



**GBV Area of Responsibility**  
**Capacity Building Strategy**  
**2015-2020**

The ***Gender-Based Violence Area of Responsibility Capacity Development Strategy*** was developed in 2014 by Sarah Martin, GBV Prevention and Response consultant, with funding from UNFPA and on behalf of the GBV AoR Learning Task Team. Support in development of this Strategy was provided by Erin Kenny (UNFPA) and Micah Williams (International Medical Corps) - co-chairs of the GBV AoR's Learning Task Team, with additional guidance from independent consultant, Beth Vann.

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# Table of Contents

Table of Contents .....	3
List of Abbreviations.....	4
I. Introduction.....	5
II. Intended Audience .....	5
III. Terms and Definitions.....	6
IV. Where are We Now: Analysis of the Current Situation .....	6
V. Setting the Stage for Success .....	8
VI. The GBV Competency Framework .....	8
VII. Goal & Objectives .....	12
VIII. Activities .....	12
Annex 1. Methodology for Strategy Development.....	22
Annex 2: Existing GBV in Emergencies Learning Opportunities.....	24
Annex 3: Humanitarian Program Management Courses .....	29
Annex 4: More Information and Resources.....	31
Annex 5: More information on Technical Supervision, Coaching and Mentoring .....	38
Annex 6: Key Informants List.....	43
Annex 7: Bibliography.....	45

## List of Abbreviations

AOR	Area of Responsibility
ARC	American Refugee Committee
CoP	Community of Practice
CPWG	Child Protection Working Group
GBV	Gender-based Violence
GPC	Global Protection Cluster
HREA	Human Rights Education Organization
IASC	Inter-agency Standing Committee
IMC	International Medical Corps
IRC	International Rescue Committee
KODE	Kimmage Open Distance Education
LTT	Learning Task Team (working group of GBV AoR)
TLL	Task Team on Learning (working group of Global Protection Cluster)
TOR	Terms of Reference
UNICEF	UN Children's Fund
UN Women	UN Entity for Gender Equality and the Empowerment of Women
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees

## I. Introduction

The Gender-based Violence Area of Responsibility (GBV AoR), led by UNFPA and UNICEF, is the global level forum for coordinating prevention and response to gender-based violence (GBV) in humanitarian and other crisis settings. Its members consist of NGOs, UN entities, donors, academics and independent experts. Since 2008, it has been one of four functional components of the Global Protection Cluster (GPC). The GBV AoR works to promote a comprehensive and coordinated approach to GBV at the field level, including prevention, care, support, recovery, and holding perpetrators accountable. The GBV AoR accomplishes this through four key areas of work:

- Supporting field operations
- Building knowledge and capacity
- Setting norms and standards
- Advocating for increased action, research and accountability at global and local levels

In order to foster safer, more ethical and appropriate approaches to GBV in humanitarian settings and build the capacity of the GBV sector, the GBV AoR through its Learning Task Team (LTT)<sup>1</sup> commissioned this Strategy to guide the GBV AoR's capacity development work from 2015-2020. A key output will be an expanded pool of GBV coordinators and program managers to support responses during acute and protracted humanitarian crises.

This Strategy has been developed through an inclusive and participatory process that included: key informant interviews with GBV in emergencies specialists, adult education specialists, and human resource specialists; a face-to-face workshop with GBV specialists from the field; and on-going review and input from the GBV AoR's Learning Task Team.

The first step in developing this Strategy was an analysis of the *Current State of Capacity for Addressing GBV in Humanitarian Contexts*. This was followed by development of a list of core competencies for GBV specialists (program managers and inter-agency coordinators). The *State of Capacity* analysis, core competencies paper, and workshop report are available upon request.

## II. Intended Audience

This strategy is for everyone seeking to build the capacity of GBV specialists, including:

- GBV AoR members;
- GBV AoR associate members, including independent researchers;
- GBV managers, coordinators, and technical advisors in agencies;
- Institutions;
- Donors; and

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<sup>1</sup> The LTT consists of representatives of the GBV AoR co-lead agencies (UNICEF and UNFPA), as well as UNHCR, UN Women, International Medical Corps (IMC), International Rescue Committee (IRC), American Refugee Committee (ARC), Mercy Corps, Interaction, and independent consultants.

- Other interested parties.

### III. Terms and Definitions

#### GBV Specialists

There are no standardized titles for those who work on GBV in emergencies. **GBV specialists** are humanitarian professionals with specialized GBV knowledge and expertise. These may be social workers, protection officers, midwives/other health workers, and/or child protection officers with strong GBV expertise. This Strategy targets two groups of GBV specialists: GBV program managers and interagency GBV coordinators.

#### GBV Program Managers

In general, GBV program managers run the programs and projects that make up the GBV prevention and response in humanitarian emergencies. These programs may be focused on healthcare, legal response, livelihoods, psychosocial support, or many other areas. A GBV program manager plans, organizes, implements and coordinates all activities that make up a GBV program. GBV program managers usually work with international non-governmental organizations (INGOs) that implement focused GBV interventions, but may also work for national civil society organizations or UN or government entities.

#### Interagency GBV Coordinators

In the current international humanitarian architecture, the “Cluster Approach”<sup>2</sup> offers an explicit structure in which GBV coordination can be established to support inter-agency, multi-sectoral efforts to address GBV and ensure a comprehensive response. The Protection Cluster, working through the GBV AoR, is charged with ensuring good coordination of these multi-sectoral interventions in non-refugee contexts<sup>3</sup>. At the country level, the Protection Cluster usually works with a specific GBV coordination mechanism often called a “GBV sub-cluster” or “GBV working group”.

For the purpose of this paper, an interagency GBV Coordinator has the responsibility within the international humanitarian architecture to coordinate GBV activities, acting as a neutral actor to represent the views/programs/decisions of all. Typically, this position is held by a UN entity. There may also be government counterparts and sometimes international or local NGO co-coordinators depending on the set up in each country<sup>4</sup>.

### IV. Where are We Now: Analysis of the Current Situation

Preventing and responding to GBV in humanitarian emergencies has received increased attention from the global community. With the support of the Global Call to Action<sup>5</sup>, many high profile humanitarian entities have committed to supporting GBV prevention and response programs in humanitarian emergencies. This

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<sup>2</sup> A ‘cluster’ is a coordination group and another term for sector.

<sup>3</sup> InterAgency Standing Committee (IASC (2014). *Transformative Agenda*. Accessed online June 2014.

<sup>4</sup> For example, in Afghanistan – the formal GBV cluster coordination was managed by a UNFPA gender officer and a Local NGO, Afghanistan Human Rights Council.

<sup>5</sup> <http://www.state.gov/j/prm/policyissues/issues/c62379.htm> <http://www.state.gov/j/prm/policyissues/issues/c62379.htm>

commitment and attention has come with an increased demand for GBV specialists, exposing a critical weakness in the GBV sector's ability to adequately respond.

