those involved in collecting the information.
- There are many ethical and safety issues that must be considered and planned for in advance.

2

### Why Share Information?

**To improve GBV programming by:**

- Strengthening inter-agency coordination
  - Facilitating referral mechanisms
  - Improving communication/feedback between GBV actors
- Informing decisions
  - Understanding gaps and where there may be duplication of services for improved response
  - Enhancing, coordinating with and broadening the target audience for prevention programming
- Managing GBV information in an effective, ethical, safe and coordinated way for all stakeholders working on prevention and response to GBV.
  - Informing advocacy and fundraising efforts

3

### Considerations for GBV Info Management

- At every stage of the data management process (collection, storage, sharing and analysis), actors must carefully consider the following:
  - how the information will be used
  - who will see it
  - how the information will be reported and to whom
  - for what purposes will it be reported
  - who will benefit from it and when
  - possible risks and risk minimization

4

### Considerations for GBV Info Management (continued)

- Is the information truly needed? What happens when:
  - SV is “over-researched”?
  - Multiple inquiries are conducted in the same place, by different actors, with little info sharing or coordination?
- Given that sexual violence is known to be prevalent in all settings, a lack of specific data about sexual violence in a specific setting is not sufficient justification for the collection of information about sexual violence, much less sharing collected information with others.

5

5. Ask participants to take out their copy of the WHO ethical and safety recommendations.
  - A. Do your colleagues in your field site have copies of this book? Do you think people are familiar with it?
  - B. Is this considered an important resource tool in your setting?

### Reference Guide



- Read: **WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies**
- The following slides outline 8 essential Ethical and Safety considerations outlined in this publication.

6

6. Take some time to go through the document, asking participants to follow along – and remember to use their highlighters and sticky notes to make notes. (20 minutes)
  - A. Focus on the 8 recommendations
  - B. Encourage participants to read the entire document outside of the workshop.

### 8 Ethical & Safety Recommendations

1. The benefits to respondents or communities of documenting GBV must be greater than the risks to respondents and communities.
2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.

7

### 8 Ethical & Safety Recommendations (continued)

3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern should be continuously monitored.
5. The confidentiality of individuals who provide information about sexual violence must be protected at all times.

8

### 8 Ethical & Safety Recommendations (continued)

6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and support.
8. Additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

9

7. These ethical and safety recommendations require considering several questions BEFORE starting any GBV data collection or information gathering activities.
  - A. This means that all GBV service providers and the inter-agency GBV team should discuss and answer these questions.
  - B. How these questions are answered will help guide the team as it develops agreements about what information will be shared, with whom, and how.
  - C. Have you done this in your sites?

### Questions to Consider

- What is the purpose of the proposed data collection activity?
- How likely is it that the data collection and analysis will achieve the intended purpose?
- What are the likely risks to survivors, their families, supporters, and communities?
- What are the likely risks to those involved in the proposed data collection activity?
- How can the above risks be minimized?
- Will this population benefit directly from the end result?

10

8. Ask participants to find the handout “Sample Information Sharing Protocol” in their workshop manual.

A. Go through these next two slides, looking at the Sample protocol to show how these issues are included in the sample.

### Info-sharing protocols

- Determine the purpose and expected outcomes for sharing information
- Decide what information is to be shared and how/to whom (information flow chain)
- Clarify the roles and responsibilities for all actors involved (those sharing, those compiling, those analyzing)

*Please see the sample Information Sharing protocol in your Workbook*

11

### Info-sharing protocols (continued)

- Agree on how submitted and compiled data is stored, analyzed and used once compiled (and how it will not be used)
- Ensure confidentiality measures are taken at every step – to protect the individuals who have experienced and reported GBV, and the organizations documenting their cases
- Determine how consent from GBV survivors is obtained for all data to be shared

12

9. Small group activity

A. Allow 20 minutes for small group discussion

B. Plenary discussion

- Ask general question, such as:
  - Do you like this sample protocol?
  - Do you think you could use this kind of document in your field site?
  - What benefits do you see in having an Information Sharing Protocol?
  - What challenges do you think you would have in trying to develop a protocol?
- Ask a few specific questions about the sample protocol, such as:
  - Were there any sections of the sample protocol you think are unrealistic or impossible?

### Activity

(15min)

- Read the information sharing protocol example in groups.
- How would you change this document to pertain to your region

16

10. Last but not least, let’s talk about the risks and benefits of public sharing of GBV information. (20 minutes)

A. Ask participants to look at their copy of the WHO ethical and safety recommendations. Recommendation #1, Page 11, Box 3.

- This slide is taken from Box 3

B. Read through this slide, rephrasing and explaining each bullet point. Clarify any questions to be sure the entire group understands.

### Publicizing GBV Information

- The degree to which even non-identifiable aggregate information can – or should – be shared publicly (including on the Internet) must be determined on a case-by-case basis by all those providing the data, and in accordance to the information sharing protocol that was developed.
- To ensure that it is both safe and appropriate to share any GBV data, each organization should separately evaluate any risks to individuals, the community, staff and programs that may arise as a result of the sharing and publicizing of data.

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- C. Ask participants for examples of public sharing of GBV information that have occurred in their field sites.
  - Take each example and go through the considerations on this slide (from Box 3 of the WHO guide). Solicit active discussion and participant comments.
  - Facilitator should be prepared with some real life examples from your own experiences that can demonstrate the safety and ethical issues described here.

## 11. Closing

- A. Ask if there are any outstanding questions or issues about information sharing that we did not cover in this session.
- B. Remind participants that the process of developing SOPs will allow for discussion and agreement about information sharing.
- C. Acknowledge that individual agencies have their own mandates and priorities for gathering and using information about GBV. Regardless of any organisation's mandate, ethical and safe practices are the highest priority for all aspects of GBV programming.
- D. Remind participants to become familiar with the WHO ethical and safety recommendations, and to support colleagues in their field sites to do the same.

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## Key messages

- ◆ For all actors engaged in GBV prevention and response, ethical and safe practices must be the number one priority. This is especially true for the sensitive information about GBV, which means that information sharing about GBV must be carefully and consciously considered, discussed, and agreed among all on the GBV team.
- ◆ There is usually a lot of interest and participation in this session. The topic of information sharing has been extremely challenging in many field sites for a long time. It is important to take the issues one by one, as outlined in this session, so that participants can think through all aspects of information sharing. Participants will probably cite many examples where information sharing was difficult or not working well at all. It is important that the facilitator acknowledge these challenges, and that there is often some unresolved conflict and disagreements on the GBV team about information sharing. Acknowledging the challenges and agreeing that this topic can be difficult is one way to validate participants' concerns and help them to move on to looking at ways to resolve the challenges.
- ◆ You may need to remind participants that the entire SOP process – including sections of the template not yet covered in this workshop – is designed to address these and other challenging issues.
- ◆ The data gathered in your organization may be of value to a larger group of stakeholders that also engage in GBV work in your region. Before sharing the data your organization has gathered, there

are several considerations and measures that must be thoroughly considered. If all of the possible implications of sharing data are *not* considered, the safety of staff, alleged perpetrators and the GBV survivors themselves might be in jeopardy. Sharing data improperly can also lead to misinterpretation by actors not well-versed in GBV programming and the Guiding Principles, including by media actors.

- ◆ GBV service providers gather data that is highly sensitive; release of such data in a manner that is not well considered, or happens unintentionally, puts at risk not only survivors who are the source of the data, but also the communities in which they live and the programme staff who collect this data. The World Health Organization’s *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* states:
  - “when collecting and using information about sexual violence, it must be done in such a way so as to avoid further harm to those who are part of the process. This includes not just the victims and survivors and their families and supporters, but also communities, organizations working with survivors, and those involved in gathering the information itself.”
- ◆ “Anonymization” is a simple process of removing identifying characteristics from data. For example, in non-anonymized GBV data you would include information such as names, exact addresses and other personal details of a survivor or alleged perpetrator. To anonymize this data you would remove such information from the survivor’s file, and would instead include a case code.
- ◆ All data that you collect is the property of the survivor. You must have consent from the survivor to share any level of data (even if it is anonymized). Before you share any data consider the following questions:
  - What are the pros (positive possible outcomes) of information sharing outside your organization?
  - What are the cons (negative possible outcomes) of information sharing outside your organization?
  - Will the benefits be greater than the risks?
  - Could any survivors be negatively affected by sharing of anonymized data? How?
  - Has every effort been made to ensure that the survivor is aware of all services available and their requirements/limitations in order to make informed decisions about the service(s) and sharing of information with service providers?
  - Do you have the survivor’s *informed consent* for information sharing? If yes, how was this consent obtained?
  - What data do you find useful to share amongst GBV service providers to improve programming?
  - How might data sharing improve your GBV interventions?

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## References, Further Reading

Content for this session was drawn from the GBVIMS Training Workshop package (UNFPA, 2009).

*WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.* Geneva, World Health Organization, 2007.

