

Gender-Based Violence Legal Aid: A Participatory Toolkit

ARC International
GBV in Conflict-Affected Settings



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ARC International- Mission Statement

ARC International is a nonprofit, nonsectarian, international refugee assistance organization, headquartered in Minneapolis, Minnesota. ARC works to ensure the survival, health and well-being of refugees, displaced persons, and others at risk, helping them to rebuild productive lives of dignity and purpose.

ARC's goal is to share information and skills with those we serve, always with respect for their own knowledge and values.

Contents

1 Introduction

Gender-Based Violence in Populations Affected by Armed Conflict	6
Prevention and Response to Gender-Based Violence	7
ARC International's GBV Legal Aid Clinics	7

2 GBV Legal Aid Toolkit

Background	9
Overview	10
Preliminary Assessment	10
Action Plan	10
Monitoring and Evaluation	10
Three Areas of Programmatic Implementation	11
Three Areas of Contextual Analysis	11
Ideal Components	12
GBV Legal Aid Matrix	13

3 Guide to Using This Toolkit

Preliminary Assessment	14
Action Plan	19

Appendix *(also available on attached CD-Rom)*

A. Preliminary Assessment Worksheets Templates	24
B. Action Planning Worksheets Templates	28
C. GBV Programs: Monitoring and Evaluation Handout Series: Goals and Objectives, Indicators developed by JSI/RHRC Consortium.	32
D. Facilitator's Guide	39
E. Resources	41

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The matrix that Ms. Kamara developed is loosely based on a conceptual framework to address informed choice that she developed in 2001 with her colleagues at EngenderHealth, Jan Kumar and Jill Tabbutt-Henry. The publication in which this can be found is *Realizing Rights in Sexual and Reproductive Health Services. Choices in Family Planning: Informed and Voluntary Decision Making*, available from Engenderhealth.

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Introduction

Gender-based Violence in Populations Affected by Armed Conflict

The UN Declaration on the Elimination of Violence Against Women defines gender-based violence (GBV) as, “Any act...that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” It is broadly defined as any harm to a person resulting from the power disparities caused by gender inequality.

According to a World Health Organization (WHO) report, among women aged 15-44 years, gender violence accounts for more death and disability than cancer, malaria, traffic injuries, and war put together. And in Africa, it is estimated that 1 in every 3 women will be raped in their lifetime.

GBV is especially problematic during armed conflict and in displaced settings, where civilian women and children are often targeted for abuse, comprise the greatest numbers, and are the most vulnerable to exploitation, violence, and abuse simply by virtue of their gender, age, and status in society. During periods of armed conflict, militants use rape to humiliate and demoralize a population, or to facilitate ethnic cleansing by impregnating women against their will. Women and girls seeking refuge, traveling without male protection and/or with very few resources can be coerced into sex in exchange for food or safe passage. It is well documented that GBV is a widespread international public health issue, and that adequate, appropriate, and comprehensive prevention and response are lacking in most countries worldwide.¹ However, few actual numbers are known, although reports of rape, sexual exploitation, sexual bartering, domestic violence, and other forms of GBV are increasingly surfacing in conflict and displaced settings. Wartime sexual violence perpetrated by combatants is a serious risk. Sexual abuses such as rape, exploitation, and sex-for-survival in displaced settings are believed to be pervasive problems worldwide.

For couples who are not separated by war, the stress of escaping conflict and relocating to a camp can intensify domestic violence. In addition, in the relatively unsafe refugee environment, young girls are more easily abducted by traffickers and forced into prostitution. Displaced people may also revive harmful traditional practices, such as female circumcision, to maintain a sense of continuity during a turbulent time.² Unfortunately, wartime incidents of GBV are frequently overlooked and perpetrators are rarely punished.

“This silence is in significant measure a function of deeply embedded cultural assumptions that acquiesce to the ‘inevitability’ of violence and exploitation of women and girls.”³

¹ Heise, Lori, Pitanguy, L., Germain, A. *Violence Against Women: The Hidden Health Burden*. World Bank Discussion Paper 255, 1004. *World Report on Violence and Health*, World Health Organization, 2002.

² Vann, Beth. 2002. “Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations.” Arlington: JSI Research & Training Institute.

³ Ward, Jeanne. 2002. “If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-conflict Settings: A Global Overview.” New York: The Reproductive Health for Refugees Consortium.

GBV poses a serious threat to both personal and public health. Those survivors who live through the experience may face unwanted pregnancies, STI infections (including HIV/AIDS), chronic pain, and/or disability. GBV also contributes to infertility and other reproductive health problems, and often leads to unsafe self-induced abortion. The psychological trauma of GBV leaves lasting scars as well; survivors may struggle with depression and are at higher risk for suicide.⁴ GBV also robs the community of productive women and girls, who would otherwise be working and contributing to the well-being of other community members.

GBV also contributes to the AIDS epidemic. Africa's HIV/AIDS epidemic is distinctive in that more than half the persons living with the disease are women and girls, a higher proportion than in any other region. It is not only victims of rape that suffer from the risk of AIDS. Girls and women may resign themselves to sex without condoms if there is a greater return in money, food, or other elements of survival. Others find themselves unable to negotiate condom use out of fear of violence or coercion.

Refugees and Internally Displaced Persons (IDPs) who have experienced a form of GBV often have no recourse. Their abusers are rarely punished for their conduct because refugees and IDPs lack access to the legal system of the host country; consequently, the perpetrators have no fear of reprisals and the abusive conduct continues.

Prevention and Response to Gender-based Violence: Taking a Multi-Sectoral Approach

Since the early 1990s, the humanitarian community has increased its attention to the problem of GBV. Efforts are underway in many conflicted and displaced settings to address GBV. So far, the most promising efforts to prevent sexual violence and provide services to survivors require integrated and coordinated action by multi-sectoral actors from the refugee community, international humanitarian organizations (NGOs and UN), national organizations, and host government ministries. A minimum set of good quality services must be provided for health care, psycho-social support, security/police/protection, and legal justice (both formal and traditional). To achieve effective, integrated, and coordinated action, there must be collaboration, skill, knowledge, training, coordination, and high level support and commitment within all organizations.

GBV is a sensitive, often taboo topic in most cultures. Therefore, developing prevention and response strategies to address it requires careful assessment and planning in close collaboration with the displaced community.

The Republic of Guinea provides one example of a comprehensive and interagency GBV prevention and response initiative. There are security measures in place and health and psychosocial programs targeting GBV survivors in the refugee population and nearby communities. When these services were established and trust had been built with the community, there was a rapid rise in the number of survivors coming forward for help. Over time, as survivors began their physical and emotional recovery from the abuse, many expressed the need for legal justice. The legal justice system in Guinea is not easily accessible for refugees, and ARC International implemented GBV Legal Aid Clinics in response to the need for assistance and support to survivors seeking legal justice.

ARC International's GBV Legal Aid Clinics

ARC International's two GBV Legal Aid Clinics (based in Guinea) work with refugee survivors of GBV from Liberia and Sierra Leone. The Clinics provide three primary services: education on the legal rights of women and children, confidential advice to women and children regarding their legal rights and options

⁴ Vann, Beth. 2002.

under the law, and legal representation of women and children whose rights have been violated. In addition, Government Advocacy is emphasized.

Throughout the legal aid process, survivors continue to have access to psychosocial support from ARC and other organizations in Guinea. This emotional and social support is essential for survivors pursuing the long and difficult process of legal justice.

ARC's two clinics process between 400 and 600 cases per year, working only with refugees. Eventually the clinics will be open to Guineans, at which point the number of cases could double. The clinics prosecute cases of physical and sexual violence, domestic abuse, sexual exploitation, child prostitution and the pimping of children, forced prostitution, threats, paternity suits, and child custody/kidnapping.

As stated above, ARC's program in Guinea did not embark on legal aid until the minimum GBV prevention and response services were in place and trust had been gained from the community. Legal aid is a critical and necessary element to ensure an adequate and multi-sectoral approach. However, it is also extremely complex and brings with it the potential risk of backlash given the sensitive nature of the subject area and should not be approached lightly. Legal aid must be instituted at the appropriate time and as a part of a comprehensive program for it to be successful in aiding survivors to maintain their safety and to obtain justice.