As GBV is a multi-sectoral field, GBV specialists can come from a variety of backgrounds including health, mental health, legal, security, or other professional backgrounds. While there are many individuals currently involved with these sectors who would like to work with GBV in emergencies, and more still who are graduating from advanced degree programs, there is no clear pathway for these actors to become GBV specialists. There are no agreed upon qualifications in place nor a common understanding of minimum standards for effective GBV programming. Until 2014, there had been limited discussion within the GBV AoR about the core competencies required to manage a GBV program or coordinate inter-agency GBV initiatives. Identifying a pathway would benefit both young professionals entering the humanitarian field, as well as experienced humanitarian workers from other sectors who would be interested in joining the GBV sector.

For people who are currently working in this field, particularly those new to the work, there is a demand for better on-the-job support. Most organizations have few, if any, experienced GBV specialists who can provide adequate technical oversight for new professionals. The consequences of this lack of support can be especially detrimental when these new professionals are expected to make difficult decisions on how to support vulnerable survivors in areas with few services. Not surprisingly, burnout is an issue of concern. Additional support is needed to promote self-care for resiliency. There is also a need for more intra- and inter-agency mentoring and coaching, as well as user-friendly forums to network with other GBV professionals to share best practices and exchange innovative practices.

Indeed, within the humanitarian community, the commitment to addressing GBV has advanced more quickly in policy documents than in practice in some places. GBV specialists still struggle to get support, often working in silos within their organizations. While buy-in from senior management in lead agencies has led to more successful GBV programs, some managers fail to understand GBV work and what should be expected of GBV specialists, often tasking those without appropriate GBV expertise with GBV-specific responsibilities.

Where GBV-specific jobs exist, there is often poor communication around job opportunities, unclear hiring procedures and other institutional practices (such as short-term contract modalities), limited pathways to move national staff into international positions, and few family duty stations, which present barriers to employment for GBV specialists. Underlying attitudes around gender equality within the humanitarian sector present another challenge. Many of the GBV specialists interviewed spoke of experiences with an internalized culture of sexism within the humanitarian system. Some interviewees mentioned that any attempts to demand more attention to GBV in emergencies are often seen as being "pushy, too feminist, or negative"<sup>6</sup>.

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<sup>6</sup> Martin 2014c.

The *Current State of GBV Response Capacity in Humanitarian Settings* paper<sup>7</sup> documented previous and ongoing learning opportunities both in person and on-line to support GBV specialists. Although training for GBV professionals exists, as do a number of manuals, guidelines, and research, the opportunities to develop the capacities for emerging and existing GBV specialists remain limited; on-the-job support is inadequate. At present, the demand for GBV specialists far outstrips the current supply.

## V. Setting the Stage for Success

While there have been advances in addressing GBV in emergencies, the work ahead to build the capacity is substantial. In order to successfully implement this Strategy, the following elements must be in place:

- Strong, coordinated and well-resourced leadership of the GBV AoR
- A genuine commitment towards inter-agency cooperation and collaboration
- Sustained donor support, beyond year-to-year funding, for GBV capacity building

Strong, coordinated and well-resourced leadership of the GBV AoR includes such elements as: maintaining an up-to-date website, including a training calendar with links to endorsed courses, training materials and learning resources; promoting new GBV specialist positions and consultancies within the AoR and other forums; and keeping the membership listserve relevant by proactively mapping agencies/organizations engaged in GBV-related work and soliciting their engagement in the work of the AoR.

This Strategy should be considered alongside several other key GBV AoR work streams, namely: roll-out of the Advocacy Handbook, implementation of the revised IASC GBV Guidelines and Coordination Handbook, development of the Emergency Preparedness and Response Toolkit, and on-going development of an AoR research agenda. In addition to these critical work streams, the GBV AoR's Regional Emergency GBV Advisors – senior level GBV technical experts deployed to regional hubs for country and regional support on GBV – have been tasked explicitly with development of GBV capacities and can serve as an incomparable resource for implementing this Strategy at field level.

## VI. The GBV Competency Framework

Over the past 10 years, there has been much discussion in the humanitarian community about the need to develop personal and technical competencies to define and improve humanitarian aid performance and the capacity of individual staff members, particularly in light of the increasingly complex humanitarian workspace<sup>8</sup>.

Competencies have been defined in a variety of ways and include the elements of knowledge, abilities, skills, personal characteristics, behaviors and/or qualities that are linked to organizational objectives *and* are key to producing results. In 2014, the GBV AoR's Learning Task Team led the development of a

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<sup>7</sup> Martin 2014a.

<sup>8</sup> ELRHA 2011.



*Competencies Framework for GBV Specialists*<sup>9</sup> using the competency definition from the Inter-agency Working Group on Emergency Capacity Building<sup>10</sup>. This same definition has also been used in the Child Protection Working Group and for Humanitarian/Resident Coordinators:

*The experience, skills and behaviors required to perform effectively in a given job, role or situation. Competencies are what a person has or can acquire, i.e. a characteristic, attitude, skill, aspect of one's self-image, or body of knowledge and behavior, which s/he uses.*

With a GBV AoR-endorsed *Competency Framework* to define the competency requirements for GBV program managers or coordinators, competency-based training can be adopted to establish learning strategies to close major capacity gaps.

The matrix below provides a snapshot of the suggested *Competency Framework*. The Framework was developed by the GBV AoR's Learning Task Team and will be taken forward for review, editing and endorsement by the GBV AoR.

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<sup>9</sup> Martin 2014b.

<sup>10</sup> IWG: Inter-Agency Working Group on Emergency Capacity Building, 2006.

Proposed Competencies for GBV Specialists Working in Humanitarian Settings		
Competencies	Program Manager	GBV Coordinator
<b>CORE COMPETENCIES</b>		
Understands and applies survivor-centered approach	X	X
Applies the GBV Guiding Principles including: <ul style="list-style-type: none"> <li>• Safety</li> <li>• Confidentiality</li> <li>• Respect</li> <li>• Non-discrimination</li> </ul>	X	X
Believes in gender equality and applies, promotes and integrates gender analysis into humanitarian programming	X	X
Uses emotional intelligence includes having and showing empathy and active listening and respectful communication	X	X
<b>PROFESSIONAL COMPETENCIES</b>		
Demonstrates knowledge of and can implement multi-sectorial response to GBV (includes health, psychosocial support, security, and legal response)	X	X
Understands the principles of case management and can apply to GBV programs	X	X
Demonstrates knowledge of and engages effectively with the humanitarian architecture	X	X
Demonstrates knowledge of current GBV prevention theory and identifies and applies appropriate GBV prevention and behavior change strategies at different stages of the humanitarian response	X	X
Critically analyzes context, trends and vulnerabilities related to GBV	X	X
Demonstrates knowledge of prevention of sexual exploitation and abuse responsibilities within the humanitarian response and supports implementation	X	X
Locates, adapts, and applies key GBV tools to context including: <ul style="list-style-type: none"> <li>• GBV Coordination Handbook</li> <li>• GBV IMS</li> <li>• WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies</li> </ul>	X	X