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## Handout – Sample Information Sharing Protocol

<SAMPLE>

### GBV Information Sharing Protocol between data gathering organizations

**NOTE:** *This sample protocol was developed for use with the GBV Information Management System (GBVIMS). This sample can be adapted for use in sites where the GBVIMS has not yet been implemented.*

#### PURPOSE

This information sharing protocol is to set out the guiding principles and describe procedures for sharing anonymous consolidated data on reported cases of GBV. [INSERT NAME OF SELECTED NATIONAL CONSOLIDATION AGENCY] in its capacity as [INSERT coordinating organization name: can be the sub-cluster lead, GBV working group lead, lead NGO etc.] lead for GBV prevention and response work in [INSERT THE NAME OF THE COUNTRY].

The data gathering organizations recognize that sharing and receiving consolidated GBV data will contribute towards improved inter-agency coordination, identifying and targeting gaps, prioritization of actions, and improved programming of prevention and response efforts. It may also result in improved advocacy efforts, increased leverage for fund raising and resource mobilization, and improved monitoring. All agencies will protect information to ensure that no harm comes to any survivor or the community from information sharing efforts.

#### GROUND RULES

Information submitted by data gathering organizations to [NATIONAL CONSOLIDATION AGENCY] will only be submitted in the agreed-upon format and will not contain any identifying information of survivors or agencies.

The information shared by implementing agencies will be consolidated by [NATIONAL CONSOLIDATION AGENCY] into a report. This report can be shared externally, meaning with others outside those adhering to this information sharing protocol, only with consent and agreement from all implementing agencies.

Insert names of all approved agencies/entities for data sharing here:

All survivor-specific information that can lead to identification of the survivor will not be shared, e.g., name, initials, sub-county, date of birth, etc.

When approval of data sharing is attained, [NATIONAL CONSOLIDATION AGENCY] must share the data along with the following relevant caveats:

- **The data is only from reported cases.** The consolidated data is in no way representative of the total incidence or prevalence of GBV in any one location or group of locations.

- The aggregate data is based on monthly consolidated reports submitted from GBVIMS partners for the purposes of:
  - GBV prevention and response program planning, monitoring and evaluation
  - Identification of programming and service delivery gaps
  - Prioritization of actions and next steps
  - Improved service delivery
  - Policy and advocacy
  - Resource mobilization

### **MONTHLY REPORTS<sup>3</sup> and INFORMATION SHARING PROCEDURE**

1. Data gathering organizations will submit the monthly report to [NATIONAL CONSOLIDATION AGENCY]
2. The reports will be submitted [DAY] of each month.
3. The reports will include information defined in the Monthly Reporting Tables (see Annex)
4. Two (2) weeks after receipt of the reports from data gathering organizations, [NATIONAL CONSOLIDATION AGENCY] will have consolidated all reports, including a brief analysis of the data received. The aggregate report will be sent back to all the data gathering organizations, with all data gathering organizations' identifying information deleted.
5. Areas of coverage: The aggregate reports will reflect the following geographical areas based on the data gathering organizations providing data [INSERT COVERAGE AREAS]

### **DATA SECURITY**

[NATIONAL CONSOLIDATION AGENCY] and the data gathering organizations will ensure that all data is safe and secure and will implement appropriate procedures to maintain confidentiality of the data. Organizations will submit a Word document in 'read only' form and will employ password protection. The password for these submitted files has been agreed among all agencies.

[NATIONAL CONSOLIDATION AGENCY] has outlined during the creation of this protocol how the data will be:

- Received
- Stored/deleted
- Protected in the computer
- Used by whom (who has access to the data and the computer)

### **[NATIONAL CONSOLIDATION AGENCY]**

The monthly reports are shared with [NATIONAL CONSOLIDATION AGENCY] in its capacity as lead GBV organization. In the event that the leadership changes hands, the information sharing protocol will be reviewed by each of the data gathering organizations.

### **WHEN OTHERS REQUEST GBV INFORMATION**

<sup>3</sup> See Annex to this document for list and samples of reporting tables.

When agencies or actors not already approved for data sharing by the data gathering organizations request GBV information, [NATIONAL CONSOLIDATION AGENCY] will issue a written request to each of the data gathering organizations every time there is a request to receive the consolidated data, specifying the reason/purpose for the request for information, what the information will be used for, how the information will be used, and how the information produced with the consolidated data and analysis will be fed back to the data gathering organizations.

The consolidated data will be shared only after receiving consent from the data gathering organizations. When a request for data sharing is submitted by the [NATIONAL CONSOLIDATION AGENCY], the data gathering organizations will respond to the request within five (5) working days.

A party that has had access to the consolidated data must direct any request for the shared data to [NATIONAL CONSOLIDATION AGENCY]. For example, if the Ministry of Gender receives the consolidated data from the consolidation agency and then the Ministry of Justice requests to receive that same information from the Ministry of Gender, then the Ministry of Gender needs to refer the Ministry of Justice back to [NATIONAL CONSOLIDATION AGENCY] who will be responsible for getting in touch with the data gathering organizations before sending out the consolidated data to the Ministry of Justice.

Insert names of all approved agencies/entities that have been approved to access consolidated data here:

By this information sharing protocol, the data gathering organizations understand that they can refer any request for information to [NATIONAL CONSOLIDATION AGENCY] who can then share the consolidated data after receiving a written request.

#### **TIME LIMIT**

Once agreed, this information sharing protocol will take effect on [DATE], and will be on trial basis until [DATE], upon which the data gathering organizations will review the effectiveness of, use of and adherence to the protocol.

Data gathering organizations reserve the right to stop sharing data for any reason at any time, and will inform [NATIONAL CONSOLIDATION AGENCY] in writing if/when they do so.

#### **BREACHES**

In cases of breach by any of those participating in this information sharing protocol, information sharing will cease until resolved, responsible parties will be held accountable and the information sharing protocol will be reviewed.

The data gathering organizations reserve the right to refuse sharing information about GBV reported cases to any external actor.

## ANNEX REPORTING TABLES

*The Annex should contain samples of the reports to be submitted Monthly and/or Quarterly. If the GBVIMS is implemented in the site, there are a set of recommended standard reports. In sites where the GBVIMS is not yet implemented, the GBV team will need to discuss and agree about what data will be shared. (See SOP Guide, Template section 9 – Documentation, Data and Monitoring).*

## SESSION 6. REPORTING AND REFERRAL PROCEDURES

### Description

Building onto the ethical and safety issues covered in previous sessions, reporting and referral procedures are discussed here with emphasis on ethics and safety as well as right-based, community-based, and survivor-centred approaches.

### Learning Objectives

1. Identify the key elements that must be put into place for effective and good quality reporting and referral procedures.
2. Be able to use and adapt the sample referral pathway for a meaningful and specific pathway in individual settings.

### Timing

1 ½ to 2 hours or longer

### Materials/Preparation

 PPT 6\_Reporting and Referral

### Detailed Guide

1. Ask participants to open their SOP Guide to Section 5 in the Template (page 19) and follow along throughout this session. Remind them to use their highlighters and sticky notes to make notes to themselves.
2. Section 5.1. Disclosure and Reporting - Entry Points (30 minutes)
  - A. Read aloud the Essential Issues, following the slides:

◆ Essential Issues to Consider

- Establish a clear reporting and referral system in each setting so that survivors of and/or witnesses to an incident know to whom they should report and what sort of assistance they can expect to receive from the health, legal, psycho-social, security, and other sectors.

◆ Essential Issues to Consider

- Survivors/victims are more likely to come forward to seek help and report a GBV incident in a place that they perceive is safe, private, confidential, accessible, and services are trustworthy. Ask women and girls what place this might be. Seek advice from the community about where and with which organisation(s) the “entry point(s)” for GBV response services should be located.

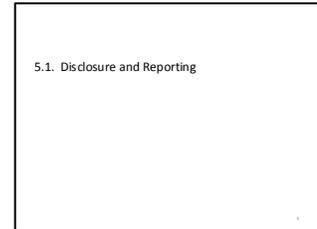
◆ Essential Issues to Consider

- Illustrate the “entry points” and simple information about reporting and referrals in the local language(s) and/or as a pictorial presentation and disseminate these to the community so that as many people as possible are aware of where to go for help and what to expect.

- B. Ask someone to read aloud the first paragraph in section 5.1.
  - *A survivor has the freedom and the right to disclose an incident to anyone. She may disclose her experience to a trusted family member or friend. She may seek help from a trusted individual or organization in the community. She might choose to seek some form of legal protection and/or redress by making an official “report” to a UN agency, police, or other local authorities.*

- Explain the importance of using the correct term, and the difference between the terms “disclosure” and “report”.

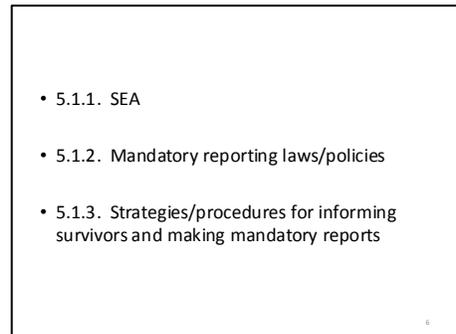
- C. Ask “What are the entry points in your setting?” Ask a few participants to share their entry points and ask how those entry points were chosen, were women involved, is this a private, confidential, anonymous location, etc.
- Try to draw out good practices.



3. Special Issues in Disclosure and Reporting (15-30 min)

- A. One by one, quickly read through Sections 5.1.1 – 5.1.3.