GBV Legal Aid Toolkit

Background

Primary Purpose

This toolkit provides three tools and a step-by-step process to help field staff design GBV services that will incorporate “adequate, appropriate, and comprehensive prevention and response strategies” with a multi-sectoral approach. One underlying principal of this toolkit is that GBV services and GBV legal aid need to be implemented in a gradual and culturally appropriate manner to maximize effectiveness and to prevent harmful consequences and backlash to the survivors from the community. A second underlying principle is that people in the community are the most knowledgeable of the unique characteristics of their environment and how to best address them. Therefore, this toolkit uses a participatory approach to both conduct a Preliminary Assessment of the given community and to design an Action Plan for that community. Due to the nature of participatory approaches, the results produced by this toolkit will vary from setting to setting, and therefore subsequent programs will vary as well. Ultimately, the varying means to the same end will prove to be more effective because they will be developed by and based on the community in which GBV is being addressed.

In addition to assessing the unique characteristics of the given refugee or IDP community, the process identifies the challenges and supports that are either affecting current GBV services or that have the potential to affect services. The toolkit guides the user through a process of a situational analysis (assessment) and an action-planning exercise that includes identifying problems, setting objectives, and laying out activities and timelines.

Potential Audiences and Uses

Humanitarian aid workers from all service sectors – health, social service, legal, and security – can use this toolkit to develop and implement GBV services and to ensure all camp programs integrate protection from GBV into all services in the setting. Health sector employees who could use this matrix include those in the reproductive, mental, and family health fields as well as members of the public health administration. Social service workers who should be involved include volunteers in the community, employees in the educational system, UNHCR service providers, social workers, and those operating micro-enterprise and skills-generation programming. Relevant legal sector actors are court employees, legal advocates, lawmakers, and those working for the department of justice. Security sector employees, such as local police, international peacekeepers, and those working for the department of the interior are also encouraged to be involved in GBV programming. Obviously, this matrix will be very useful for those organizations working specifically with women and girls and other vulnerable populations.

This toolkit and the subsequent publications not only offer guidance to those seeking to establish legal justice for survivors of GBV, but also for those settings where legal justice is not yet a possibility. The toolkit

⁵ Ibid.

is designed to guide its users in assessing and understanding the level of awareness in their given setting and the specific level of implementation needed. Therefore, it will help some settings to determine that the implementation of legal aid will not be possible for the time being and will guide that community in the basic services that are possible. While in other settings the toolkit may help to establish that the community is well prepared to embark on legal aid.

Overview of this Toolkit

Preliminary Assessment

The preliminary assessment is a tool that will guide users in exploring the contextual areas that may influence GBV programming efforts, either negatively or positively. The user will identify the various factors that influence GBV programming, making the resulting assessment a more accurate survey of the environment and the unique characteristics of the given setting. The result will be a snapshot of the status of addressing GBV in a particular setting. It will recognize strengths and target factors within different contextual areas that need to be addressed to strengthen the provision of GBV prevention and response services.

Users will then apply the findings of this assessment to an Action Plan. They can also use the assessment to help formulate evaluation indicators, produce more specific needs-assessment instruments, or guide the design of in-depth studies.

Action Plan

The Action Planning tool will utilize the information that was gathered during the preliminary assessment. The factors influencing programs, both negatively and positively, found during the preliminary assessment will be used to create an action plan. As these factors were conceived by and for the community, the action plan should inherently be culturally appropriate and better able to meet the community's needs. The findings of the preliminary assessment will become the foundation of the action plan. During the action planning process users will be developing focus areas based on the ideal components, creating measurable objectives, and determining required activities, as well as assigning responsibility and a timeframe for completion. The action plan resulting from this tool can serve as the basis for developing a detailed strategy that can be implemented, monitored, and evaluated for its impact on GBV services.

Monitoring and Evaluation

Monitoring and evaluation (M&E) should be an essential part of every GBV program. M&E steps must be addressed in the early stages of planning and incorporated into service design; assigning staff responsibility is important as well. The outcomes selected should reflect the goals and objectives of the program and are generally either output indicators or effect indicators. Output indicators measure activities, services and their quality. Effect indicators measure changes in level of knowledge, attitudes, skills, intentions, and behaviors.

Once outcomes and associated indicators have been identified, the next step is determining the method for gathering data. This can be done with a variety of methods and can range from incident tracking forms to client satisfaction surveys or staff reports. The data can be qualitative or quantitative depending on the selected outcomes. For further information, please review *Gender Based Violence: Emerging Issues in Programs Serving Displaced Populations*, by Beth Vann or the *Gender Based Violence Tools Manual: For Assessment & Program Design, Monitoring & Evaluation in Conflict Affected settings*. Both publications are available online

at the Reproductive Health Response in Conflict Consortium website: www.rhrc.org. Also, please see Appendix C for further information on indicators.

Three Areas of Programmatic Implementation

The three programmatic areas addressed in this toolkit include; Minimum GBV Prevention and Response Services, Structure of Law, and Legal Aid. These three areas incorporate the primary GBV programming sectors of health care, psycho-social support, security/police/protection, and legal justice. This toolkit places emphasis on legal justice because it is often left out of GBV programming due to fear of backlash or fear of the potential complexity of law. In addition, the structure of law and the potential challenges within the given environment must be explored from the onset of a GBV program even though legal aid services are not advisable until basic services are in place and trust has been established.

- 1 *Minimum GBV Prevention and Response Services*: Services to prevent GBV will address the root causes and the unique characteristics of a given setting. Education is the strongest form of prevention including education on such topics as rights, power, available assistance, and laws. Services to prevent GBV will address community outreach, education, and counseling; health examination trainings, medical evidence documentation, referral, and collaboration; trained security/police force, security solutions, and immediate protection measures; legal justice minimum services that utilize laws and practices that protect human rights and explore the possibility of adjudicating cases in an appropriate manner.
- 2 *System of Law*: There are two legal systems in need of analysis: first, the legal system in place in the host country; and second, the legal system within the refugee community. Any legal system is made up of three components: “The substance of law is what the law says in legislation, constitutions, policies, administrative rules and regulations, customary law. Second, the structure of law is how the law is applied and enforced through the institutions (courts, police, and administrative agencies). Third, the culture of law is what people (those who administer the law as well as people in general) think about and behave toward the law.”⁷
- 3 *Legal Aid Clinic*: The general policy, mandate, and scope of the clinic is explored. This includes the exploration of the structure of the legal aid activities actually implemented, and how they are organized and designed. In addition, cultural factors that will support the implementation of legal aid services are reviewed.

Three Areas of Contextual Analysis

It is important to consider the factors in your setting that influence (challenge or support) the effectiveness of the three program areas above. The various influential factors tend to fall into the following three contextual areas:

- 1 *Existing GBV Programs and Services*: These are initiatives that are being implemented at the time you begin your planning with this toolkit. These include the specific services in place as well as the use of these services by the target group. Clients’ ability to take advantage of programs depends on the accessibility of services, their knowledge of the options, the quality of the service offered, and the service providers’ awareness of their clients’ rights and circumstances. If services are not

⁷ Margaret Schuler, 2002. “Women’s Human Rights. Step by Step Strategy Workbook.”

yet being offered, it is important to note the challenging factors that may be preventing them from being offered.

- 2 *Individual and Community*: The social mores and cultural expectations influencing individuals' utilization of GBV services. Individual comfort level with seeking assistance for GBV is shaped by community, family, and religious attitudes towards GBV, gender roles, and sexuality, as well as the implementing agency and its employees. While some societal values may challenge GBV service provision, others which condemn GBV and support its legal resolution may serve to encourage GBV survivors to seek assistance.
- 3 *Policies and Laws*: The policies and procedures used by the implementing agencies to combat GBV. These may include Codes of Conduct, interagency referral procedures, protocols, and policies for individual agencies that specify the types of action taken in addressing GBV.

Ideal Components

While GBV differs depending on the setting in which it occurs, all GBV services should include certain ideal components. Ideal components are the elements that must be present to offer quality and effective services to survivors of GBV and to prevent further incidences. The following GBV Legal Aid Matrix is designed to help the user understand the ideal components that should be aimed for within the programmatic areas of GBV. The Matrix also breaks out and details three contextual areas that produce possible challenges and supports to establishing them. The three programmatic areas and the three contextual areas should be assessed simultaneously, as it is essential that all areas are at least a minimal part of the planning from the onset of GBV service implementation. This will ensure continuity in assessment and planning, as well as progression towards the goal of providing legal aid for survivors. The provision of legal aid to survivors of GBV should be a goal for services, and is based on groundwork laid during the creation of basic services.