<ul style="list-style-type: none"> <li>IASC Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies</li> </ul>		
Applies critical thinking and problem solving to create innovative GBV programming	X	
Effectively manages GBV program and projects	X	
Effectively supervises and builds capacity of GBV personnel	X	
Understands and applies concepts of adult learning to build capacity of GBV personnel	X	X
Applies participatory approaches to engaging with and mobilizing communities	X	
Provides strategic planning for GBV prevention and response	X	X
Understands how to make appeals for funding for GBV prevention and response	X	X
Advocates for GBV prevention and response and in support of GBV survivors	X	X
Supports other sectors to mainstream GBV prevention and response		X
Understands ethical issues with regards to collecting data and conducts ethical safe GBV assessments	X	X
Understands, critical issues around GBV data; manages, shares, and uses GBV case data in confidential, safe, and effective manner	X	X
Facilitates a collaborative environment to promote effective coordination	X	X
Fosters effective communication	X	X
<b>BEHAVIORAL COMPETENCIES</b>		
Adapts and Copes with Pressure	X	X
Shows Leadership	X	X
Negotiation and Advocacy	X	X

## VII. Goal & Objectives

The goal of this strategy is to build a strong and reliable pool of qualified GBV specialists, including GBV program managers and inter-agency GBV coordinators, who can strengthen GBV prevention and response in humanitarian emergencies. To remove barriers to this goal, the following objectives were proposed through a collaborative process with the Learning Task Team.

- ❖ Objective 1: Identify, promote, and develop training opportunities to address competency gaps for established and emerging GBV specialists
- ❖ Objective 2: Strengthen learning opportunities and capacity development support to established and emerging GBV specialists in the field.
- ❖ Objective 3: Promote an enabling environment to support established and emerging GBV specialists within the humanitarian community

## VIII. Activities

### **OBJECTIVE 1: Identify, promote, and develop training opportunities to address competency gaps for established and emerging GBV specialists**

As the GBV in emergencies field advances, there is a need for established standards for GBV interventions. Training opportunities that are linked to those standards and to the *Core Competencies Framework* should be developed, endorsed and promoted by the GBV AoR. At present, only two training courses have been developed by the GBV AoR: *Managing GBV Programmes in Emergencies*, and *Coordination of Multi-Sectoral Response to GBV in Humanitarian Settings*. These courses, along with the IRC-developed *GBV Emergency Preparedness and Response* training course, provide an overview of the range of knowledge and skills that comprise the work of a GBV Coordinator or GBV Program Manager. None of these three training courses have been offered at the global level in the past few years.

Additional training courses have been developed by several GBV AoR member organizations that focus on particular skills, areas of knowledge, or program approaches, such as working with child survivors or engaging traditional justice actors. These training courses are, at times, made available to participants from different organizations.

The GBV AoR should establish a process to review and endorse existing and new training opportunities for GBV specialists, including both overview and more specialized trainings. GBV AoR endorsement would signify that training course content is in line with established standards and expected competencies of GBV specialists, which should prove helpful to those seeking training opportunities, as well as to donors interested in funding training opportunities.

The GBV AoR should also pursue different means of increasing training opportunities, including investing in existing training courses, developing new training courses to fill identified gaps, and partnering with

academic or learning institutions to offer trainings at country, regional and global levels. A number of institutions have expressed interest in such a partnership (See Annex 4).

### **1.1 Formalize standards and benchmarks that define the field of addressing GBV in emergencies and further articulate the competencies required to meet these standards**

- Taking inspiration from the work of the Child Protection Working Group (CPWG), develop a set of globally applicable minimum standards on GBV in emergencies to use in combination with the *Core Competencies Framework for GBV Specialists*.
  - Raise funds to support a consultant/team of consultants to work full-time over the course of (at least) a two-year period.
  - Link to the Competency Framework.
  - Link identified/endorsed training opportunities and guidelines to minimum standards (see Activity 1.2).

### **1.2 Review and endorse available GBV training programs and learning tools for GBV specialists and make more widely available**

- Establish a mechanism for identifying and reviewing relevant trainings for GBV AoR endorsement and promotion.
  - Identify and review existing courses, materials, and programs (Annex 2) that address core, professional and behavioural GBV competencies. Endorse well-evaluated courses for GBV AoR members.
    - Formalize partnerships with well-evaluated courses to promote within the GBV AoR membership.
    - Evaluate current online GBV courses, such as those developed by Human Rights Education Associates (HREA) and Kimmage Open and Distance Education (KODE) to determine if they are aligned to current best practices and relevant for humanitarian contexts (see Annex 3).
    - Identify and review existing courses on humanitarian programming including program design, management, monitoring, and evaluation (see Annex 3).
  - Actively solicit information on additional courses and develop a structure within the GBV AoR for their review and endorsement. Criteria might include:
    - Content is relevant to GBV in humanitarian contexts.
    - Content reflects best practice in humanitarian aid and GBV programming.
    - Content contributes to development of at least some of the competencies identified for GBV specialists.
    - Course includes systems for quality monitoring, updates, and user feedback, and the course is revised and improved based on those systems and measurements.
  - Ensure that one of the full-time members of the GBV AoR Coordination Team has responsibility for oversight of the GBV AoR Capacity Development Strategy.

- Integrate the identification, review and endorsement of tools and courses in the ToRs of the GBV AoR LTT.
- Raise funds to support tasks as necessary.
- Re-launch the *Managing GBV Programmes in Emergencies and Coordination of Multi-Sectoral Response to GBV in Humanitarian Settings* training courses at the global level.
  - Review and update curricula to include additional scenarios and simulations and to ensure the courses' alignment to the *Competency Framework*.
  - Identify appropriate regional academic and non-academic partners to modify, organized and facilitate global courses at regional level.
  - Establish student evaluation methods to measure competency development and identify areas where they require further coaching.
  - Maintain contact with course participants over time for possible inclusion in follow-up trainings and as possible sources for GBV specialist rosters.
  - Offer trainings annually (at least), preferably in regional locations.
  - Raise funds for all elements of training organization, delivery and follow-up support, including student pre- and post-course assessment and post-course monitoring and evaluation.

### 1.3 Develop new GBV in emergencies training courses

- Using the *Core Competency Framework*, identify gaps in learning materials and initiatives for specific competencies and develop learning materials to address them.
  - Map current/known/endorsed tools and trainings alongside competencies; note gap areas for further action.
  - Survey existing GBV specialists for competencies that they believe they need to be strengthened (for example, advocacy, negotiation) in order to prioritize new course development.
- Develop training materials on specific topics for thematic areas for which there are currently no identified training resources. Examples may include: addressing GBV in urban contexts, responding to GBV in natural disasters, and human trafficking<sup>11,12</sup>.
  - Seek funds for GBV AoR members to lead development of new GBV AoR training courses to fill identified gaps.