- Note: Each of these topics could involve at least a 30 minute discussion if not carefully managed. Facilitator should be prepared to be flexible with time as needed, but take care to keep discussion limited.



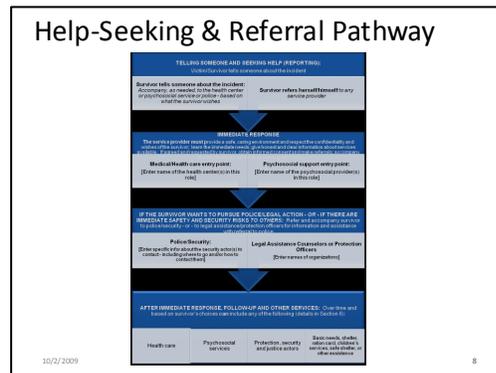
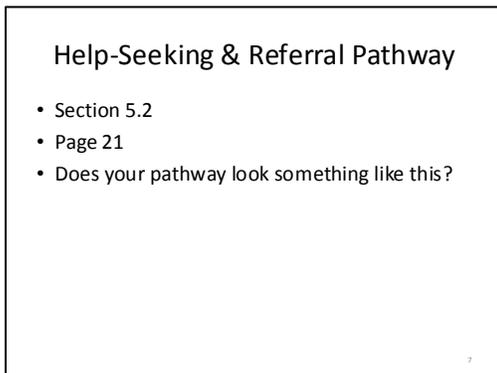
- B. 5.1.1 – SOP needs to identify the link to the SEA reporting process – and that these are separate from and may be in addition to GBV response in the SOP.

- C. 5.1.2 – Mandatory reporting laws. Ask “Are there any in your setting?” Remind them that suspected SEA by relevant staff/ volunteers/ peacekeepers is mandatory reporting.

- D. 5.1.3.- Ask: Raise your hand if your SOP describes these strategies? The *WHO Ethics and Safety Recommendations* cover this issue in great detail. Is a good resource as you develop or strengthen this section of your SOP.

4. Help Seeking and Referral Pathway (Section 5.2) (15 minutes)

- A. Ask: Does your pathway look something like this?
- B. Ask which guiding principles apply here (respect, non-discrimination, others?). Short discussion.
- C. Key message → referral pathway must be clear to all (survivors and actors), and each step in the pathway must be accessible and of good quality, in keeping with best practices.



5. Consent and Information Sharing (Section 5.3) (5 minutes)

- A. Read the Essential Issues text box
- B. Quickly read through this section; remind participants these issues were discussed in the previous workshop session.

5.3. Consent and information sharing

- Page 23
- ◊ Information about GBV incidents is extremely sensitive and confidential.
- ◊ Sharing any information about a GBV incident can have serious and potentially life threatening consequences for the survivor and those helping her.
- ◊ GBV survivors have a right to control how information about their case is shared with other agencies or individuals.

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6. Immediate Response Actions and Referrals (Section 5.4) (20 minutes)

5.4. Immediate response and referrals

The service provider must...

- provide a safe, caring environment
- respect the confidentiality and wishes of the survivor
- learn the immediate needs
- give honest and clear information about services available

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- If she agrees and requests referrals, she must give her informed consent before any information is shared with others:
  - She must be made aware of any risks or implications of sharing information about her situation
  - She has the right to place limitations on the type(s) of information to be shared, and to specify which organisations can and cannot be given the information

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- A. Read through the section, following the key points on the slides.
- B. Ask – Does this happen in your sites? Try to draw out best practices and acknowledge that it is challenging to do all of this – but IS good practice, so must be done.

C. Key messages:

- ◊ This section is about a survivor-centred response, to help survivors, address harmful consequences, and prevent further trauma and injury.
- ◊ Survivors must fully understand and agree about any information exchange and any referrals.
- ◊ *WHO ethical/safety recommendations* describe in detail how to obtain informed consent.
- ◊ Guiding Principles of confidentiality (informed consent), respecting rights and choices (if she does not wish to be referred)

- Service providers will inform the victim/survivor of what assistance they can offer and clearly relate what cannot be provided or any limitations to services, to avoid creating false expectations.
- All service providers in the referral network must be knowledgeable about the services provided by any actor to whom they refer a victim/survivor.

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7. Special Procedures for Child Survivors (Section 5.5) (5-10 minutes)

- A. Show slides one at a time and ask participants to follow along
- B. With each slide, ask: Has this happened in your site? What can be done to strengthen this?

### 5.5. Special procedures for child survivors

- ◆ develop by actors who are trained to handle the special needs of child survivors of GBV
- ◆ and who are familiar with national laws and policies relating to the protection of children

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### ◆ Procedures should include, at least:

- Obtaining consent
- Action to be taken if there are suspicions that the perpetrator is a family or household member
- Any mandatory reporting laws relevant to acts of GBV with against children and procedures that will be taken with regard to those laws
- Referrals to specific organisations skilled in working with child survivors

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### C. Key messages:

- ◆ We frequently talk about “best interests of the child” as a way of summarizing how we work with child survivors.
- ◆ Field experience has shown that this is not enough and more must be done to address the specific risks, needs, and issues related to child survivors of GBV.
- ◆ More detail must be discussed and organized as part of GBV prevention and response procedures and systems as described in an SOP.
- ◆ Issues related to child survivors are especially challenging in most field settings. In most situations, there are no GBV-and-children experts with whom to consult.
- ◆ Participants may be very frustrated about these issues; facilitators should be prepared for a lot of questions and comments during this section.
- ◆ There are some excellent resources available to help with these issues. See References, Further reading at the end of this session.

### 8. Small group/country team discussion (15-20 minutes)

- Break into small groups or country teams for a short discussion.
- Plenary – brief sharing of a few points from each small group (5 minutes total)

#### Discuss in your country team:

- What exactly is the process for gaining consent for referrals and/or information-sharing?

15

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## Key Messages

Included above in the detailed guide.

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## References, Further Reading

*WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.* Geneva, World Health Organization, 2007.

### Resources for information gathering, consent, and ethics when working with children:

*Action for the Rights of Children (ARC): a rights based training and capacity building initiative.* Geneva, Save the Children and United Nations High Commissioner for Refugees, 2001.

<http://www.icva.ch/doc00000773.html#1>

*Children participating in research, monitoring and evaluation (M&E): ethics and your responsibilities as a manager.* New York, United Nations Children's Fund, 2002 (Evaluation Technical Notes No. 1, 2002).  
[http://www.unicef.org/evaluation/files/TechNote1\\_Ethics.pdf](http://www.unicef.org/evaluation/files/TechNote1_Ethics.pdf)

*Convention on the Rights of the Child.* New York: United Nations General Assembly, 1989.  
<http://www.unhcr.ch/html/menu3/b/k2crc.htm>

Schenk K, Williamson J. *Ethical approaches to gathering information from children and adolescents in international settings: guidelines and resources.* Washington, DC, Population Council, 2005  
<http://www.popcouncil.org/pdfs/horizons/childrenethics.pdf>

*So you want to involve children in research: a toolkit supporting children's meaningful and ethical participation in research relating to violence against children.* Stockholm, Save the Children, 2004.  
[http://www.savethechildren.net/alliance/resources/So\\_you\\_want\\_to\\_research\\_apr2004.pdf](http://www.savethechildren.net/alliance/resources/So_you_want_to_research_apr2004.pdf)



## SESSION 7. ROLES & RESPONSIBILITIES FOR PREVENTION AND RESPONSE

### Description

This session goes further into the inter-agency and multi-sectoral functions of GBV interventions for both response and prevention. Case examples are included as a way of discussing real life issues and challenges.

### Learning Objectives

1. Be familiar with the depth and breadth of response and prevention interventions that should be described in an SOP document.
2. Understand that the GBV Guidelines provide the standards, and the SOP describes how those are put into place in an individual setting (i.e., not vice versa)

### Timing

1 ½ hour

### Materials/Preparation

-  PPT 7\_Roles Responsibilities
-  Flip chart, markers, tape

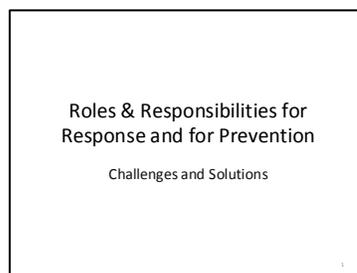
### Detailed Guide

1. Sections 6 and 7 (30 minutes)
  - A. Note: There is no PPT for this first part of the session.
  - B. Go through Section 6, Responsibilities for Survivor Assistance (Response) and then Section 7, Responsibilities for Prevention.
  - C. Participants follow along in their SOP Guide
  - D. Simply walk them through the contents, show that there is a consistent pattern for each sub-section/sector/cluster:
    - Consider the “Essential Issues to Consider”
    - Describe action to be taken
    - List the actors
    - Describe any information specific to that sector/cluster/area of intervention
  - E. This first part of this session is pretty cut and dried; these sections in the SOP template are literal and factual.
  - F. Key messages/discussion points:
    - ◆ Minimum interventions are described in more detail in the GBV Guidelines

- ◆ Actors must be familiar with those and use them as companion document when discussing prevention and response action and developing these SOPs
- ◆ The sub-sections listed are only a start; there may be more sectors/clusters/areas of intervention in your setting that are not in the template – you should add them to your SOP.
- ◆ Going through the exercise of describing each available intervention/service will help all actors be more familiar with what is available – and develop more in-depth understanding of the importance of well coordinated action.
- ◆ Importance of equal attention to BOTH response and prevention; most country programmes tend to be response-driven, with minimal prevention work other than security and justice/rule of law (we'd like to see stronger prevention).