IDEAL COMPONENTS		
Minimum GBV Prevention & Response Services	System of Law	Legal Aid Clinic
<p>High quality GBV services provided by trained and adequately supervised staff are accessible and utilized, including: Health exam, treatment, referral, follow-up; Emotional support for survivors/families; Case management, referrals, advocacy; Security (police, security workers) and protection for survivors and witnesses.</p> <p>GBV services are mainstreamed with other services and do not stand alone.</p> <p>Collaborative partnerships with other sectors (food, logistics, water, sanitation, shelter, education, and income generation) are developed.</p> <p>All services incorporate guiding principles of confidentiality, dignity, and security.</p> <p>Interagency coordination meetings occur regularly and are attended by appropriate representatives of relevant key actors/organizations.</p> <p>Prevention programs are underway incorporating BCC principles for community awareness-raising and behavior change.</p> <p>Mechanisms for staff safety are in place.</p> <p>Monitoring/evaluation systems are established.</p>	<p>Law enforcement and judiciary personnel apply anti-GBV laws.</p> <p>National law enforcement and judicial services are effective.</p>	<p>The legal aid clinic has appropriate staff.</p> <p>Complete legal aid services are offered.</p> <p>Legal aid services are easily accessible to survivors.</p> <p>Collaboration and links with traditional refugee community-based governing bodies are established and well-functioning.</p> <p>Legal aid services are integrated into the GBV referral system.</p>
<p>The community considers GBV unacceptable.</p> <p>The entire community is involved in developing multi-sectoral GBV services.</p> <p>Social norms support survivors receiving treatment for GBV.</p> <p>The entire community, including men, women, and youth, participate in GBV prevention and education activities.</p> <p>Programs exist to socially, economically, and emotionally empower women and other marginalized groups.</p>	<p>General legal literacy and practice of the law among the refugee community.</p> <p>Community is aware of survivors' legal rights and supports legal consequences for GBV.</p>	<p>Refugee women have enough freedom and independence to access the legal aid services.</p> <p>Refugee women trust and are confident in the legal aid services and staff.</p>
<p>A code of conduct, highlighting considerations for GBV, is created and signed by all staff.</p> <p>A treatment protocol for survivors is developed.</p>	<p>Host country is signatory to UN Convention Relating to Status of Refugees.</p> <p>Host country has adopted national and international legislation outlawing GBV.</p> <p>Procedures and evidence laws are sensitive to women, i.e. rape cases.</p> <p>Civil society associations can bring cases to Court.</p>	<p>A mandate delineating scope and services of legal aid is developed.</p> <p>Confidentiality statement is respected by staff.</p>
<p>Policies & Laws</p>		

Guide to Using This Toolkit

This Tool Kit consists of three tools –

- GBV Legal Aid Matrix (page 13)
- Preliminary Assessment
- Action Plan
- *Tables with dashed lines – – are related to “Minimum GBV Prevention & Response Services”*
- *Tables with solid lines — are related to “System of Law”*
- *Tables with double lines == are related to “Legal Aid”*

It is designed to be used with a facilitator who has in-depth knowledge of GBV programming (See Facilitator’s Guide Appendix D). In addition, the more diverse the group of participants is, the richer the findings will be. Depending on the objectives of the exercise, the tools in the kit can be used separately or together in a series of steps as follows:

A. Preliminary Assessment

This tool is designed to help users assess the status of GBV prevention and response services as well as the environment that influences the ability to provide those services. The assessment consists of identifying the challenges and supporting factors for each of the three programmatic categories as they pertain to the three contextual areas of analysis.

Whether or not a particular setting is seemingly ready to embark on GBV legal aid services, it is essential to plan it from the outset. The provision of legal aid to survivors of GBV is an essential service and is based on groundwork laid during the creation of basic services. Therefore, it is important to simultaneously brainstorm considerations and supports at each level for both basic GBV and legal aid services. This will ensure continuity in assessment and planning, as well as progression towards the goal of providing services from multiple sectors, including that of legal aid.

- 1 *Step 1:* Consider the programmatic category of Minimum GBV Prevention and Response Services. Review the ideal components listed for this category on the GBV Legal Aid Matrix.
- 2 *Step 2:* Consider the first programmatic implementation area of Minimum GBV Prevention and Response Services within each of the three contextual areas of Existing GBV Programs and Services, Individual/Community, and Policies and Laws. For each ideal component listed under each contextual area, reflect on what challenges and/or supports are present in the users’ environment. Write your answers into the preliminary assessment worksheet (note that there are three tables within the worksheet, one for each programmatic area). (Please find the Preliminary Assessment Template in Appendix A). The Challenges column should include those factors which may limit implementation and efficacy of GBV services. The Supports column should describe those factors already present in the community which provide support for GBV services. The supports column should also include specific characteristics of effective GBV programs.
- 3 *Step 3:* Repeat Step 2 for the other two programmatic areas: System of Law and Legal Aid.

Use the Preliminary Assessment Sample from ARC Guinea on the following pages to assist with brainstorming ideas.

	Minimum GBV Prevention & Response Services Ideal Components	Supports/Assets/Advantages In This Setting	Challenges/Problems In This Setting
Existing GBV Programs & Services	High quality GBV services provided by trained and adequately supervised staff are accessible and utilized, including: Health exam, treatment, referral, follow-up; Emotional support for survivors/families; Case management, referrals, advocacy; Security (police, security workers) and protection for survivors and witnesses.	<ul style="list-style-type: none"> · Services for confidential medical treatment are in place Referral protocol is in place · Security workers and police have been trained on GBV · Emotional support is provided by a partnering agency whose expertise is mental health 	<ul style="list-style-type: none"> · The security staff is all male. · There are no safe houses for survivors.
	GBV services are mainstreamed with other services and do not stand alone.	<ul style="list-style-type: none"> · The implementing agency provides reliable services unrelated to GBV. Clinic staff can refer clients to other services. 	<ul style="list-style-type: none"> · GBV services are not fully integrated
	Collaborative partnerships with other sectors (food, logistics, water, sanitation, shelter, education, and income generation) are developed.	<ul style="list-style-type: none"> · All camp services and facilities are designed with the needs of women and other vulnerable groups in mind. 	<ul style="list-style-type: none"> GBV services do not collaborate with others to reintegrate GBV survivors back into camp society.
	All services incorporate guiding principles of confidentiality, dignity, and security.	<ul style="list-style-type: none"> · All trainings and services emphasize confidentiality, dignity and security 	<ul style="list-style-type: none"> · Not all staff adhere to confidentiality policies
	GBV services (including medical treatment and psychological support) are accessible and utilized.	<ul style="list-style-type: none"> · GBV survivors have access to medical and psychological services. · The implementing agency hires local staff. · The service area is pleasant. · Translators are available. · Services are advertised throughout the community. · Clients are aware of medical and security options available to them. · Services are free. · 24-hour services are available. 	<ul style="list-style-type: none"> · No transportation is available for survivors, staff, and/or witnesses to and from service site. · The security staff is all male. · There are no safe houses for survivors. · There are no specific guidelines on how to serve survivors in remote locations.
	Staff provide high quality services and support to GBV survivors.	<ul style="list-style-type: none"> · Client and service provider work together. · Clients receive personalized attention from their first visit to the clinic. · Staff has good communications skills. · Staff is empathetic, non-judgmental, and respectful of clients. · Staff is well-trained in laws relating to GBV. · Survivors are protected at all times. Providers take accountability for their duties and responsibilities. 	<ul style="list-style-type: none"> · Implementing agency has no policy mandating providers sign confidentiality agreements. · Some survivors report having had negative experience with agency's GBV program. · Medical and/or security personnel are not trained in how to collect evidence of GBV.