### 1.4 Develop partnerships with academic and other learning institutions to expand university-level learning options on GBV in emergencies

<sup>11</sup> In Latin America and the Middle East, there has been work on addressing GBV in urban settings. There are several Asian organizations that are addressing disaster response and management and trafficking

<sup>12</sup> Some of these trainings were mentioned in interviews and have been developed in country offices of different organizations and would need to be compiled, reviewed and endorsed.

- Learning from the experience of the CPWG, identify academic and other institutions to create specific courses that are relevant for GBV specialists.
  - Identify existing programs in relevant areas of study (social work, public health, etc.) within institutions globally who are interested in offering courses in GBV in emergencies.
  - Link GBV experts in the region to these institutions and formalize partnerships to expand GBV in emergencies courses.
  - Set up fund to sponsor academic practicums for students interested in developing field experience on GBV in humanitarian settings.
  
- Develop summer institutes and/or shorter certification courses focused on GBV in humanitarian emergencies, similar to well-established programs such as the Oxford University International Summer School in Forced Migration, Fordham University’s International Diploma in Humanitarian Assistance or the Professionals in Humanitarian Assistance and Protection Program (Annex 3).
  - Identify institutes who have already expressed interest in working more on GBV in emergencies (George Washington University, London School of Economics, University of Sussex, Tata Institute of Social Science, University of Kwa-Zulu Natal, etc.).
  - Develop short, six-week curricula focusing on core competencies.
  - Identify GBV specialists who can deliver trainings (REGAs, existing consultants, etc.).
  - Solicit funding from donors.
  
- Link global and regional GBV experts to relevant academic institutions to ensure bridge between practice and theory; formalize partnerships.
  - Set up fund to sponsor academic practicums for students interested in developing field experience on GBV in humanitarian settings.
  - Raise multi-year funding to support new programs.
  
- Develop and promote a “core curriculum” on GBV in Emergencies and the Core Competencies in partnership with interested universities<sup>13</sup>.

**OBJECTIVE 2: Strengthen learning opportunities and capacity development support to established and emerging GBV specialists in the field.**

There is currently no reliable established mechanism for GBV specialists to access technical/professional support. Field actors often rely on ad hoc networks and personal connections for professional advice and support for dealing with particularly complex issues. There is a need for GBV specialists to have access to coaching, mentoring<sup>14</sup> and support from experienced GBV specialists.

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<sup>13</sup> KODE has indicated that they would be interested in developing a specific course. For more specifics, see Annex 4.

<sup>14</sup> *Coaching* tutors or instructs a person to achieve a specific goal or skill. A Coach is a trainer, instructor and tutor who focuses on one or two skills at a time. *Mentoring* is the act of guiding, counselling and supporting. It is fundamentally teaching, but the objective is slightly different. Mentorship is more voluntary in nature and is less formal than coaching. See Annex 5 for additional information.

## 2.1 Develop a community of practice (CoP) for established and emerging GBV specialists

- Develop a Community of Practice that incorporates the lessons learned from the CoP from 2011 and meets the needs and wishes of GBV specialists.
  - Similar to the work of the CPWG, who uses HREA to host their community of practice, discuss with HREA the possibility and viability of joining their existing Gender CoP and expanding it to include GBV specialists working in emergency contexts.
  - Raise funds to cover any costs incurred by HREA (or other partner) in hosting/managing the CoP.

## 2.2 Promote technical support posts within individual organizations at headquarters or field offices to provide support to field-based GBV specialists

- Advocate with donors to fund specific positions in the HQ or regional offices of organizations and agencies deploying GBV staff to emergency contexts (Annex 3) to provide agency- or organization-specific technical support and ensure field staff are linked up to the global GBV in emergencies community, including the AoR.

## 2.3 Monitor technical support available through existing initiatives and supplement with additional on-the-job support as needed

- Facilitate provision of technical advice through the Community of Practice (see activity 2.1).
  - Field technical questions as a feature of the CoP, where responses are organized by sub-theme, to create a body of knowledge for other specialists to access.
- Coordinate with REGA to fill identified gaps in capacity at country and regional levels.
- Organize additional, GBV AoR-led technical support if and as required
  - Collect information from member organizations on levels of internal technical support available.
  - Consider establishment of a full-time help desk within the GBV AoR Secretariat, independent from any agency or organization.
- Consider establishment of a pool of coaches with expertise in different competencies outlined in the *Competency Framework*.
  - Coaches could deploy to the field to provide short-term technical support to GBV program managers or inter-agency coordinators on specific competencies (such as advocacy, program design, training, etc.).
  - Coaches could come from a number of technical areas, including legal and security, and represent a range of regions. They could be drawn from UN agencies, INGOs, LNGOs, and consultants.



## 2.4 Formalize mentoring and field exchanges for experienced and emerging GBV specialists

- Expand field placements for emerging GBV specialists.
  - Promote internships and/or placement opportunities in GBV AoR member organizations for young professionals.
  - Advocate with donors to fund internship costs as part of GBV program funding.
  - Explore possible partnerships with young professionals programs in the U.N. system (e.g., UN Volunteers, government sponsorship of Junior Professional Officers, etc.) and with donors (UK's PSVI, Norway's Norcap, Denmark's DRC, and Australia's DFAT programs).
- Promote technical exchange visits by GBV specialists within and between regions.
  - Establish a fund to cover travel and operational expenses for South-South exchanges within and between agencies.
  - Develop a transparent application process to access funds.
  - Integrate management of this fund into the ToRs for existing GBV AoR staff or establish a new post to manage.
- Facilitate mentoring relationships by increasing opportunities for GBV specialists to meet in person.
  - Expand the annual GBV AoR meeting to include training and networking days open to all, followed by the member-only planning meeting.
  - Host an annual event or conference specifically focused on GBV in emergencies. This workshop/conference could be attached as a "fringe or satellite event" to conferences that GBV in emergency specialists may already be attending, such as the SVRI forum or the AWID or WILPF conferences.
  - Establish smaller regional meetings for training, networking, and mentoring opportunities.
  - Develop a mentoring activity where junior and senior GBV technical people can meet to network and establish mentoring relationships.

## 2.5 Outline a roadmap for emerging practitioners to become GBV specialists

- Create a document for those interested in becoming GBV specialists that outlines recommended actions related to academic study, self-guided learning, technical training and fieldwork.
  - The suggested roadmap should be aligned with the *Competency Framework for GBV Specialists* and the GBV Minimum Standards (see activity 1.1).
  - The roadmap should link to available learning opportunities, including tools and resources, endorsed training programs, mentorship and field placement opportunities.
  - The roadmap should outline different recommendations for GBV coordinators and GBV managers.
  - The roadmap should be published with learning links on the GBV AoR website.
  - The roadmap should be disseminated to HR professionals in GBV organizations to assist with training and capacity building within their organizations.