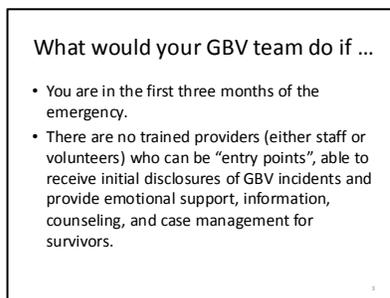
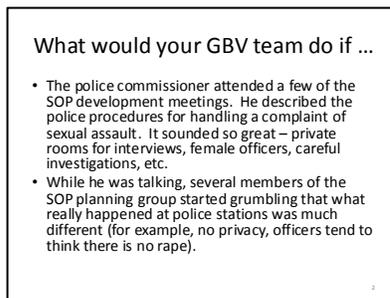
## 2. Case Studies and Discussion (1 hour)

- A. Divide the large group into small buzz-groups of 3-4 people (mixing countries together, or keeping country teams intact – whichever seems to make more sense at this point)
- B. One by one, show a slide that describes a specific challenge and asks the group “What would you do?”.
- C. Give the groups approximately 5-10 minutes to discuss in small groups.
- D. In plenary, ask some questions to get a few examples of how the situation could be resolved; ask if anyone has actually experienced a similar situation, and what they did about it.



### Probing Questions:

- What about meeting individually with the police commissioner to discuss strengths and weaknesses in police response?
- This could be an opportunity for honest discussion and feedback among the team. Citing specific situations and examples (non-identifying information) would help to clarify ongoing problems.
- Police participation in GBV team meetings is often inconsistent; this kind of situation may require individual discussions with the police commissioner or other police actors.
- Are there women in the community who can serve as these entry points and refer survivors to the health centre?
- If GBV prevention and response are required emergency response standards, what kinds of advocacy should we be doing in our own organizations to ensure there are trained staff available in all emergencies?



- This is an example of inter-cluster coordination, which can be very challenging in many settings.
- How are inter-cluster issues (not only GBV-related) managed in your setting?
- Should a representative of the GBV team attend a WatSan coordination meeting to discuss these issues? Have you tried this?
- What can be done to further engage WatSan in GBV interventions?

**What would your GBV team do if...**

- You learned in your GBV assessment that water points and latrines are areas where girls do not feel safe and there have been several sexual assaults and attempted sexual assaults around these areas.
- You know that WatSan is aware of the problem and that some interventions are being planned, but you don't have any details.
- There is no WatSan focal point for the GBV working group. You have invited the cluster to discuss, but their representative has cancelled meetings three times in the past month, and now say they are too busy to reschedule.

**E. Key points of this session:**

- ◆ Emphasis is on sharing experiences, not so much on solving all of the problems presented in these examples.
- ◆ Encourage thinking “outside the box”, and applying good practices for engagement, team building, collaboration, cooperation, etc. Point out examples of those qualities, and reinforce their value in building effective prevention/response interventions that are well coordinated, good quality, comprehensive, and effective.

**3. Close the session (10 minutes)**

- A. Show the last two slides and read through each briefly, highlighting the key points.
- B. Explain that this question often comes up for Sections 6 and 7 of the SOPs – how many organisations to include in the SOP, and which ones to include. The information here can be useful to help guide decision-making among country teams.

**What to Consider when Including a Service Provider in the SOP:**

- **Participation:**
  - Have the different service providers actually been involved in the SOP development process?
  - If so, how?
- **Buy-In and Ownership:**
  - Do the service providers feel responsible to this document, or do they feel that it is someone else's to which they are obliged?
- **Presence:**
  - Is the service put forward by an agency/organization actually present on the ground?

**What to Consider when Including a Service Provider in the SOP (continued)**

- **Quality of Service:**
  - Does the quality of that service adhere to relevant standards? Are they survivor-centered?
- **Coverage:**
  - Do the services actually reach the population you are serving?
- **Accessibility:**
  - Can survivors and/or communities access this service freely, safely and confidentially?
- **Accountability:**
  - Who is responsible for monitoring this service?

**Key Messages**

Included above.



## SESSION 8. COORDINATION

### Description

Good coordination is essential to inter-agency and multi-sectoral GBV work. This session covers the principles of coordination as well as the principles of partnership. A lively group activity helps participants to think in more depth about the *how* and the *why* of collaboration, cooperation, communication, and coordination.

### Learning Objectives

1. Be familiar with the contents and good practices in this section.
2. Begin to identify strengths and weaknesses of existing coordination mechanisms

### Timing

1 ½ - 2 hours

### Materials/Preparation

-  PPT 8\_Coordination
-  Handouts (in participant manual)
-  Cards or small papers prepared in advance for the group activity, with job titles of humanitarian actors – A name tag and 5 cards or paper for each job title; enough so that each participant will receive 5 copies of the same job title (the card or paper will serve as their “business card” for their role).

### Detailed Guide

1. Coordination, Section 8 (45 minutes to 1 hour)
  - A. Follow along on the PPT and in the SOP Guide.
  - B. Ask participants to follow in their SOP Guide, using highlighter and sticky notes to mark key points and makes notes to themselves
  - C. This part of the session involves giving information and then asking small groups/country teams to reflect on what they have in place and whether their SOP document accurately describes what is in place.
  - D. Estimate 10 min discussion in country teams for the slides with discussion questions. No plenary report-back; they use their SOP Score Cards and hold this information for planning in later sessions.

### Multi-Sectoral, Coordinated Action

General coordination responsibilities of a multi-sectoral and community-based approach include:

- Strategic planning
- Gathering data and managing information
- Mobilising resources and ensuring accountability
- Orchestrating a functional division of labour
- Monitoring effectiveness; identifying and resolving challenges
- Providing leadership

2

### Multi-Sectoral, Coordinated Action

Specific coordination activities include:

- Sharing information about resources, guidelines, and other materials
- Sharing non-identifying data about GBV incidents
- Discussion and problem-solving about prevention and response activities, including planning these activities and engaging with other relevant coordinating and leadership bodies
- Collaborative monitoring and evaluation
- Identifying programme planning and advocacy needs, and sharing those among other actors, coordinating bodies, and leadership structures

3

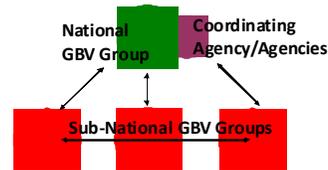
### 10.1. Coordination Mechanisms

- All clusters (or sectors; i.e. health, community services, protection, camp management, human rights, legal/judicial, security/police, etc.) define their respective responsibilities regarding prevention and response to sexual violence, and how they will liaise with the GBV working group and coordinating agencies in their location.
- All GBV working group members take responsibility for ensuring multi-sectoral action and participation in coordination of GBV interventions in their location.

See IASC Guidelines for GBV Interventions in Humanitarian Settings

4

### 10.1. Coordination Mechanisms



5

### 10.1. Coordination Mechanisms

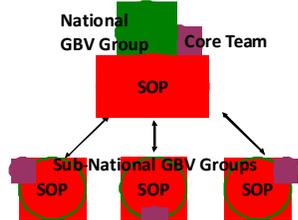
- Does your SOP describe coordination mechanisms? If not, why not?
- Do the GBV working groups in your setting match the description in the SOP Guide? If not, what is missing, what are the gaps?

6

Discussion

### The SOP Development Process

Nationally Recognized Framework (NAP, SOP Guide, etc.) = "SOP Backbone"



7

In most settings, it works best to develop separate SOPs for each individual site. Although this takes time, the process of development in each location will help to ensure that the SOP is accurate, realistic, and will be used by all relevant actors.

## 10.2. Coordinating Agencies

- GBV groups often form before there is a designated “coordination agency”. Groups of committed, interested actors are in the best position to identify who among them would be the most appropriate coordinating agency.
- Coordinating agency(ies) could be UN, international or national NGO, government, or other representative body with sufficient knowledge and capacity to perform this role, and invested with due authority.

8

## 10.2. Coordinating Agencies

- The national GBV coordinating agency might not be the same as the sub-national GBV coordinating agencies. It is not necessary, and sometimes not appropriate or feasible for the same agency to be in the coordinating role at all levels.

9

## 10.2. Coordinating Agencies

- The coordinating agency (ies) is/are responsible for
- Encouraging participation in the GBV working group
  - Convening regular meetings
  - Knowing who is doing what and where
  - Communicating and following up with a wide range of actors
  - Linking with other clusters/sectors
  - Promoting other methods for coordination and information sharing among all actors, e.g. by representing the GBV working groups at relevant cluster/sector meetings and/or with government authorities to inform and advocate for GBV issues and concerns

10

## 10.2. Coordinating Agencies

- Do your coordinating agencies match the description in this section? If not, are there missing steps or gaps?
- Do you have coordinating agencies at all levels – and are they different, or the same agency? Are there good reasons for this, or should this be reviewed?