Preliminary Assessment Sample from ARC Guinea: Minimum GBV Prevention & Response Services (table continues on following page)

	Minimum GBV Prevention & Response Services Ideal Components	Supports/Assets/Advantages In This Setting	Challenges/Problems In This Setting
Existing GBV Programs & Services <i>(continued from previous page)</i>	Interagency coordination meetings occur regularly and are attended by appropriate representatives of relevant key actors/organizations.	· Meetings occur once a quarter	· Many representatives are not present at the meetings
	Prevention programs are underway incorporating BCC principles for community awareness-raising and behavior change.	· Informational sessions occur on a regular basis to various groups in the community	Some sessions are poorly attended
	Mechanisms for staff safety are in place.	· Transportation is available to staff to and from the service site	· Community members harass GBV services staff.
	Monitoring/evaluation systems are established.	· Systems are in place	· Staff does not consistently follow up with GBV survivors after court decisions are made.
Individual & Community	The community considers GBV unacceptable.	Many community members consider GBV to be unacceptable	Some community members believe that GBV is a private matter and should be dealt with in a traditional manner.
	The entire community is involved in developing multi-sectoral GBV services.	· All programs are participatory · Input from women plays an important role in program development	In general, only women are involved in program development
	Social norms support survivors receiving treatment for GBV.	· Community sees GBV as a violation. · Women know their rights.	· Seeking help after an incident of GBV is taboo. · GBV survivors are shunned by community. · Community traditions and/or culture condone GBV.
	The entire community, including men, women, and youth, participate in GBV prevention and education activities.	Women participate in GBV prevention and education activities	· GBV services are limited to women. · Children have no safe place to play.
	Programs exist to socially, economically, and emotionally empower women and other marginalized groups.	· Micro-enterprise and skills training programs exist to allow women to make a living.	· Marginalized groups are excluded from camp decision-making.
Policies & Laws	A code of conduct, highlighting considerations for GBV, is created and signed by all staff.	A code of conduct is in place	· Not all staff members adhere to strict confidentiality.
	A treatment protocol for survivors is developed.	Legal aid clinic employees are trained to provide support to GBV survivors.	Refresher trainings are needed

Preliminary Assessment Sample from ARC Guinea: Minimum GBV Prevention & Response Services (continued from previous page)

Right: Preliminary Assessment Sample from ARC Guinea: System of Law

	System of Law Ideal Components	Supports/Assets/Advantages In This Setting	Challenges/Problems In This Setting
Existing GBV Programs & Services	Law enforcement and judiciary personnel apply anti-GBV laws	· Law enforcement and judicial structures are present throughout Guinea.	· Law enforcement and judiciary personnel lack sensitivity to GBV concerns · Culture and tradition exert considerable influence on the enforcement of the anti-GBV laws.
	National law enforcement and judicial services are effective.	· Law enforcement personnel are well-trained on penal procedures (but not always willing to apply procedures due to cultural pressure regarding GBV).	· Lack of resources (e.g. fuel for cars, stationery, and funds to set up mobile courts inside the country) prevents effective enforcement of the law. · Corruption is widespread. · Courts process cases exceptionally slowly, especially criminal cases.
Individual & Community	General legal literacy and practice of the law among the refugee community.	· Liberian and Sierra Leonian communities are familiar in general with legal procedures in their home countries.	· No knowledge from the refugees that national laws of the host country apply to them.
	Community is aware of survivors' legal rights and supports legal consequences for GBV.	· High interest is demonstrated by the community in gaining knowledge on legal issues. · Refugee women have enough freedom and independence allowed by the community to access the GBV legal aid services.	· Refugee women demonstrate poor awareness of their rights. · Amicable resolution of criminal GBV cases is widespread because such cases are viewed as relating to the private sphere.
	Respect for the rule of law in the host community.	· Few GBV cases are perpetrated by Guinean nationals.	· Respect for the rule of law in the host community affected by culture and traditions regarding GBV cases.
Policies & Laws	Host country is signatory to UN Convention Relating to Status of Refugees. Host country has adopted national and international legislation outlawing GBV. Procedures and evidence laws are sensitive to women's needs, i.e. rape cases. Civil society associations can bring cases to Court.	· Guinea has signed most of the international human rights instruments of the UN. · Guinea ratified CEDAW without any reservations. · Most GBV violations are condemned by Guinean national legislation. · In Guinea, international laws supersede national laws and are automatically integrated into the national legal order. · Procedures and evidence laws are not detrimental to women's needs. · Proposals for revisions to civil and family codes have been submitted to the government by local women and human rights organizations.	· National Guinean legislation still contains important discriminatory provisions against women. · Guinea has not yet ratified CEDAW protocol. · Civil society organizations cannot bring cases to Court. · National Guinean legislation still contains important discriminatory provisions against women. · Guinea has not yet ratified CEDAW protocol. · Civil society organizations cannot bring cases to Court.
	Law enforcement and judiciary personnel apply anti-GBV laws.	· Law enforcement and judicial structures are present throughout Guinea.	· Law enforcement and judiciary personnel lack sensitivity to GBV concerns. · Culture and tradition exert considerable influence on the enforcement of the anti-GBV laws in Guinea.

	Legal Aid Ideal Components	Supports/Assets/Advantages In This Setting	Challenges/Problems In This Setting
Existing GBV Programs & Services	The legal aid clinic has appropriate staff.	<ul style="list-style-type: none"> · Well-trained lawyers and barristers are available in Guinea. · Refugee staff is highly trained on GBV issues. 	<ul style="list-style-type: none"> · Difficulties finding Guinean lawyers fluent in English who could communicate with Anglophone refugees. · Difficulties in finding female Guinean lawyers. · Rejection and suspicion of Guinean nationals and authorities by the refugee community. · Few refugee staff are trained on human rights and Guinean anti-GBV laws.
	Complete legal aid services are offered.	<ul style="list-style-type: none"> · High interest is demonstrated by the refugees in information, advice, and mediation services. 	<ul style="list-style-type: none"> · Only barristers can plead in front of the Courts and therefore offer legal representation.
	Legal aid services are easily accessible to survivors.	<ul style="list-style-type: none"> · Guinean government sets up security and law enforcement authorities within the refugee camps. 	<ul style="list-style-type: none"> · Judicial institutions are far away from refugee camps, so transport is costly and time-consuming. · Legal procedures and services are too costly for refugees.
	Collaboration and links with traditional refugee community-based governing bodies are established and well-functioning.	<ul style="list-style-type: none"> · Refugee committees are open to dialogue and trainings on legal aspects of GBV. 	<ul style="list-style-type: none"> · The refugee committees pressure victims to resolve GBV cases amicably, through settlement instead of taking the perpetrator to Court
	Legal aid services are integrated into the general GBV referral system	<ul style="list-style-type: none"> · Large panel of general GBV services available and integrated into an efficient referral system. 	<ul style="list-style-type: none"> · GBV legal aid services are viewed as competitive to UN-HCR Protection and GBV focal point organizations.
Individual & Community	Refugee women have enough freedom and independence to access the legal aid services.	<ul style="list-style-type: none"> · No problem with freedom of movement. 	<ul style="list-style-type: none"> · Little decision-making power among the refugee women.
	Refugee women trust and are confident in the legal aid services and staff.	<ul style="list-style-type: none"> · Legal Aid Clinics set up inside Women's Centers allow high level of confidentiality. 	<ul style="list-style-type: none"> · Difficulty in maintaining high standards of confidentiality due to an informal and open method of communication from the survivors themselves.
Policies & Laws	A mandate delineating scope and services of legal aid is developed.	<ul style="list-style-type: none"> · Refugee community is sensible and open to most of the possible cases falling on the mandate. 	<ul style="list-style-type: none"> Pressure and confusion expand the scope of the mandate to make it wider and less focused on GBV due to the general needs faced by the women and the ability of the clinic to give quick resolution to cases.

Preliminary Assessment Sample from ARC Guinea: Legal Aid

B. Action Plan

Now that the preliminary assessment has been completed for each of the three programmatic areas – Minimum GBV Prevention and Response Services, System of Law, and Legal Aid – we can now move forward to concrete action planning.

The Action Planning Tool is intended to help users plan strategies to strengthen supports for implementing GBV services and to identify and address potential obstacles. Having identified challenges and supports specific to their community, users should think about what they can do to strengthen each of the programmatic areas of the GBV legal Aid Matrix given these particular factors.

The users will now take their findings from the preliminary assessment worksheet and create an action plan that is based on that information. The result will be three Action Planning Tables (one for each programmatic area) that will include ideal components, objectives, activities, a time frame, and delegation information.

Please note that this exercise focuses on ideal components as opposed to goals in order to aid in the brainstorming process. As the ideal components from the GBV Legal Aid Matrix are generally more descriptive than goals, they may be more helpful in developing specific ideas for objectives and activities. However, goals are essential to effective implementation and should always be included in program design. Many of the ideal components can later be rewritten as goals for proposal writing purposes. Briefly, goals are long-term and their impact will only be apparent years after the initiation of activities. Objectives are short-term and reflect the results that can be demonstrated during the funded period. For more information on writing quality goals and objectives, please review GBV Programs: MONITORING AND EVALUATION HANDOUT SERIES: Goals and Objectives, developed by JSI/RHRC Consortium. (Please see Appendix C)

- 1 *Step 1:* Review your findings in the preliminary assessment for the programmatic area of *Minimum GBV Prevention and Response Services* and select one or several ideal components from which to form an action plan. The components selected should be feasible for your organization to take action on and be appropriate for the community's level of comfort with GBV programming.
- 2 *Step 2:* Choose the ideal components you would like to focus on and enter them into the appropriate column of the Action Planning Table. (Please see the Action Planning Table Template in Appendix B.)
- 3 *Step 3:* Refer to your findings from the preliminary assessment. Now reword the identified “supports and challenges” for each ideal component to read as objectives. For example, if a challenge was “community lacks knowledge of human rights” it would be reworded as “increase community’s knowledge on human rights”. Please note that for action planning purposes general objectives will suffice but when developing a proposal these objectives will need to be written as SMART Objectives. (SMART - specific, measurable, achievable, relevant, and time-bound.) (Please see Appendix C for more information on writing objectives.)
- 4 *Step 4:* Determine the Activities required for achieving these steps.
- 5 *Step 5:* Identify the Time Frame in which the activities must be completed and to whom the activities will be delegated.
- 6 *Step 6:* Repeat steps one through five for the other two programmatic areas, System of Law and Legal Aid.