### **OBJECTIVE 3: Promote an enabling environment to support established and emerging GBV specialists within the humanitarian community**

The work of a GBV specialist can be extremely challenging. GBV specialists often feel that they do not get the support that they need to grow within their positions. Human resources departments need to provide more support to GBV specialists so that they may take advantage of learning opportunities. Barriers that may be inhibiting the hiring and retention of GBV specialists also need to be addressed. There is more attention being paid to the issue of GBV in emergencies by donors, but there is still a need to educate and encourage donors to recognize the need to fund long-term, multi-faceted programs to support GBV capacity development including training opportunities and full-time positions.

Despite the groundswell of attention to the issue of GBV in emergencies by donors and the overall humanitarian community, more work needs to be done to strengthen dialogue and information-sharing between donors and GBV practitioners. This includes around issues related to funding for GBV-related posts and support to multi-faceted capacity development efforts, in line with this Strategy.

#### **3.1 Promote GBV in emergencies staff professional development and care**

- Address barriers to identifying, hiring, promoting and retaining qualified GBV specialists and provide guidance for better human resources policies. GBV AoR member organizations can advocate, promote or take other actions to:
  - Support staff to participate in GBV training courses as part of their staff orientation process and professional development.
  - Include GBV AoR-endorsed training courses in lists of staff training opportunities.
  - Fund professional development opportunities.
  - Consider staff training as working time (not personal leave/vacation) and ensure that staff are given time to attend GBV trainings.
  - Adapt the *Competencies Framework* for hiring and performance management.
  - Address contract modalities and TORs to prevent gaps and create incentives for more senior people to stay in positions longer, particularly focusing on policies that address possible barriers to retaining women, such as balancing work with child-rearing responsibilities.
    - Conduct a study to determine barriers to GBV specialist retention.
    - Review organizational cultures and environments and promote a more conducive environment for gender equality to support GBV work.
      - Work with senior management teams to ensure gender and power issues are included in senior management capacity building to promote more understanding of GBV work.
- Develop staff care guidance for agencies/organizations deploying GBV specialists to humanitarian contexts.
  - Identify the health and mental health risks for GBV in emergency specialists.

- Highlight the importance of developing and implementing specific staff wellness and care policies and processes related to self-care and resiliency.
- Identify and promote internal policies such as supportive supervision, time off, access to technical support and mentoring, access to counselling and/or support groups, etc.
- Ensure mentoring and supervision includes time for debriefing and well-being check-ins along with technical support.

### **3.2 Advocate for more long-term, multi-faceted funding to support GBV capacity development**

- Develop multi-year proposal for capacity development that is aligned with the GBV AoR Capacity Development Strategy.
- Engage in dialogue with donors on funding opportunities to support capacity development opportunities for GBV specialists over the longer term.
  - Based on outcomes of this dialogue, develop and circulate proposal language that AoR members can use to support funding for human or other resources for developing capacity.
- Advocate with donors for funding to support implementation of this Strategy
  - Promote understanding of GBV prevention and response as human-resource-intensive work.
  - Ensure funds are flexible and sufficient to enable agencies and organizations to hire staff on fixed term or other more “stable” contracts (not as consultants).
  - Encourage more flexible funding to support capacity development (e.g., funding two staff for some positions to allow a more senior specialist to mentor an emerging specialist)

## Proposed Capacity Building Strategy 2015-2020

	Priority 1 -3 (high to low)	Target Date	Responsible
<b>Objective 1: Identify, promote, or develop new training opportunities to address competency gaps for established and emerging GBV specialists</b>			
1.1 Formalize standards and benchmarks that define the field of addressing GBV in emergencies and further articulate the competencies required to meet these standards	1	Dec 2018	GBV AoR CT + New Task Team
1.2 Review and endorse available GBV training programs and learning tools for GBV specialists and make more widely available	1	Define process – Dec 2015; Review /endorsement – Ongoing	GBV AoR LTT
1.3 Develop new GBV in emergencies training courses	2	Ongoing	Individual agencies, with guidance from the LTT
1.4 Develop partnerships with academic and other learning institutions to expand university-level learning options on GBV in emergencies	3	Start with a mapping. Build on GPC TTL mapping exercise & State of GBV Capacity Paper. Link to Research TT – Dec 2015; Ongoing	GBV AoR CT (for strategic engagements, additional mapping and link to Research TT); GPC TTL (mapping); Individual agencies (initially for individual partnerships);
<b>OBJECTIVE 2: Strengthen support, including on-the-job capacity development, to established and emerging GBV specialists in the field.</b>			
2.1 Develop a Community of Practice (CoP) for established and emerging GBV specialists	2	Dec 2016	GBV AoR CT
2.2 Promote technical support posts within individual organizations at headquarters or field offices to provide support to field-based GBV specialists	1	Ongoing	Individual agencies (link to CTA); donors; develop key messages (Advocacy TT?); GBV AoR CT to advocate with donors
2.3 Monitor technical support available through existing initiatives and supplement with additional on-the-job support as needed	2	Ongoing	GBV AoR CT

	Priority 1 -3 (high to low)	Target Date	Responsible
2.4 Formalize mentoring and field exchanges for experienced and emerging GBV specialists	1	Ongoing	Individual agencies; GBV AoR CT (e.g. for retreat); donors
2.5 Outline a roadmap for emerging practitioners to become GBV specialists	2	Dec 2016	GBV AoR LTT
<b>OBJECTIVE 3: Promote an enabling environment to support established and emerging GBV specialists within the humanitarian community</b>			
3.1 Promote GBV in Emergencies staff professional development and care	1	Ongoing; agency check-ins at bi-annual monthly meetings and retreat; HR guidance – Dec 2017	Individual agencies, but with regular AoR check-ins on actions; consider Human Resources TT of GBV AoR member entities to problem-solve and develop guidance
3.2 Advocate with donors to recognize the need for long-term, multi-faceted funding to support GBV capacity development	1	Proposal – Dec 2015; Talking points for donors – Dec 2015; Advocacy using talking points – Ongoing	GBV AoR CT to lead (or UNFPA and UNICEF in absence of functioning CT), with support from LTT to ensure inter-agency engagement

## Annex 1. Methodology for Strategy Development

The Capacity Development Strategy was developed through a consultative process involving the following steps.

### A. Development of the State of Capacity report

A consultant was hired to develop a descriptive synthesis of existing information on the current state of the response to GBV in humanitarian contexts. This synthesis included an inventory of available learning opportunities and actors that can support capacity development in the area of GBV in humanitarian emergencies, and existing inter- and intra-agency capacity development efforts. Over 30 GBV specialists were interviewed via Skype and in person by the GBV consultant (Annex 5). They were asked to share their opinions on what is working and what is not working with regard to preventing and responding to GBV in humanitarian emergencies. They were also asked about what qualities they thought made an effective GBV Program Manager and GBV Coordinator. They were also asked to propose ideas to strengthen the capacity of GBV program managers and coordinators. These interviews were transcribed and analyzed by the consultant. The consultant also conducted internet searches and discussed existing learning opportunities to compile a list of existing training opportunities on GBV in emergencies. The consultant also reviewed a number of documents (Annex 6). All of these source materials were used to develop the *Current State of Capacity* paper, which was further refined through comments from the Learning Task Team and AoR members.