11

## 10.3. Local GBV working group

- Local/sub-national GBV working groups (at minimum) convene monthly meetings to:
- Analyse GBV data/information, including qualitative information and quantitative and non-identifying GBV incident data
  - Develop targeted prevention strategies
  - Identify, discuss and resolve specific issues and gaps in GBV response and prevention (including training and awareness-raising needs and wider policy issues)
  - Discuss and plan ways to work with other sectors and groups to plan, share information, and solve problems
  - Share information about activities and coordinate interventions to minimize redundancy, fill gaps/needs

12

## 10.3. Local GBV working group

- Are the sub-national working groups meeting and functioning as described in this section?
- If not, what are the reasons for this?
- Does your SOP reflect what is happening?
- Consider, for example:
  - Who attends and participants/who doesn’t – and how to address absent or silent sectors and actors
  - Meeting leadership, how long are meetings, what are results, what kind of documentation, how is it shared

13

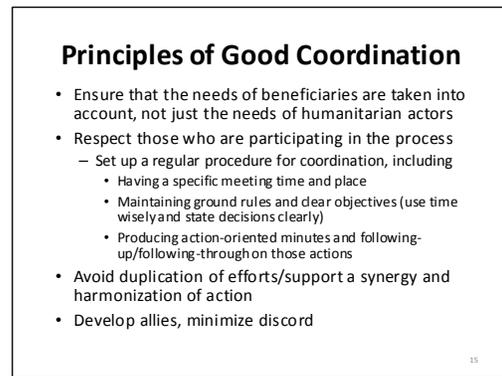
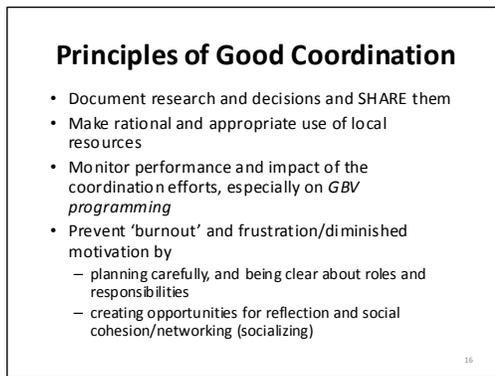
## 2. Principles of Good Coordination (10-15 minutes)

- A. Ask: Do you have good (multi-sectoral and inter-agency) participation in your coordination bodies?
- What motivates people to participate in a GBV coordination body?

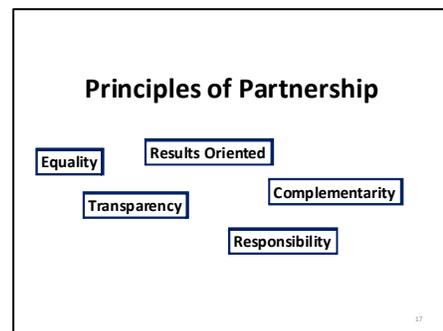
- For each type of agency shown on the slide, what might motivate people to participate?
- Generate a short discussion to bring out best practices for getting good participation in coordination bodies.



- B. Ask participants to find their handout “Principles of Good Coordination” in their manual – and follow along with the next slides. Take a little time to go through it; it will be of use to the teams when they reflect on their coordination systems later in the workshop.



- C. Ask participants to find their handout “Principles of Partnership” in their manual. Take a little time to go through it; it will be of use to the teams when they reflect on their coordination systems later in the workshop.



3. Group Activity (30-40 minutes)

- A. This noisy and lively activity will help participants think more about the how and why of collaboration, cooperation, communication, and coordination.
- B. Ask the group to remain seated and wait for all of the instructions.
- C. Hand out name tags and business cards to each participant (each participant gets 5 copies of the same business card).

D. Show the slide and explain that they will have 20 minutes to move around the room, learn which actors are here, and choose at least 3 and no more than 5 people from amongst the group with whom you would like to partner.

- Give 1 of your cards to each of these people
- Explain to each one why you want to partner with them
- Explain to each the *strategic value* that you see in that partnership.
- *Be as realistic as possible.*

E. Be sure the instructions are clear – ask for questions, repeat and rephrase as needed.

F. When all understand clearly, tell them to start.

G. After 20 minutes, ask them to stop. You may need a whistle or a bell to get their attention – it can get noisy in large groups.

H. Generate a discussion about partnerships, motivation, and strategic issues.

- Some questions to help get started:
  - What is your role? How many cards did you give away? To whom? Why?
  - What is your role? How many cards did you receive? Which ones?
- Draw out the qualities, behaviours, characteristics, and motivations of people who seek to partner and coordinate together – and people who do not.

4. End the session with this exercise and the key messages/good practices that were identified.

Roles for cards:

1. Gender Advisor Peacekeeping Mission (international)	2. Religious leader (national)
3. Minister of Justice (national)	4. Journalist (international)
5. The Humanitarian Coordinator (international)	6. Social worker (national)
7. Country head of USAID (international)	8. GBV Programme Manager (international)
9. Head of the Protection Cluster (international)	10. UNFPA GBV Coordinator (international)
11. Safe house manager (national)	12. Survivor (national)
13. UNICEF Child Protection Officer (international)	14. Village elder, chief (national)
15. Human Rights Officer Peacekeeping Mission (international)	16. Head of Health Cluster (international)
17. INGO Camp Manager (international)	18. Rule of Law Advisor, UNDP (international)
19. Mobile phone company manager (international)	20. First Lady of the Country (national)
21. Local video club manager (national)	22. Head of Education Cluster (international)
23. Health Commissioner (national)	24. Director of the National Red Cross (national)
25. Minister of Justice (national)	26. Minister of Gender (national)
27. Women’s rights advocate (national)	28. Community Services Officer (international)

**Partnerships Activity**

- Choose at least 3 - and no more than 5 - people with whom you would like to partner from amongst the group.
- Give 1 of your “business cards” to each of these 3-5 people
- EXPLAIN to each *why* you want to partner and the *strategic value* that you see in partnering with them.
- *Be as realistic as possible.*

---

## Handout – Principles of Good Coordination

1. Ensure that the needs of beneficiaries are taken into account, not just the needs of humanitarian actors
2. Respect those who are participating in the process.
  - Set up a regular procedure for coordination, including
    - having a specific meeting time and place
    - maintaining ground rules and clear objectives (use time wisely and state decisions clearly)
    - producing action-oriented minutes and following-up/following-through on those actions
3. Avoid duplication of efforts/support a synergy and harmonization of action
4. Develop allies, minimize discord
5. Document research and decisions and SHARE them
6. Make rational and appropriate use of local resources
7. Monitor performance and impact of the coordination efforts, especially on *GBV programming*
8. Prevent ‘burnout’ and frustration/diminished motivation by
  - planning carefully, and being clear about roles and responsibilities
  - creating opportunities for reflection and social cohesion/networking (socializing)\
9. Due to the high turnover of staff in all agencies, ensure that alternates are in place and that they follow-up on regular coordination meetings/activities so that there are no breaks and gaps in coordination.

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## Handout - Principles of Partnership

### A Statement of Commitment

*Endorsed by the Global Humanitarian Platform, 12 July 2007*

The *Global Humanitarian Platform*, created in July 2006, brings together UN and non-UN humanitarian organizations on an equal footing.

- Striving to enhance the effectiveness of humanitarian action, based on an ethical obligation and accountability to the populations we serve,
- Acknowledging diversity as an asset of the humanitarian community and recognizing the interdependence among humanitarian organizations,
- Committed to building and nurturing an effective partnership,

... the organizations participating in the **Global Humanitarian Platform** agree to base their partnership on the following principles:

#### **Equality**

Equality requires mutual respect between members of the partnership irrespective of size and power. The participants must respect each other's mandates, obligations and independence and recognize each other's constraints and commitments. Mutual respect must not preclude organizations from engaging in constructive dissent.

#### **Transparency**

Transparency is achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information. Communications and transparency, including financial transparency, increase the level of trust among organizations.

#### **Result-oriented approach**

Effective humanitarian action must be reality-based and action-oriented. This requires result-oriented coordination based on effective capabilities and concrete operational capacities.

#### **Responsibility**

Humanitarian organizations have an ethical obligation to each other to accomplish their tasks responsibly, with integrity and in a relevant and appropriate way. They must make sure they commit to activities only when they have the means, competencies, skills, and capacity to deliver on their commitments. Decisive and robust prevention of abuses committed by humanitarians must also be a constant effort.

#### **Complementarity**

The diversity of the humanitarian community is an asset if we build on our comparative advantages and complement each other's contributions. Local capacity is one of the main assets to enhance and on which to build. Whenever possible, humanitarian organizations should strive to make it an integral part in emergency response. Language and cultural barriers must be overcome.



## SESSION 9. SOP REVIEW AND REFLECTION

### Description

This discussion builds on participants' earlier reflection about the process used to develop the SOP and the current status of that development process. In this discussion, team members will share their views and discuss the SOP "score card". This session is another step toward developing a country plan to strengthen the SOP for Prevention and Response to GBV in participants' settings. Through plenary discussions, country teams will also be able to learn from each other.