Use the Action Plan Sample from ARC Guinea on the following pages to assist with brainstorming ideas.

	Minimum GBV Prevention & Response Services Ideal Components	Objectives (From Supports and Challenges)	Activities	Timeline	Who's Responsible?
Existing GBV Programs & Services	GBV services will be mainstreamed with other services and will not stand alone.	<ul style="list-style-type: none"> The implementing agency provides reliable services in addition to GBV services Clinic staff can refer clients to other services 	<ul style="list-style-type: none"> All staff are trained on GBV and referrals Coordination meetings occur with partner agencies regarding referrals. 	Quarterly trainings and coordination meetings	GBV Program Coordinator and Health manager
	Collaborative partnerships with other sectors (food, logistics, water, sanitation, infrastructure and shelter, education, and income generation) will be developed.	<ul style="list-style-type: none"> Camp services and facilities are designed with the needs of women and other vulnerable groups in mind 	<ul style="list-style-type: none"> Coordinate with those responsible for other services and facilities to design services with women in mind 	Meet quarterly	Health manager and GBV Program Coor.
Individual & Community	The entire community will be involved in developing multi-sectoral GBV services.	<ul style="list-style-type: none"> All programs are fully participatory. Input from women and other marginalized groups plays an important role in program development. Micro-enterprise and skills training programs exist to allow women to make a living. GBV services are not limited to only women Children have a safe place to play. Marginalized groups are included in the camp decision-making process. 	<ul style="list-style-type: none"> Trainings are designed to use participatory methods Focus groups conducted 	<ul style="list-style-type: none"> 1 month to design training Focus groups held quarterly 	Program staff
	Social norms will support survivors receiving treatment for GBV.	<ul style="list-style-type: none"> Community sees GBV as a violation. Women know their rights. Seeking help after an incident of GBV is taboo. GBV survivors are shunned by the community. Community traditions and/or culture condone GBV. 	<ul style="list-style-type: none"> Conduct community sensitization Conduct trainings on rights 	Sessions held monthly	Program coordinator and trainers
Policies & Laws	A code of conduct highlighting considerations for GBV will be created and signed by all staff.	<ul style="list-style-type: none"> Not all staff members adhere to strict confidentiality. 	<ul style="list-style-type: none"> Code of conduct is created with input from all Information session held for all staff 	<ul style="list-style-type: none"> One month to create, conduct session and have all sign 	GBV program coordinator
	A treatment protocol for survivors will be developed.	<ul style="list-style-type: none"> Legal aid clinic employees are trained to provide support to GBV survivors. 	<ul style="list-style-type: none"> Protocol developed and staff trained 	<ul style="list-style-type: none"> One month to create protocol and train staff Follow-up trainings twice a year 	GBV program coordinator

Action Plan Example from ARC Guinea: Minimum GBV Prevention & Response Services

	System of Law Ideal Components	Objectives (From Supports and Challenges)	Activities	Timeline	Who's Responsible?	
Existing GBV Programs & Services	Law enforcement and judiciary personnel will enforce anti-GBV laws.	Knowledge of anti-GBV laws is increased among the judiciary and law enforcement personnel of Kissidougou.	Trainings on anti-GBV laws are conducted.	<ul style="list-style-type: none"> · 1 month to design the curriculum · 1 training of 2 days · 1 refresher training every 3 months 	<ul style="list-style-type: none"> · LPO · Lead lawyer and assistant lawyer · Legal trainer 	
	National law enforcement and judicial services will be effective.	Police are willing to seriously address criminal cases brought by female survivors.	GBV sensitivity trainings are conducted to all the main criminal police personnel of Kissidougou.	<ul style="list-style-type: none"> · 1 month to design the curriculum · 1 training of 3 days · 1 refresher training every 3 months 	<ul style="list-style-type: none"> · LPO · GBV trainer 	
Individual & Community	There will be an increase in general legal literacy and practicing the law among the refugee community.	The Guinean legal system is made intelligible and understandable to the vulnerable refugee women of the camps.	Legal literacy workshops are conducted with the vulnerable refugee women identified by partners.	<ul style="list-style-type: none"> · 1 month to design the curriculum · 1 workshop of 4 days conducted with 40 women in each camp (schedule to be adapted to women's obligations) 	<ul style="list-style-type: none"> · LPO · Lead lawyer, assistant lawyer · Paralegal refugee assistants · Legal trainer 	
			IEC campaigns are conducted with the entire refugee community.	<ul style="list-style-type: none"> · Design of IEC materials and main messages to be spread · Pre-test · Diffusion 	<ul style="list-style-type: none"> · LPO · Paralegal refugee assistants · IEC refugee agents 	
	Community will become aware of survivors' legal rights and will support legal consequences for GBV.	Awareness of prevalence and impact of GBV on the community is raised.	Focus group discussions are conducted with different segments of the population (religious leaders, camp committees, representatives, men, parents).	<ul style="list-style-type: none"> · Focus group discussions are conducted once every week in each camp 	<ul style="list-style-type: none"> · Paralegal refugee assistants · IEC refugee agents 	
			The community and women themselves are educated on international women's rights and the host country's anti-GBV laws.	IEC campaigns are conducted to the entire refugee community.	<ul style="list-style-type: none"> · Design of IEC materials and main messages to be spread · Pre-test · Diffusion 	<ul style="list-style-type: none"> · Paralegal refugee assistants · IEC refugee agents
				Legal literacy workshops are conducted with the vulnerable refugee women identified by partners.	<ul style="list-style-type: none"> · 1 month to design the curriculum · 1 workshop of 4 days conducted with 40 women in each camp (schedule to be adapted to women's obligations). 	<ul style="list-style-type: none"> · Legal trainer

Action Plan Example from ARC Guinea: System of Law

(table continues on following page)

	System of Law Ideal Components	Objectives (From Supports and Challenges)	Activities	Timeline	Who's Responsible?
Policies & Laws	Host country will adopt legislation outlawing GBV.	Legal research is conducted to clarify women's rights and determine the impact of the national laws on women.	Assessment and review of the national legislation is carried out.	· 1 month	· Lead lawyer and assistant lawyers
		Reforms are passed to correct discriminatory provisions.	Drafts of alternative legislation and policies are designed through participatory workshops with government officials.	· Preparatory work (1 month) · Workshop (4 days)	· LPO · Lead lawyer and assistant lawyers
			A lobbying and advocacy strategy is conducted towards government of- ficials.	· 1 year	· HQ · Country Director · Coordinator

Action Plan Example from ARC Guinea: System of Law

(table continued from previous page)

	Legal Aid Ideal Components	Objectives (From Supports and Challenges)	Activities	Timeline	Who's Responsible?
Existing GBV Programs & Services	Collaboration and links with traditional refugee community-based governing bodies will be established and well-functioning.	The community-based governing bodies cooperate and refer GBV cases to the Clinic.	· Regular contacts are made. · Capacity-building is offered to them through training on GBV and its legal aspects	· 1 month to design the curriculum	· Paralegal refugee agents and national lawyers
			· Capacity-building is offered to them through training on GBV and its legal aspects.	· 1 training per quarter	· GBV and legal trainers
	Legal aid services will be integrated into the general GBV referral system	GBV partners of the referral system are aware of the scope and mandate of the services.	· Introductory meetings are held with partners.		
			· Presentation of the clinic mandate, services, and limitations.		
		Referral procedures and cross-focal points are established that integrate legal aid services.	· Working meetings are organized to set up procedures.		· Coordinator
			· Diffusion of information on the new referral procedures. · Identification and sensitization on legal aid services of focal points.		
Individual & Community	Refugee women will have enough freedom and independence to access the GBV legal aid services.	Women coming to the Clinic are not stigmatized or identified as GBV survivors.	· Agreements are made with partners to set up Clinic offices within Women's Centers, structures which are easily accessible to women and offer them a wide range of services.		· Coordinator · LPO
	Refugee women will trust and be confident in the legal aid services and staff.	Women feel at ease and do not feel threatened by the clinic staff.	· Gender-balanced staff is hired.	· 1 month	· Coordinator
			· Paralegal staff from the refugee community itself is hired together with host community lawyers.		
Policies & Laws	A mandate will be developed that delineates the scope and services of legal aid.	Mandate is defined according to the needs expressed by the women	· GBV situation analysis is conducted.	· 1 month	· Refugee paralegal staff · Coordinator · LPO
			- Participatory community appraisal sessions are held.		
		Mandate is understood well and does not lead to misinterpretation or confusion.	· Clinic staff are trained on the scope and limits of the mandate. · A sensitization campaign is conducted towards the refugee community and GBV partners clearly explaining the mandate.		· Coordinator · Clinic staff