### B. Proposed Core Competencies for GBV Program Managers and Inter-agency GBV Coordinators

The consultant then used findings specifically about the core competencies to draft the *Proposed Competencies for GBV Program Managers and Coordinators*. An additional 15 specialists in human resources and adult education as well as people in the field were consulted. The consultant discussed the process for developing competencies with the CPWG and the Task Team on Learning within the GPC.

### C. Consultative Workshop

A two-day consultative workshop was held from October 2-3, 2014 in New York City. 30 GBV specialists, primarily from the field, and encompassing the main UN agencies and NGOs addressing GBV in emergencies were invited. Participants in the workshop discussed the findings from the *Current State of Capacity* paper and reviewed a set of objectives for this Strategy. They also discussed the concept of using a competency-based framework for training and hiring field staff. Participants worked to refine the competencies based on their experience and proposed activities for the strategy.

The consultant participated in the *Asia Regional GBV in Humanitarian Emergencies* training held in Bangkok in October 2014 and the *Child Protection Coordination Training* in Bangkok in December 2014 to see how GBV was addressed. She then began drafting the Strategy and read and analyzed new resources to support

different areas of the Strategy (such as on competency-based training, supervision, monitoring) and conducted discussions with specialists in adult education, distance learning, mentoring, human resources, and others to develop different sections of the strategy. The strategy was shared with the LTT for comment and with *ad hoc* groups for particular objectives. It will be shared with the broader GBV AoR in a conference call so anyone who would like to be involved will be able to participate. Finally, it will be shared with the SAG for adoption.

## Annex 2: Existing GBV in Emergencies Learning Opportunities

Name of course	Audience	Type of Course	Coordinators
<i>GBV Emergency Response &amp; Preparedness Training</i>	Mixed IRC/INGOS	In Person with simulations	IRC upon request from country teams  Gina Bramucci
<i>Coordination of Multi-Sectoral Response to GBV in Humanitarian Settings aka "The Ghent Course"</i>	Local and INGO staff, UN, Government	In Person  CURRENTLY ON HOLD	UNFPA  Erin Kenny
<i>"Managing GBV Programs in Emergencies" (PHASE 2)</i>	Kampala, Uganda  February 2012	In Person  No new trainings planned	UNFPA  IMC: Micah Williams
<i>Caring for Child Survivors of Sexual Violence</i>	GBV and Child Protection Practitioners	In Person	UNICEF  IRC
<i>Protecting Women and Child Survivors through Improved Coordination: A Training Curriculum</i>	GBV, Child Protection, and Protection Practitioners	In Person	UNICEF and IRC
GBV Prevention including SASA! and Get Moving! methodology	Raising Voices, CEDOVIP and the GBV Prevention	In Person  Scheduled November 2014/ Course Catalogue available 2014-15	Kampala, Uganda  <a href="http://raisingvoices.org/wp-content/uploads/2013/02/RV-catalogue-Final.pdf">http://raisingvoices.org/wp-content/uploads/2013/02/RV-catalogue-Final.pdf</a>
<i>Managing GBV Response in the Syria Crisis Workshops</i>	GBV, Child protection,	In person  Not scheduled again	UNHCR  UNFPA



	protection. Inter-agency, government, INGO, LINGO		
<i>Addressing Gender-based Violence in Humanitarian Settings in Asia and the Pacific Region</i>	UNFPA staff and partner organizations	In Person (Asia only) Scheduled October 2014	UNFPA APRO  Tata Institute of Social Sciences
<i>Adapting GBV Programming and Coordination for Humanitarian Settings and Fragile Contexts in the Middle East</i>	UNFPA	In development (Middle East Only?)	R 4 regional institutes including: American University in Cairo, American University in Beirut, Ahfad University in Khartoum and Beirzet University in Ramallah
<b>Academic Courses</b>			
<i>GBV in humanitarian settings</i>	University course for Master's Degree Students	Academic Course	Elliot School of International Affairs, George Washington University and Beth Vann
<i>GBV in Complex Emergencies</i>	University course for Master's Degree in Public Health Students	Academic Course	Columbia University  Heidi Lehmann, IRC
<i>Gender-based Violence in International Disasters</i>	University course for Master's Degree in Public Health Students	Academic Course	University of Denver. Graduation School of Professional Psychology, Masters in International Disaster. Chen Reis  Also offers more coursework looking at international protection in humanitarian settings through the School of International Studies that focuses on GBV

			as an aspect of protection – such as dealing with protection mandates with a focus on GBV.
Master's in Law and Gender Violence with compulsory course on international legal frameworks of protection from GBV and coordinating social and health services and preventive action and legal services	Master's Degree	Academic Courses	University of Valencia
<b>Internal Agency Efforts</b>			
UNHCR E-Course	Internal UNHCR Staff		Margriet Veenma
<i>Preventing and responding to gender-based violence (GBV) in emergencies Programming Course</i>	GBV and Child Protection Practitioners	In Person	<i>UNICEF</i>
MSF- Holland  <i>1. Sexual Violence in Emergencies</i> <i>2. Sexual Violence for Basic Management</i> <i>3. Sexual Violence Response for Medical Coordinators</i>	1. Midwives , Program Managers , Mental Health Officers 2. Project Coordinators 3. Medical Coordinators	MSF staff only	Meggy Verputten  Wouter Van Empelen for general leadership training
ICRC*			Sexual Violence
<b>Distance Learning and Other Modules</b>			
<b>Title</b>	<b>Developed By</b>	<b>Topic</b>	<b>Location</b>

<i>Confronting Gender-based Violence: Self-paced Online Course</i>	Nancy Glass  Johns Hopkins Center for Clinical Global Health and  Center for Global Nursing	Improving Clinical and Psychosocial Care for GBV Survivors	<a href="http://main.ccghe.net/content/confronting-gender-violence-self-paced-online-course">http://main.ccghe.net/content/confronting-gender-violence-self-paced-online-course</a>
<i><u>How to Use the SAFE Tools: A Holistic Approach to Cooking in Humanitarian Settings</u></i>	Women's Refugee Commission	Working on Cooking Fuels and GBV prevention	<a href="http://womensrefugeecommission.org/earning">http://womensrefugeecommission.org/earning</a>
<i><u>Preventing Gender-based Violence, Building Livelihoods</u></i>	Women's Refugee Commission	GBV and Livelihoods work	<a href="http://womensrefugeecommission.org/earning">http://womensrefugeecommission.org/earning</a>
<i>Trauma Focused Cognitive Behavioral Therapy</i>	National Child Traumatic Stress Network	Psychological support for GBV survivors	<a href="http://tfcbt.musc.edu/http://tfcbt.musc.edu/">http://tfcbt.musc.edu/http://tfcbt.musc.edu/</a>
<i>Researching GBV: Methods and Meaning</i>	London School of Tropical Medicine	Conceptualizing and researching forms of GBV	<a href="http://www.lshtm.ac.uk/study/cpd/gender_violence.html">http://www.lshtm.ac.uk/study/cpd/gender_violence.html</a>
<i>Psychological First Aid</i>	National Child Traumatic Stress Network and the National Center for PTSD	Delivering Psychological First Aid for GBV Survivors	<a href="http://www.nctsn.org/content/psychological-first-aid">http://www.nctsn.org/content/psychological-first-aid</a>