### Learning Objectives

1. Identify strengths of existing SOP in your setting.
2. Identify weaknesses, gaps, and areas needing further development in the SOP in your setting.

### Timing

2 hours

### Materials/Preparation

-  Handout SOP Review and Reflection in participant manuals
-  Participants' Score Cards
-  Participants' copies of SOPs from their settings
-  OPTIONAL: PPT 9\_Review and Reflection can be developed for use with this session (is currently blank)

### Detailed Guide

1. Open the session by explaining:

This discussion builds on your earlier reflection about the process used to develop your SOP and the current status of that development process. Now, in this discussion, team members will share their views and discuss the SOP "score card" that you have been working on throughout this workshop. This session is another step toward developing a country plan to strengthen your setting's SOP for Prevention and Response to GBV. After the small group work, during the plenary discussions, country teams will also be able to learn from each other.
2. Ask participants to find three items in their materials:
  - A. Their SOP document (from their setting)
  - B. Their Score Cards
  - C. SOP Review and Reflection Handout
    - Note that this handout covers the entire SOP.
    - The previous reflection handout covered only the process of developing the SOP, not the entire document itself)

3. Read through the handout, asking participants to read along on their copy. Rephrase, answer questions, clarify anything that is unclear.
  - Each country team is to reflect on their existing SOP, as compared to the SOP Guide sections covered so far
  - Note that right now we are NOT including Chapter 9 on documentation and data. This topic will be a bit later in the workshop.
  - Groups will do several sections, then discuss in plenary, then return to small groups for more sections, then report to plenary, and on until finished.
4. Facilitators float around to groups, listening and helping as needed.
5. In plenary discussions, bring out key successes, challenges, weaknesses.
6. When all groups have completed the activity, remind everyone:
  - This is another step in your review and planning at this workshop, so you will need to save these worksheets and notes for further planning at the end of the workshop.

---

### Key Messages

- ◆ This session will work best if you have them work in their country groups for 20-30 minutes, give them specific sections to cover, and then do a short (5-10 minute) plenary discussion drawing out the key points, common challenges, common strengths, or whatever you all are learning as you listen to the group discussions
- ◆ Very important to be clear about time limits and keep to time so they can get through the entire sheet. If possible, try to plan a tea break in the middle of this session.

---

## Handout - SOP Review and Reflection

### Country Team Discussion

*This discussion builds on your earlier reflection about the process used to develop your SOP and the current status of that development process. In this discussion, team members will share their views and discuss the SOP “score card”. This session is another step toward developing a country plan to strengthen your setting’s SOP for Prevention and Response to GBV. Through plenary discussions, country teams will also be able to learn from each other.*

1. If you have not already done so, designate at least one person as note-taker so that you all have the key points for your discussions so far.
2. Using your SOP Score Card as a guide, discuss among your team each section of the SOP template.
  - Share information with each other about notes you have made
  - Share any insights or new ideas you have
  - Identify strengths, weaknesses, and gaps
  - Discuss and try to come to agreement on the current “score” for each section
3. Begin on Page 1, Section 1 (Introduction) and continue in order.

**Note:** Skip Section 9 (Documentation, Data, and Monitoring); we will work on that section later in the workshop.



## SESSION 10. DOCUMENTATION, DATA, AND MONITORING

### Description

Good quality programming requires good quality documentation, data, and monitoring. Given that GBV is universally under-reported, programme monitoring requires seeking qualitative information as well as quantitative data about reported incidents. Real life case studies and group exercises are used to encourage participants to develop useful measures that can help to guide GBV interventions.

### Learning Objectives

1. Identify the value of qualitative quantitative data, and ideas for gathering and using these data
2. Understand the importance of the GBV team's monitoring activities and how to lead and manage monitoring

### Timing

2 – 2 ½ hours

### Materials/Preparation

-  PPT 10\_Monitoring
-  Participants' copies of: Bloom, S.S. *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*. Measure Evaluation, University of North Carolina at Chapel Hill, USA, 2008.

### Detailed Guide

1. Ask participants to open their SOP Guide to Section 9 of the Template, page 38. (Slide 1, title)
  - A. Explain that this section of the SOP Guide is directly linked to our discussions in earlier sessions about the Guiding Principles, referral pathways, and Information Sharing. Remind participants of a few key points from those earlier sessions, such as:
    - For all actors engaged in GBV prevention and response, ethical and safe practices must be the number one priority. This is especially true for the sensitive information about GBV, which means that information sharing about GBV must be carefully and consciously considered, discussed, and agreed among all on the GBV team.
    - Ask participants to state the four **guiding principles for working with survivors** (Safety, Confidentiality, Respect, Non-discrimination).
    - The importance of understanding and adherence to the guiding principles is emphasised in all GBV literature. All GBV actors must abide by the guiding principles.
    - The **guiding principles for all actors** reflect humanitarian ethics and good programming principles for all types of interventions and programmes. These, too, should not be new to participants.

- The importance of establishing clear referral pathways that begin with appropriate and accessible “entry points” identified by women in the community.
  - Careful consideration and negotiation about information-sharing and consent.
- B. It is useful to have participants turn back to the Guiding Principles section in the SOP Guide to quickly read through the lists of guiding principles and refresh their memories.

2. Essential issues to consider in Section 9

- A. While showing these 2 slides, ask a participant to read the text in the “Essential Issues box at the start of Section 9.
- B. Highlight the points on these 2 slides.
- C. Answer any questions.

◆ Essential Issues to Consider

The GBV coordinating agencies ... are responsible for ensuring that there is regular compilation and reporting of non-identifying GBV incident data; that this report is discussed and analysed in the GBV working groups; and that it is disseminated to key actors, including the community and local authorities.

◆ Essential Issues to Consider

- Monitoring and evaluation ...
- Involves more than compiling and monitoring reported incident data
  - Reported incidents represent only a small proportion of the actual GBV incidents that may be occurring in the setting
  - Need to find, compile, and monitor *qualitative* information about GBV

3. Section 9.1, Documentation of reported incidents

- A. Read through the Essential Issues and engage participants in a brief discussion of key points, such as:
  - Is everyone using a standard incident report form?
  - Was this discussed and agreed by the GBV team?
  - Who fills the form? Were they trained?
  - Is data collection on these forms consistent across all who fill the form?
  - Are you using agreed and consistent case definitions?

Documentation

- 9.1. Documentation of reported incidents
  - Consistent data elements – forms – training
- 9.2. Data management (reported incidents)
  - Compiled incident data reports

4. Section 9.2, Data management

- A. Read through the entire section to be sure all is clear. Engage in brief discussion with questions such as:
  - Does your SOP reflect this?
  - What kinds of data elements are consistently

reported in your monthly reports?

- B. When considering these data reports and this kind of information-sharing, one key question is WHAT information will be shared. This slide gives four options.
- Explain that “intake form” on this slide is referencing the “incident report form”.
  - Developing an SOP requires some discussion about these options. The team must understand what information is needed by the various actors so that everyone has the information needed to monitor interventions for prevention and response.

#### Operational Considerations

- In the context of **GBV program planning**, there are 4 options for information-sharing:
  - Share individual intake forms (not recommended)
  - Share all data from intake forms (anonymous/de-identified)
  - Share some of the data from intake forms
  - Share statistical outputs: Analyzed and correlated data

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## 5. Qualitative Data

- A. Ask someone to read the paragraph in section 9.3:

*Each sector will gather and analyse qualitative information about GBV incidents that are not reported, including results of focus group discussions, rumours of GBV incidents, community perceptions of risky areas or suspicious activities, and any issues that may be recognized or suspected. These will be presented and discussed at the GBV working group meeting and provided to the GBV coordinating bodies.*

- Ask – is this common practice in your setting?

- B. Generate a short discussion about qualitative data; explain more details for each of the examples on the slide

- C. Ask if anyone has a concrete case example of how qualitative data proved useful for monitoring GBV and GBV interventions in a field site. If there is no example from participants, you can use or adapt this one:

In a camp in Tanzania with active GBV programmes in place, there were no reported incidents of sexual exploitation or abuse of children, and no reports of child prostitution. One of the child protection agencies interviewed child prostitutes working in the area and learned much about ages, health issues, psychological issues, reasons why they are doing sex work, and how they entered into that work. The information and analysis proved essential for designing prevention strategies and reaching out to these children for response services. The group learned that child prostitution was widespread and directly linked to early sexual violence experiences of these young girls.