Action Plan Example from ARC Guinea: Legal Aid

Minimum GBV Prevention & Response Services Ideal Components	Supports/Assets/Advantages in This Setting	Challenges/Problems in This Setting	
High quality GBV services provided by trained and adequately supervised staff are accessible and utilized, including: Health exam, treatment, referral, follow-up; Emotional support for survivors/families; Case management, referrals, advocacy; Security (police, security workers) and protection for survivors and witnesses.			
GBV services are mainstreamed with other services and do not stand alone.			
Collaborative partnerships with other sectors (food, logistics, water, sanitation, shelter, education, and income generation) are developed.			
All services incorporate guiding principles of confidentiality, dignity, and security.			
Interagency coordination meetings occur regularly and are attended by appropriate representatives of relevant key actors/organizations.			
Prevention programs are underway incorporating BCC principles for community awareness-raising and behavior change.			
Mechanisms for staff safety are in place.			

Existing GBV Programs & Services

	Individual & Community	Policies & Laws
Monitoring/evaluation systems are established.		
The community considers GBV unacceptable.		
The entire community is involved in developing multi-sectoral GBV services.		
Social norms support survivors receiving treatment for GBV.		
The entire community, including men, women, and youth, participate in GBV prevention and education activities.		
Programs exist to socially, economically, and emotionally empower women and other marginalized groups.		
A code of conduct, highlighting considerations for GBV, is created and signed by all staff.		
A treatment protocol for survivors is developed.		

System of Law Ideal Components	Supports/Assets/Advantages in This Setting	Challenges/Problems in This Setting	Existing GBV Programs & Services	Individual & Community	Policies & Laws
Law enforcement and judiciary personnel apply anti-GBV laws					
National law enforcement and judicial services are effective.					
General legal and practice of the law among the refugee community.					
Community is aware of survivors' legal rights and supports legal consequences for GBV.					
Respect for the rule of law in the host community.					
Host country is signatory to UN Convention Relating to Status of Refugees.					
Host country has adopted national and international legislation outlawing GBV.					
Procedures and evidence laws are sensitive to women's needs, i.e. rape cases.					
Civil society associations can bring cases to Court.					
Law enforcement and judiciary personnel apply anti-GBV laws.					

Preliminary Assessment Worksheet – Legal Aid Ideal Components

Legal Aid Ideal Components	Supports/Assets/Advantages in This Setting	Challenges/Problems in This Setting	Existing GBV Programs & Services	Individual & Community	Policies & Laws
The legal aid clinic has appropriate staff.					
Complete legal aid services are offered.					
Legal aid services are easily accessible to survivors.					
Collaboration and links with traditional refugee community-based governing bodies are established and well-functioning.					
Legal aid services are integrated into the general GBV referral system.					
Refugee women have enough freedom and independence to access the legal aid services.					
Refugee women trust and are confident in the legal aid services and staff.					
A mandate delineating scope and services of legal aid is developed.					

	Existing GBV Programs & Services				Individual & Community				Policies & Laws			
Minimum GBV Prevention & Response Services Ideal Components												
OBJECTIVES (From Supports and Challenges)												
ACTIVITIES												
Timeline												
Who's Responsible?												

Action Planning Worksheet – System of Law Ideal Components as GOALS

	Existing GBV Programs & Services		Individual & Community		Policies & Laws	
Who's Responsible?						
Timeline						
ACTIVITIES						
OBJECTIVES (From Supports and Challenges)						
System of Law Ideal Components						

	Existing GBV Programs & Services		Individual & Community		Policies & Laws	
Who's Responsible?						
Timeline						
ACTIVITIES						
OBJECTIVES (From Supports and Challenges)						
Legal Aid Ideal Components						

Appendix C

Gender-Based Violence Programs Monitoring & Evaluation Handout Series: Goals & Objectives

GBV Global Technical Support Project ~ JSI/ RHRC Consortium

Goals

Goals are usually long term expectations for changes in the population of interest (refugees, IDPs, returnees – not the humanitarian staff). True and sustainable impact of GBV programs is usually seen only after several years of active intervention; significant impact or changes in the population should not be expected in the first year or two of a GBV program.

Goals should be realistic, but ambitious – and last throughout the life of your program. Goals generally do not change from funding year to funding year. Rather, it is the project's objectives that will change over time in order to meet the stated goal.

For example, it is unrealistic to expect to see a decrease in mortality due to GBV over the life of a short-term emergency GBV program. If, however, you intend to work in the community for five or more years, that might be your goal.

Objectives

- Your expectation of what will be achieved, and what results you can show during the life of the project being funded (usually 3, 6, or 12 months)
- Should be fairly ambitious, but realistic

Should be: S Specific
M Measurable
A Achievable
R Relevant
T Time-bound

Formulation of an objective for EFFECT:

Effect = Changes in knowledge, attitudes, skills, intentions, behaviors of the population of interest

To [change]
the [specify what knowledge, attitudes, skills, behaviors]
among [specific population or segment]
from – to [from baseline to desired level]
or by [x %]
or to [specific level]
by [time frame]

Sample “good” Objective for EFFECT:

To increase the number of well-qualified community outreach volunteers providing support services to GBV survivors in this village from 1 to 10 within 12 months.

Sample “not very good” Objective for EFFECT:

To train 25 community volunteers as GBV counselors in this village within 12 months.

Formulation of an objective for OUTPUT:

Output = Products and services provided by the program. Usually counted in total numbers and/or percentages. (examples: training workshops, sensitization sessions, participatory/IEC/BCC activities)

To [deliver]
a [specific quantity]
of a [specific product or service]
by [health workers, community members or system]
to [specific population]
by [time frame]

Sample “good” Objective for OUTPUT:

To conduct 5 training sessions on use of the medical management of rape protocol with 50 health workers in the clinic and community by the end of month 12.

Sample “not very good” Objective for OUTPUT:

To train clinic staff in GBV health care.

Examples of Goals & Objectives

Sample 1:

Goal: Decrease injury and mortality due to gender-based violence through a reduction in the incidence of all types of gender-based violence in [specify location(s)].

Objectives – Year One

1. To increase the average monthly GBV report rate (per 10,000 population) by 30% in 12 months.
2. To provide health, psycho-social, security, and legal justice services to GBV survivors through a well coordinated network of 33 staff and volunteers, within 12 months of project start-up.
3. To establish a multi-sectoral and inter-agency reporting, referral, monitoring, and evaluation system that captures 100% of reported GBV incidents, and monitors case outcomes – within 10 months of project start-up.

Intended Effects – Year One:

1. Survivors know where to go to receive appropriate, compassionate, and confidential assistance. (Knowledge)
2. Survivors seek assistance after an incident of GBV (Behavior)
3. The community believes that survivors of GBV deserve assistance, not blame. (Attitude)
4. Community members give support and assistance to survivors. (Behavior)
5. Community members report incidents of GBV (Behavior)
6. Community members believe that people/men who abuse their power are acting against social norms and deserve punishment. (Attitude)

Sample 2:

Goal: To decrease the incidence of all types of gender-based violence in refugee communities in [country].
(Intended Impact: Decreased mortality and injury due to GBV.)

Objectives Year Four

1. To increase the average monthly report rates (per 10,000 population) for each type of GBV by 40% by June 2003 (16 months).
2. To provide good quality community-led GBV prevention and response (in health, psycho-social, security, and justice sectors) through a well trained network of staff and volunteers by June 2003.
3. To establish a multi-sectoral and inter-agency reporting, referral, monitoring, evaluation, and coordination system that monitors GBV incident data and case outcomes – in [specify regions] -- by December 2002.