<i>Gender-based Violence</i>	Health Rights Education Associates **	Gender Equality and Women's Empowerment	<a href="http://www.hrea.org/resource.php?doc_id=2412">http://www.hrea.org/resource.php?doc_id=2412</a>  Dr. Aisling Swaine
<i>Understanding and Addressing GBV in Development</i>	Kimmage Development Studies Centre (KODE) in Dublin, Ireland**	Understanding GBV in non-Emergency settings	<a href="http://kimmagedsc.ie/training/kode-courses/http://kimmagedsc.ie/training/kode-courses/">http://kimmagedsc.ie/training/kode-courses/http://kimmagedsc.ie/training/kode-courses/</a>
<i>Managing GBV Programmes in Emergencies: E-Learning Course</i>	UNFPA World Education	Managing GBV programs in Humanitarian settings	<a href="https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html#english-version">https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html#english-version</a>
<i>Different Needs- Equal Opportunities: <u>Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men: E-Learning Course</u><u>Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men</u></i>	Inter-agency Standing Committee Sub-Working Group on Gender and Humanitarian Action  HREA.org	Gender Equality in Humanitarian Programming	<a href="http://www.iasc-elearning.org/login/index.php">http://www.iasc-elearning.org/login/index.php</a>
<i>Prevent and Manage the Consequences of Sexual Violence: Minimum Initial Service Package for Reproductive Health in Crisis Situations</i>	Reproductive health for refugees Consortium	Sexual Violence in Crisis Situations	<a href="http://misp.rhrc.org/">http://misp.rhrc.org/</a>
<i>Clinical Management of Rape Survivors</i>	WHO	Clinical Management of Rape	<a href="http://iawg.net/cmor/data_en/CMoR_en.html">http://iawg.net/cmor/data_en/CMoR_en.html</a>

## Annex 3: Humanitarian Program Management Courses

Program	More information
<p>MSc or Certificate in Humanitarian Program Management</p> <p>Bioforce and ESC Grenoble Management School, Lyon, France</p>	<p>Certificate in 3 months; Master in 12 months (including Certificate, semester at ESC Grenoble, and a 5 month assignment)</p> <p><a href="http://www.bioforce.asso.fr/spip.php?rubrique82">http://www.bioforce.asso.fr/spip.php?rubrique82</a>  <a href="http://www.bioforce.asso.fr/IMG/pdf/InstitutBioforce_Management_Training_Programmes-2.pdf">http://www.bioforce.asso.fr/IMG/pdf/InstitutBioforce_Management_Training_Programmes-2.pdf</a></p>
<p>Diploma in Humanitarian Program Management</p> <p>International Centre For Emergency Preparedness Training, Nairobi, Kenya</p>	<p>1-2 year program  <a href="http://www.inter-cept.org/diploma-courses/in-humanitarian-programme-management">http://www.inter-cept.org/diploma-courses/in-humanitarian-programme-management</a></p>
<p>Project Management for Development Professionals</p> <p>RedR, London, UK</p>	<p>5 day introductory course to project management in a humanitarian and development context  <a href="http://redr.org.uk/en/Training-and-more/find-a-training-course.cfm/url/PMDJAN14">http://redr.org.uk/en/Training-and-more/find-a-training-course.cfm/url/PMDJAN14</a></p>
<p>MSc Humanitarian Health Program Management</p> <p>University of Liverpool; School of Tropical Medicine Liverpool, UK</p>	<p>The 1 year program investigates current approaches to humanitarian health program management and identifies and develops models of good practice.  <a href="http://www.lstmliverpool.ac.uk/learning--teaching/lstm-courses/msc,-pgdip,-pgcert/mhhpm/">http://www.lstmliverpool.ac.uk/learning--teaching/lstm-courses/msc,-pgdip,-pgcert/mhhpm/</a></p>
<p>Diploma in Humanitarian Assistance</p> <p>University of Liverpool; School of Tropical Medicine Liverpool, UK</p>	<p>30 days  <a href="http://www.lstmliverpool.ac.uk/learning--teaching/lstm-courses/professional-diplomas/dha/">http://www.lstmliverpool.ac.uk/learning--teaching/lstm-courses/professional-diplomas/dha/</a></p>
<p>Graduate Diploma Master of Advanced Studies in Humanitarian Logistics and Management</p> <p>University of Lugano Lugano, Switzerland</p>	<p>18 months PT (students attend 6 sessions in Lugano lasting two weeks each)  <a href="http://www.mashlm.usi.ch/">http://www.mashlm.usi.ch/</a></p>
<p>Certificate in Humanitarian Action and Conflict</p> <p>Oxforde Brookes University,</p>	<p>E-learning course, 12 months PT  <a href="http://www.brookes.ac.uk/studying-at-brookes/courses/postgraduate/2014/humanitarian-action-and-conflict/http://www.brookes.ac.uk/studying-at-">http://www.brookes.ac.uk/studying-at-brookes/courses/postgraduate/2014/humanitarian-action-and-conflict/http://www.brookes.ac.uk/studying-at-</a></p>

On-Line	<a href="http://brookes/courses/postgraduate/2014/humanitarian-action-and-conflict/">brookes/courses/postgraduate/2014/humanitarian-action-and-conflict/</a>
Participatory Humanitarian Managers Training Program  AMURT & AMURTEL Center for Neohumanistic Education, Ydrefors, Sweden	21 days (last offered June 2012). The training consists of an introduction to humanitarian frameworks and 3 competency-based modules focused on the management of projects, finances, and people.  The program is modeled after the internationally recognized BioForce Institute training methodology, and is adapted to include the AMURT/EL philosophy.  <a href="http://www.amurtel.org/participatory-humanitarian-program-manager-training-in-sweden-june-2012/">http://www.amurtel.org/participatory-humanitarian-program-manager-training-in-sweden-june-2012/</a>  <a href="http://amurt-amurtel.org/wp-content/uploads/2012/03/CNS-AMURT-Sweden.pdf">http://amurt-amurtel.org/wp-content/uploads/2012/03/CNS-AMURT-Sweden.pdf</a>
ATHA (Advanced Training Program on Humanitarian Action)  Sponsored by Sida (Swedish International Development Corporation Agency)	Has their own trainings but has also evaluated other Humanitarian Trainings and Master Programs <a href="http://www.atha.se/">http://www.atha.se/</a> <a href="http://www.atha.se/training-seminars/atha-analysis-professional-humanitarian-trainings-and-masters-programs">http://www.atha.se/training-seminars/atha-analysis-professional-humanitarian-trainings-and-masters-programs</a>
MSc Humanitarian Logistics & Emergency Management  3U Partnership (Dublin City University, NUI Maynooth and Royal College of Surgeons in Ireland), Dublin, Ireland	1 year FT  <a href="http://www.dcu.ie/prospective/deginfo.php?classname=DCUXXX&amp;degree_description=MSc+Humanitarian+Logistics+%26+Emergency+Management">http://www.dcu.ie/prospective/deginfo.php?classname=DCUXXX&amp;degree_description=MSc+Humanitarian+Logistics+%26+Emergency+Management</a>

## Annex 4: More Information and Resources

This section contains more information about promising best practices that can be studied and adapted by the GBV AoR to build capacity.