### 9.3. Qualitative Data

Some examples:

- Results of focus group discussions
- Rumours of GBV incidents
- Community perceptions of risky areas or suspicious activities

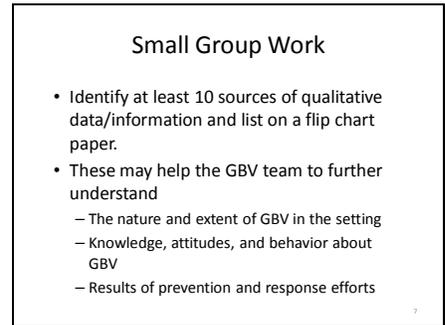
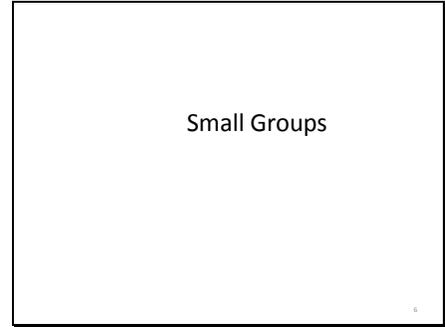
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6. Qualitative Data – small group work (Approximately 45 minutes)

- NOTE: These small groups are mixed country people – NOT country groups – have them number off or do something else to divide into small groups of 4 people each

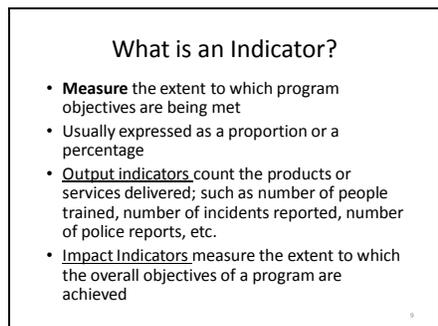
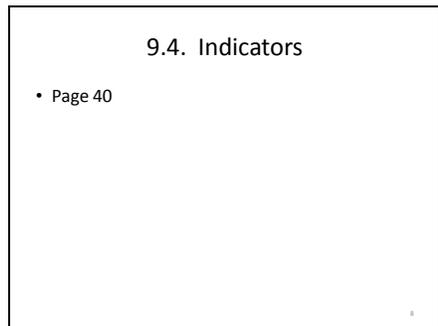
B. 15-20 minutes in small groups

- Read through the instructions on the slide. Be sure instructions are well understood by everyone; rephrase and answer questions as needed.
- 20-30 min, Plenary report back by Gallery Walk:  
Ask groups to post flip charts around the room, give participants 10 minutes to walk around and read them all, return to seats and discuss in plenary a few questions, such as:
  - Was it difficult to think of 10 examples?
  - Were any of the ideas new to you?
  - Any that seem especially useful?
  - Any that seem especially unrealistic?
  - Any conclusions or thoughts about the value of qualitative information for guiding programming?
  - What challenges did you identify in gathering and using qualitative information?
  - Do you think your GBV team actively seeks and reviews qualitative data? Why or why not?



7. Indicators, Section 9.4, page 40 (20-30 minutes)

- A. Ask someone to read the text on pg 40, section 9.4 Indicators
- B. Ask participants to look at the IASC Guidelines, Action Sheet 2.2, pp 27-28 (English version)
- C. General discussion, be prepared with a few questions:
- What is an indicator? (slide 9 – click to show the answer)
  - Can anyone give an example of an indicator you are using?
  - Do you all have indicators for response AND for prevention?
- D. Be prepared to give feedback about “good” indicators; be sure participants understand this.



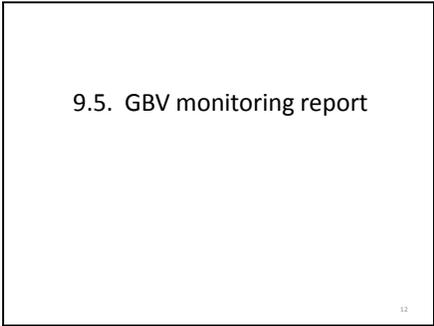
**8. Indicators (close that discussion)**

- A. Ask participants to find the Resources for GBV Indicators” in their participant manuals.
- B. Ask participants to find their copy of the *Compendium of GBV Indicators*. Encourage everyone to read (outside this session) the front sections about indicators and the section on indicators for Humanitarian Emergencies.
- C. Note to participants that:
  - Individual agencies will have their own programme indicators, usually not included in an SOP.
  - The SOP is talking about GBV team indicators – to look at the multi-sectoral interventions together, as a team, and not only as individual agencies providing specific sectoral services.



**9. GBV Monitoring Report, Section 9.5**

- A. Read the section (page 40), or ask someone to read it.
- B. Review the information sharing key points from Session 5.
- C. Plenary discussion, or divide into country groups, questions like:
  - Do you have a monitoring report now?
  - Does it include the elements included in this template? If not, why not?
  - Who prepares it, who sees it, who uses it, does the coordinating group/GBV team discuss it and use it to strengthen programming?



**10. Close this session.**

- A. Ask if there are any final questions or comments about data, documentation, and monitoring.
- B. Remind participants that this topic is linked with the Guiding Principles and Information Sharing principles.
- C. Bring up any of the key messages below that may not have come up during the session.

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**Key Messages**

- ◆ The facilitator for this session should be knowledgeable about programme monitoring, including the characteristics of “good” indicators. It may be useful to have a GBV Monitoring & Evaluation resource person present during this session.
- ◆ It may be a good idea to recommend that participants seek more M&E training so that they can strengthen their skills in developing indicators and in all areas of M&E. One source of online training is through MEASURE evaluation

- ◆ Use mixed methods. Gathering and analyzing data in just one manner is never sufficient.
- ◆ Stress the importance of the SOP containing indicators and monitoring plans for BOTH prevention and response interventions. Acknowledge that prevention is often neglected in programme monitoring, largely because it can be difficult to measure.
- ◆ GBV is underreported, so data about reported cases only show a small part of the larger picture. This is why qualitative data is so important.
- ◆ An indicator measures the extent to which programme objectives are met
- ◆ GBV actors need to agree on certain indicators to assess if the interventions described in the SOP are effective.
- ◆ Also need child friendly ways of measuring and assessing GBV (See Resources and Further Reading in Session 6, Reporting and Referral Procedures).
- ◆ Quality of indicators is important; best are those that have programme relevance, validity, specificity, reliability, comparability, and precision.
- ◆ Impact indicators (the extent to which the overall objectives are achieved) are preferable to output indicators (products of services delivered)
- ◆ One very commonly used - and not very good - indicator is “number of persons trained”. If this indicator comes up during the session, the facilitator and/or resource person should take a little time to help participants understand how it could be revised to be more useful. I.e., to assess a possible change in knowledge or attitudes from these trainings, you need to also include pre- and post-training evaluations; the indicator becomes more like “proportion of trainees who successfully passed the post-test”.
- ◆ Another idea for small group work during this session is to ask participants to review their SOPs for indicators and share some examples for review and discussion with the larger group.
- ◆ Remember the rule of M&E, that “what gets counted gets done”. Indicators should reflect the free choice of survivors (for example; “Percentage of survivors who presented themselves within 72 hours and requested medical services, received PEP Kits”). Indicators such as “the percentage of survivors who refer the case to legal justice” may encourage pressing survivors to pursue legal justice, and this is not in line with the survivor-centred approach and the guiding principles.
- ◆ Need to clarify the purpose of the monitoring report in the GBV task force and reach consensus on what should be reported on, how often and be compiled by whom. Refer to the sample Information-Sharing Protocol in participants’ manual.

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### References, Further Reading

Bloom, S.S. *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*. Measure Evaluation, University of North Carolina at Chapel Hill, USA, 2008. Available at: [www.cpc.unc.edu/measure/publications/pdf/ms-08-30.pdf](http://www.cpc.unc.edu/measure/publications/pdf/ms-08-30.pdf)

This is a compendium of monitoring and evaluation indicators focused on violence against women/girls, for programme managers, organisations, and policy makers working to address violence against women/girls at the individual, community, district/provincial, and national levels in development countries. Includes a chapter on Humanitarian Settings. Also includes discussion about indicators and qualities of a “good” indicator.

MEASURE Evaluation's **Monitoring and Evaluation Network of Training Online Resources (MENTOR)**, makes free training materials and tools on M&E topics available for researchers, programme managers, trainers, policy makers, students, and other public health professionals.

<http://www.cpc.unc.edu/measure/training/mentor>

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## Resources for GBV Monitoring & Evaluation

Bloom, S.S. *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*. Measure Evaluation, University of North Carolina at Chapel Hill, USA, 2008. Available at: [www.cpc.unc.edu/measure/publications/pdf/ms-08-30.pdf](http://www.cpc.unc.edu/measure/publications/pdf/ms-08-30.pdf)

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UN Division for the Advancement of Women (UNDAW), UN Economic Commission for Europe (UNECE) and UN Statistical Division. *Indicators to measure violence against women: Report of the Expert Group Meeting, 8 to 10 October 2007, Geneva, Switzerland, 2008*. Available at: <http://www.unece.org/stats/documents/ece/ces/ge.30/2007/mtg1/zip.3.e.pdf>

Report of an expert meeting which includes reviews of existing major national, regional and international initiatives aimed at developing indicators on violence against women.

UN Human Rights Council, *Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences, Yakin Ertürk: indicators on violence against women and State response, 29 January 2008*. A/HRC/7/6. Online. UNHCR Refworld. Available at: <http://www.unhcr.org/refworld/docid/47cd6c442.html>

The second report of the UN Special Rapporteur on violence against women. The report includes a summary of activities in 2007 and a discussion of indicators to measure violence against women and State responses towards ending such violence.

### **General Guidance about monitoring multi-sectoral GBV interventions in humanitarian settings**

*Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies*. Geneva, Inter-Agency Standing Committee, 2005.