Sample 3:

Goal: Effective prevention and appropriate and compassionate multi-sectoral response to sexual and gender-based violence in war affected populations.

Objectives:

1. To strengthen existing GBV programs and develop new GBV prevention and response initiatives in at least eight countries by developing multi-sectoral and inter-organizational country teams that use effective procedures, protocols, and guidelines.
2. To facilitate access to appropriate resources and application of recommended GBV “best practices” in 12 country programs/field sites by providing a resource center and conducting active outreach, assistance, and follow up with GBV programs worldwide.
3. To inform GBV initiatives worldwide about best practices, lessons, innovations, and other information by documenting and disseminating information through publication and wide distribution of newsletters, journal articles, and other reports.
4. To establish the use of consistent and effective data collection, analysis, and monitoring and evaluation systems in at least eight country programs.

Monitoring & Evaluation Handout Series: Gender-based Violence programs INDICATORS

Program *Impact* = Describes changes you expect to see in the status of the population of interest [refugees] (example: decreased mortality due to GBV)
For GBV programs, impact is usually seen after several years of active intervention; significant impact should not be expected in first year or two.

Program *Effect* = Changes in knowledge, attitudes, skills, intentions, behaviours of the population of interest [refugees]

Program *Output* = Products and services provided by the program. Usually counted in total numbers and/or percentages. (examples: training workshops, sensitization sessions, PLA activities)

Intended Effects of GBV Programs – some SAMPLES

1. Survivors know where to go to receive appropriate, compassionate, and confidential assistance. (Knowledge)
2. Survivors seek assistance after an incident of GBV (Behaviour)
3. The community believes that survivors of GBV deserve assistance, not blame. (Attitude)
4. The community provides support and assistance to survivors. (Behaviour)
5. Community members report incidents of GBV (Behaviour)
6. Community members believe that people/men who abuse their power are social deviants. (Attitude)
7. Youth practice consenting and safe sex. (Knowledge, Behaviour)

Effect Indicators – some SAMPLES (see also sample indicators handout)

· Increase in GBV Reports.

Measure: Compare GBV Report Rate for ___ mo. period before project and ____ mo. period at end of project. Calculate total Report Rate for all responders, and Report Rate per response sector (Health, Psycho-Social, Security, Justice)

· Increase in GBV cases identified by health workers.

Measure: Calculate Number of GBV reports identified by active screening at health centre / Number of GBV reports.
Changes in Knowledge, Attitudes, Practices.

Measure: KAP Survey in last 2 months of project

Sample Indicators for GBV Programs

Note: The “/” symbol is used to indicate “Divided By”

Health Services

Name of indicator	Type	Definition of Sample Indicator
Health care protocols	Output	Written protocols established for each type of GBV occurring in the setting.
Health staff training tools	Output	GBV training curriculum for health care staff developed and in use.
Health staff qualifications/ training	Output	Calculate: Number of health care staff successfully completed GBV training / Total number of health care staff (all levels)
Use of health protocols	Output	Calculate: Number of GBV cases receiving basic set of health services in accordance with established protocols / Number of GBV cases seen
Timely, appropriate post rape care	Effect	Calculate: Number of reported rape survivors receiving basic set of health services (must be defined) within 3 days of incident / Number of reported rape incidents

Psycho-Social: Individual and Community

Name of indicator	Type	Definition of Sample Indicator
Gender balance in community mobilization	Output	Number of men’s groups engaged in GBV awareness raising and prevention (Note: If using this indicator, need to clearly define the characteristics of groups)
Gender equity in decision-making	Effect	Number of refugee governing bodies that include equal numbers of men and women.
	Output	Calculate: Number of women leaders completed leadership training / Number of women on governing bodies
	Effect	Calculate: Number of women members of refugee governing bodies who state women’s opinions are influential in group decisions / Number of women members of governing bodies
Level of community awareness	Effect	Increase in GBV report rate (per 10,000 population) Increase in timely post rape care (calculation above in Health Services)
GBV awareness training	Output	GBV and Human Rights training curriculum developed and in use
GBV and human rights awareness raising	Output	Calculate: Number [Refugees, NGO/UNHCR staff, Police, etc.] successfully completed GBV training / Total Number of [Refugees, NGO Staff, etc.]
Survivors/women at risk engaged in reintegration and/or empowerment activities	Output	Calculate: Number of Survivors successfully completed vocational training courses or income generation projects / Total number of survivors identified Calculate: Number of women at high risk for GBV successfully completed vocational training courses or income generation projects / Total number of women at high risk for GBV identified [note: if using this indicator, need to clearly specify “high risk”]

Police and Security Systems

Name of indicator	Type	Definition of Sample Indicator
Security system	Output	Number of police present per 10,000 population
Police training, capacity building tools	Output	GBV training curriculum for police developed and in use.
	Output	Police procedures or guidelines for GBV cases established in local language.
	Output	Number of guidelines distributed to police officers and commanders.
Police trained in GBV procedures	Output	Calculate: Number of police successfully completed GBV training / Total number of police (all levels)
Gender-balanced security forces	Output	Calculate: Number female camp-based security workers / Total number all camp-based security workers
	Output	Calculate: Number female police officers / Total number all police officers
Police interview procedures	Effect	Calculate: Number of police posts with private interview space in use for GBV and other sensitive cases / Total number of police posts
Community awareness raising AND Police training	Effect	Calculate: Number of GBV cases reported to police / Total number GBV reports

Formal Legal Justice System

Name of indicator	Type	Definition of Sample Indicator
Proportion of cases filed in court	Effect	Number of GBV cases filed in court / Number of GBV cases reported to police
Case outcomes	Effect	Calculate: Number of GBV cases with Acquittal or Conviction within X months of the date charges are filed / Total number GBV cases filed in court [need to specify number of months; a realistic but ambitious number]

Informal Legal Justice System

Name of indicator	Type	Definition of Sample Indicator
Proportion of cases in trad. court	Effect	Number of GBV cases brought to traditional court / Total number of GBV incidents reported
Proportion of appropriate cases	Effect	Number of serious GBV cases brought to traditional court / Total number of GBV cases in traditional court [define "serious" case in your setting; i.e., cases that should go instead to the formal (government) system]
Traditional court outcomes	Effect	Calculate: Number of GBV cases with Acquittal or Conviction within X months of the date charges are filed / Total number GBV cases brought to traditional court

Informal Legal Justice System

Name of indicator	Type	Definition of Sample Indicator
Multi-sectoral approach	Output	Multisectoral, interagency procedures established in writing, agreed by all actors, translated to relevant languages
	Output	Number of organizations involved in developing those guides.
	Output	Number of written procedures distributed for multi-sectoral referral and coordination.
	Output	Number of inter-sectoral coordination meetings held (count minutes on file)
Coordination	Output	Number of causes/contributing factors identified in coordination meetings through trend analysis of GBV reports and qualitative information-sharing.
	Output	Number of inter-sectoral strategies developed to address identified contributing factors.

Appendix D

Facilitator's Guide

Diversity of Participants

This toolkit is intended to be used by groups in a facilitated process. The group should be as diverse as possible and include a wide range of individuals who represent the three programmatic areas of *Minimum GBV Prevention and Response Services*, *System of Law* and *Legal Aid*. In addition, the group would ideally be comprised of individuals that represent the perspectives of the three contextual areas of *Existing Services*, *Individual/Community*, and *Policies and Laws*. This diversity will increase the effectiveness of the exercises in the toolkit and the subsequent results will be richer. Also, by ensuring full representation (including men, women, youth, elders, etc.) the various perspectives and potential challenges will be brought forth. Being inclusive yields the benefits of multiple perspectives; buy-in from different levels of staff, policymakers, and community groups; and pooled resources.

Importance of Legal Aid

The facilitator or facilitators should be well-versed in GBV and legal aid as well as participatory approaches. It would be helpful if they have an awareness of the contextual areas in the given community as well. As stated in the toolkit, legal justice is often left out of GBV programming due to fear of backlash or fear of the potential complexity of law. These possible fears and the importance of legal justice should be addressed by the facilitator during a discussion session.

Focusing on Ideal Components

The Ideal Components that have been laid out in the *GBV Legal Aid Matrix* should be reviewed prior to beginning the Preliminary Assessment exercise. The ideal components are meant to cover a broad range of issues, but the lists are not necessarily complete. They should act as triggers to spark discussion. Not all the components will apply to all situations, and additional important issues related to the local program or environment may need to be considered. Please refer to the *GBV Legal Aid Matrix* as it is designed to help the user understand the ideal components that should be aimed for within the programmatic areas of GBV. Reviewing and discussing the ideal components will ensure continuity in assessment and planning, as well as progression towards the goal of providing legal aid for survivors.

Review of Programmatic and Contextual Areas

Services to prevent and respond to GBV will need to address the root causes and the unique characteristics in each setting, and therefore the programmatic areas must be addressed in light of the contextual areas that influence their effectiveness. The facilitators will need to thoroughly review each of the three programmatic areas (Minimum GBV Prevention and Response Services, System of Law, and Legal Aid) and each of the three contextual areas (Existing GBV Services, Individual/Community, and Policies and Laws) so that participants have a clear understanding of what each area entails.

Small Group Work

A variety of approaches to using this toolkit can be effective in various settings. When the group contains fewer than 10 participants, the entire group can be involved in all discussions. When facilitators work with large, diverse groups, different aspects of the Preliminary Assessment and the Action Plan can be assigned to subgroups. The participants can then share their findings in plenary, followed by a full-group discussion

of next steps for maximum involvement, ownership, and commitment.

For example, participants could be divided into three small groups. One group assigned to fill in the Preliminary Assessment sheet for the programmatic area of Minimum GBV Prevention and Response Services, another group assigned to System of Law, and yet another to Legal Aid. Each of the groups would then explore “challenges” and “supports” within each of the three contextual areas for their given topic. The groups could then share their conclusions in plenary, and a copy of the Preliminary Assessment Worksheet could be drawn on a flipchart and completed in front of the entire group, covering one contextual area at a time. Each group can then report on its conclusions. It is at this point that the facilitator can point out common themes and differences among the three groups. For example, in a given workshop, all of the small groups may share the observation that good policies and laws exist yet there is little awareness of them.

Another approach may be to divide the participants into three groups based on the contextual areas of Existing Services, Individual/Community, and Policies and Laws. This approach may be determined to be better suited for a particular audience. For example, if there is not clear representation from the legal justice arena it may be easiest to divide the groups by the contextual areas so that all can contribute insight to the legal justice aspects.

Preliminary Assessment

The preliminary assessment is a tool that will guide users in exploring the contextual areas that may influence GBV programming efforts, either negatively or positively. The user will identify the various factors that influence GBV programming, making the resulting assessment a more accurate survey of the environment and the unique characteristics of the given setting. To accurately demonstrate the uniqueness of the given environment this exercise must be participatory with the information coming directly from the participants themselves. The sample preliminary assessment from ARC Guinea should only be used to further generate ideas.

Helping to Determine Challenges and Supports

The facilitator should guide the group to consider each ideal component in order to describe whether and how it applies to their program, giving it a positive or negative value. To do this, the facilitator needs to direct the participants and ask probing questions to help them think through the ideas. For example, the facilitator might ask, “Does this factor exist in your situation? Does it support or challenge GBV programming? In what way?”

Users will then apply the findings of this assessment to an Action Plan. They can also use the assessment to help formulate evaluation indicators, produce more specific needs-assessment instruments, or guide the design of in-depth studies.

Action Plan

The Action Planning tool will utilize the information that was gathered during the preliminary assessment. The factors influencing programs, both negatively and positively, found during the preliminary assessment will be used to create an action plan. As the findings of the preliminary assessment will become the foundation of the action plan, it is important that the small groups formed prior to the preliminary assessment remain as assigned for the action planning exercise. During the action planning process users will be creating measurable objectives, and determining required activities, as well as assigning responsibility and a timeframe for completion. It is important that participants focus on only a couple of ideal components within each programmatic area and that they follow each of the steps of the action plan fully. The more complete the action planning worksheet is, the more easily it will be adapted for developing a detailed strategy that can be implemented, monitored, and evaluated for its impact on GBV services.

Appendix E

Resources

For how an NGO can contribute to the Human Rights process:

Eliminating Violence Against Women: A “Worked Example” of How NGOs Can Contribute to Human Rights Processes: <http://www.ippf.org/charter/guidelines/example.html>

For whether the country has signed or ratified a particular human rights convention: <http://www.unhchr.ch/pdf/reportfr.pdf>.

For what reservations the country has made to a particular human rights convention: refer to the website of the United Nations High Commissioner for Human Rights and check the reservations of the relevant convention - <http://www.unhchr.ch>.

For information about the implementation of the content of a particular human rights convention: refer to the country’s report to relevant convention committee (UN treaty bodies database) - <http://www.unhchr.ch/tbs/doc.nsf>.

For Training Manuals on Human Rights Monitoring:

- United Nations, 2001: <http://www1.umn.edu/humanrts/monitoring/chapter13.html>

- Norwegian Institute of Human Rights: <http://www.humanrights.uio.no/nordem/manualen.html>

DIANA: International Human Rights Database of Women’s Human Rights Resources: <http://www.law-lib.utoronto.ca/diana>

Human Rights Internet: <http://www.hri.ca>

For the related laws of the country: refer to the ministry responsible for implementation in the country (it is possible to start with the Ministry of Foreign Affairs which will then direct you to another department if necessary) and work with lawyers of the country.

To design a questionnaire/assessment of country legislation and legal procedures on GBV:

Rights of Women. A Guide to the Most Important UN Treaties on Women’s Human Rights. International Women’s Tribune Center, 1998.

Sexual and Gender Based Violence Against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response, UNHCR, May 2003.

Sexual Violence against Refugees: Guidelines on Prevention and Response, UNHCR, 1995.

Guidelines on the Protection of Refugee Women, UNHCR, July 1991.

Gender Mainstreaming in Legal and Constitutional affairs. A Reference Manual for Governments and Other Stakeholders. Commonwealth Secretariat, June 2001.

International Planned Parenthood Federation: Legal Framework for Services Providers Addressing Gender-Based Violence, IPPF, 2000 and Eliminating Violence Against Women: A “Worked Example” of How NGOs Can Contribute to Human Rights Processes: <http://www.ippf.org/charter/guidelines/example.htm>.

To design an Advocacy Strategy:

Women's Human Rights. Step by Step Strategy Workbook. Women, Law and Development, 2002

To monitor the administration of justice:

Training Manual on Human Rights Monitoring. United Nations, 2001:

<http://www1.umn.edu/humanrts/monitoring/chapter13.html>

Manual on Human Rights Monitoring. Norwegian Institute of Human Rights:

<http://www.humanrights.uio.no/nordem/manualen.html>

Books

Chinkin Christine, June 2001. "Gender Mainstreaming in Legal and Constitutional Affairs. A Reference Manual for Governments and Other Stakeholders." London: Commonwealth Secretariat.

EngenderHealth, 2003. "Choices in Family Planning: Informed and Voluntary Decision Making." New York: EngenderHealth.

International Planned Parenthood Federation, 2000. "Legal Framework for Services Providers Addressing Gender-Based Violence."

International Women's Tribune Center, 1998. "Rights of Women. A Guide to the Most Important UN Treaties on Women's Human Rights." New York: International Women's Tribune Center.

Julie Mertus, Nancy Flowers and Mallika Dutt, 1999. "Local Action – Global Change. Learning about Human Rights of Women and Girls." UNIFEM and the Center for Women's Global Leadership.

Lubbers, Ruud, 2003. "Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response." Geneva: United Nations High Commissioner for Refugees.

Margaret Schuler, 2003. "Women's Human Rights. Step by Step Facilitator's Guide." Washington, DC: Women, Law and Development International.

Margaret Schuler, 2002. "Women's Human Rights. Step by Step Strategy Workbook." Washington, DC: Women, Law and Development International.

Margaret Schuler, 1992. "Legal Literacy: A Tool for Women's Empowerment."

Margaret Schuler, 1986. "Empowerment and the Law: Strategies of Third World Women."

Pickup, Francine, 2001. "Ending Violence Against Women. A Challenge for Development and Humanitarian Work." Oxfam GB.

UNHCR, 2003. "Sexual and Gender Based Violence Against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response," Geneva: United Nations High Commissioner for Refugees.

UNHCR, 1995. "Sexual Violence Against Refugees: Guidelines on Prevention and Response," Geneva: United Nations High Commissioner for Refugees.

- UNHCR, 1991. "Guidelines on the Protection of Refugee Women," Geneva: United Nations High Commissioner for Refugees.
- Vann, Beth, 2002. "Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations." Arlington: JSI Research & Training Institute.
- Ward, Jeanne, 2002. "If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-conflict Settings: A Global Overview." New York: The Reproductive Health Response in Conflict Consortium.