Action Sheet 2.2 describes the minimum activities for monitoring, and includes sample output indicators for each sector/cluster or area of intervention.

### **M&E Training Resources**

MEASURE Evaluation's Monitoring and Evaluation Network of Training Online Resources (MENTOR), makes free training materials and tools on M&E topics available for researchers, programme managers, trainers, policy makers, students, and other public health professionals. Includes free online or CD-ROM training courses

<http://www.cpc.unc.edu/measure/training/mentor>



## SESSION 11. PLANNING

### Description

Country or local GBV teams meet to develop their plan for developing or strengthening the SOP for the setting. This is a group planning session using a detailed planning tool.

### Objective

- Develop a plan for developing or strengthening the SOP in your setting, which will help you to achieve one of the purposes of this workshop:  
*To return to your field sites and facilitate the development / revision of SOPs with your GBV team members and colleagues locally and nationally using the SOP Guide.*

### Timing

2 hours (including plenary discussion)

### Materials/Preparation

- ✎ Planning Tool – in participant manuals
- ✎ SOP Score Cards – as filled by participants throughout the workshop
- ✎ All materials, guidelines, tools in participants' packets
- ✎ Laptops – one for each small group, with Planning Tool pre-loaded so that groups can fill in as they work
- ✎ USB sticks or blank CD-ROMs
- ✎ OPTIONAL : PPT 11\_Planning. This is a blank PPT which can be developed for giving instructions and facilitating plenary discussion.

### Detailed Guide

1. Ask participants to find the Planning Tool in their participant manuals.
  - A. Read through the front section, above the thick purple line. Rephrase and clarify any questions to be sure all is understood by everyone.
  - B. Explain that now it is their turn, time to take all of this learning and review and reflection – and develop a realistic plan of action
    - To strengthen your Standard Operating Procedures
    - To fill gaps
    - To correct omissions and errors
    - To strengthen collaboration, buy-in, participation, and support (process issues!)
    - To strengthen prevention and response to GBV
  - C. Emphasize the TIME AVAILABLE
2. Break into groups of country teams
  - Facilitators to monitor and help watch time, keep groups on track.

- Important to keep them to time !!!
3. At the end of small group time, try to have a tea break.
  4. Be sure to collect everyone's plans on a USB stick or CD-Rom for the workshop report and for any follow up after the workshop.
  5. Plenary discussion to share key points, key actions and general timelines from each country team.
    - Ask probing questions, and let country teams answer one by one:
      - What is your timeline for finishing or completing a revision of your SOP?
      - What is the most challenging issue in your plan, and what is your plan to address it?
      - Which parts of this plan seem easiest to you?
      - Which parts of this plan do you think will be difficult?
      - What kinds of support will you need (from community, from humanitarian leaders, from field staff, from government, from UNs, from NGOs, etc) to successfully carry out this plan?
      - How (and when) will you inform others about this workshop and this plan? What are your next steps when you return to your field site?
      - How will you ensure sustainability of the SOP over time?
  6. Close this session with
    - A few words summarizing common themes
    - Some encouraging words
    - Ask each person (including facilitators) what is one thing they will be doing to carry the plan forward when they return after this workshop.
      - Go around the room, one at a time, and ask each person to share one thing they will commit to do.

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## Key Messages

- ◆ Plenary discussion of plans should be engaging, interactive, and interesting for all participants. Try to encourage sharing among groups and interactive discussions.
- ◆ One issue that should be incorporated into the small group work and plenary discussion is: How do you turn a good SOP into effective implementation on the ground? How is the SOP turned into effective action, it may look good on paper but not translate to the field.





## SESSION 12. CLOSING

### Objectives

1. Support participants in carrying forward the plans made during the workshop.
2. Review key messages from the workshop.
3. Gather participant feedback on the workshop (complete workshop evaluations).

### Timing

1 hour or less

### Materials/Preparation

- ✎ OPTIONAL/RECOMMENDED: PPT 12\_Closing can be prepared for use during this closing session.
- ✎ If PowerPoint is not used, facilitators should review the key points and significant discussions from the entire workshop and be prepared to review those.

### Detailed Guide

1. Following the workshop agenda, summarize by quickly reviewing the topics and key points covered during the workshop. (15-20 minutes).
  - Invite any final comments or questions
2. Review the workshop purposes and objectives.
  - Ask the group – Did we achieve these aims?
3. Evaluation
  - Hand out the workshop evaluation (anonymous)
  - Allow time for all participants to complete it and hand it in.
4. Give each participant a CD-Rom or USB stick with resource materials.
  - Include copies of the plans made during Session 11.
5. Closing remarks
  - See key messages below for suggestions
  - Thank participants for their hard work
  - Thank any support persons who assisted with the workshop
  - Ask participants if anyone would like to say final words.
6. Participants leave.

### Key Messages

- ◆ A PowerPoint with familiar images from throughout the workshop can be very effective for reminding participants about key points and messages.
- ◆ Similar to the Opening Session, inviting a high level leader to give some closing remarks can help to raise the profile and the importance of this workshop.

- ◆ The closing session should include words of encouragement and any concrete suggestions for carrying out the plans made during this workshop. It is unfortunately too often the case that workshop participants return to their field sites with good intentions, but with little if any follow through.

## ANNEX 1. LESSONS FROM THE PILOT WORKSHOPS

A number of issues and lessons emerged from the pilot testing of this SOP Workshop. Key lessons and recommendations are listed below and all of these have been addressed in this facilitator's guide. They are listed here to emphasise their importance to the success of an SOP Workshop.

- ◆ Select participants carefully to ensure the “right” group of participants. These must be people who will indeed be working on developing or revising the SOP in the field site. Invitations through country offices do not always reach the target participants, so clear and specific information about “who should attend” is important. Screening applicants is also essential; give feedback and request different participants whenever necessary. Be clear with country offices that you reserve the right to select participants from among those who may be recommended.
- ◆ Plan in advance to ensure optimal logistics and advance preparation and communication.
- ◆ Send SOP Guide to participants before start of workshop and make it mandatory to the complete guide for participation in workshop – some questions asked by participants reflected that they had not read the SOP Guide, and this will waste time and frustrate other participants.
- ◆ Facilitators should be knowledgeable and experienced in using the SOP Guide. Participants like direct answers or best practice examples from the facilitators that address their questions.
- ◆ Facilitators should also be experienced facilitators/trainers. This workshop is a combination of teaching and learning through discussion and analysis. For many issues and questions, there is no single “correct” answer, so facilitators must have the skill to draw out analysis and discussion from participants.
- ◆ At the time this workshop was developed, the SOP Guide was a relatively new publication and was not routinely used in all/most field sites. The GBVIMS was also not routinely used in field sites. Over time, with increasing implementation of the GBVIMS in the field, many sections of the SOP Guide will be much easier to understand and fulfil. Until that happens and while GBV incident data is inconsistently recorded and compiled, the documentation, data, and monitoring sections of the SOP Guide will require some extra work.
- ◆ Be prepared for discussions about “informed” consent. There is excellent guidance about this in the WHO ethical and safety recommendations document. Participants may struggle with understanding consent, and this issues is frequently not well understood in field sites.
- ◆ Be prepared for specific examples of the special considerations for children. There are some excellent resource materials referenced in the WHO ethical and safety recommendations. Facilitators should be familiar with these materials.
- ◆ Engaging the government: Try to start this process as early as possible, at the minimum make them aware of what you are doing on GBV and the development of SOPs, but this is very context specific and will be quite different in refugee and IDP settings.
- ◆ SOP sustainability: This is covered in the SOP Guide, but often missed. Make sure the document is a living document, that it is time bound and that actors transfer the responsibility and the document

itself in cases of staff turnover. The more relevant and action oriented the SOP is, the more sustainable it is.

- ◆ When is developing an SOP a priority? Where there are *very few services*, the priority may be more in the direction of advocacy and ensuring quality of services, while SOP development becomes more of a priority when there are multiple service providers and there can be reflection and planning around the coordination and referral systems.

## ANNEX 2. SAMPLE WORKSHOP EVALUATION

**GBV SOP Workshop**  
*Workshop Dates*      *Location*  
**WORKSHOP EVALUATION**

1. Please list two things you will do to help and support your country team to take action to when you return to your field site:

- 
- 

2. What additional support, assistance, or guidance will you seek in your field site to support follow through with the action plans discussed in this workshop?

3. Did this workshop meet your expectations? \_\_\_\_\_ (Yes or No) If not, why not?

4. Do you believe the plans made at this workshop will be carried out? (circle a number)

1                      2                      3                      4                      5                      6

*not at all*   ←—————→   *Yes – all of them*

Why do you believe this?

5. How would you rate the logistics for the workshop, i.e., breaks, meals, communication, responsiveness, etc? (circle a number)

1                      2                      3                      4                      5                      6

*very poor*   ←—————→   *excellent*

We welcome your comments about logistics

6. Kindly indicate what additional training or support you and/or your GBV team would benefit from - on the SOP or other related topic:

7. Your additional comments and suggestions would be most appreciated.



**Gender-Based Violence Area of Responsibility  
Global Protection Cluster**

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<http://onerresponse.info/GlobalClusters/Protection/GBV>