### **KODE: Kimmage Open Distance and Education**

<http://www.kodeonline.com/>

Contact: Deirdre Healy

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Kimmage is a small development studies college based in Dublin, Ireland. Currently, they offer a master's in development studies (30 students – vast majority are East Africa studying through Irish Aid fellowships). They offer a 'blended' learning package including tutor advice and support, an interactive website, and comprehensive course content on a CD Rom on Understanding GBV in development contexts. It is not an on-line course as many places do not have reliable internet access. It has a small element of on-line but it is supported distance learning and the materials are available in a number of ways. They discovered that many e-learning courses have poor completion rates so adapted their methods. KODE has high completion rates for their courses and they believe the key to success is having dedicated tutors with a maximum of 15 participants per tutor to make sure that they get the benefits of a relationship with a GBV specialist. They are working with a university to get their courses formally accredited. The 8 week GBV course costs 500 euros. KODE would be very interested in partnering and suggested a number of opportunities:

- Currently offer Project management and Monitoring and Evaluation courses that GBV specialists could take (400 euros for 5 week M&E course or Project Management Course).
- They are considering developing a GBV and livelihood course.
- They have the ability to design courses. Sometimes they get requests from women's shelter or for organizations and can design course for them specifically.
- Very interested in the issues of self-care and stress management. Mentioned that there is legislation in Ireland that will make organizations responsible for duty of care to staff. If development workers experience trauma and its not dealt with effectively, they can be sued. Are thinking about developing a course to address this.

A new 8 week distance learning course costs about 30,000 euros to develop and takes about 9-10 month to program.

### **HREA: Human Rights Education Associates**

[http://www.hrea.org/index.php?base\\_id=1400&language\\_id=1](http://www.hrea.org/index.php?base_id=1400&language_id=1)

Contact: Frank Elbers

[frank.elbers@hrea.org](mailto:frank.elbers@hrea.org)

Human Rights Education Associates (HREA) is an international non-governmental organisation based in the USA that supports human rights learning; the training of activists and professionals; the development of educational materials and programming; and community-building through on-line technologies. HREA provides assistance in curriculum and materials development; training of professional groups; research and

evaluation, clearinghouse of education and training materials; and networking human rights defenders and educators.

HREA offers two types of courses. Rapid e-courses are introductory, take between 3 and 5 hours to complete and are completely self-directed and Tutored courses are led by instructors and are generally 6 to 11 weeks in duration. They help participants to gain knowledge and develop practical and applicable skills. HREA's courses do not require a high-speed internet connection and are set up so that participants from all over the world can access the course websites, download course materials, and participate in online discussions at their convenience. HREA offers a course on gender-based violence currently intended for staff of UN and NGOs, humanitarian practitioners and gender focal points interested in GBV in humanitarian and development contexts. HREA aims to ensure equal gender and geographical distribution across the selected participants. The maximum number of course participants is 25. A Certificate of Participation is awarded upon successful completion of the course and it is also possible to audit the course. Tuition fee for participants: US\$ 575 to USD 675); tuition for auditors: US\$ 215 - US\$ 250 after 1 June 2015. HREA currently hosts the IASC Gender training.

HREA also provides coaching and manages the Community of Practice for the Child Protection Working Group with Plan International and World Vision. They provide ongoing support for field staff, refresher courses, share good practices, and facilitate discussions. They are currently trying to create a similar model in the gender equality and women's empowerment work (where all the GBV courses are hosted). They have launched a CoP where alumni of gender courses can join (similar to the CP CoP) but will open it up to other interested practitioners. It will have facilitation, quarterly webinars, a monthly newsletter on 'burning issues' and GBV is one of the main issues that will be addressed. All HREA forums are moderated; messages are not distributed immediately and some messages may not be posted. The Child Protection CoP is based upon an agreement with the CPWG for the long term. HREA is considering developing a membership model where organizations join and in return for staff participation in CoP activities, the organization commits to participating by making presentations on webinars, providing best practices/good practices, and providing facilitators for time-bound discussions that will help to document good practices. This CoP could start up topical support groups / peer support networks and could be available to staff across different country programs, facilitated by different technical advisors.

**GWU Global Women's Institute:**

<http://globalwomensinstitute.gwu.edu/>

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Another gap in access to learning materials is the lack of an online searchable directory/repository/database of current guidelines, tools, and policies, academic and grey literature that is applicable to GBV in humanitarian settings. The Sexual Violence Research Initiative (SVRI) in the Medical Research Council in South Africa has incorporated more work on humanitarian response in their past few conferences and has a website devoted to GBV in conflict but does not currently host this information<sup>15</sup>.

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<sup>15</sup> This website is in the process of being re-designed in early 2015.



The George Washington University's Global Women's Institute through the five year "What Works to Prevent Violence" project proposes to create a curated literature database which could also fill this gap.<sup>16</sup> The database will be accompanied by four short synthesis documents on various intersections within this broad literature base. Users of the database will be able to sort through all documents and see what quality assessment they were given by two experts on GBV. This database will be developed in 2015 and will run through the 5-year life of the project.

This is an excellent opportunity for the GBV AoR to partner with these two initiatives to ensure that the current tools and information that was stored on the Community of Practice in 2011 are available. The GBV AoR LTT should contribute to this database and advocate to include all materials for capacity building on GBV in Emergencies as well.

### **Donor sponsored Technical Rosters**

Different countries have specialist rosters for retired police officers and other specialists who bring specific skills to developing countries. The UK government through the Preventing Sexual Violence Initiative (PSVI) has funded British technical specialists to work in both UN and NGOs to increase technical support on forensic evidence collection for sexual violence and the Australian government has funded a gender and peace-building specialist to work in the UNFPA Myanmar office. The GBV AoR could request specific support from donors to identify GBV specialists and second them to HQs and regional offices to provide more technical supervision.

### **University of Sussex**

Dr. Lyndsay McLean Hilker

<http://www.sussex.ac.uk/global/>

School of Global Studies

University of Sussex, UK

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The University of Sussex is launching a MA in Gender, Violence and Conflict degree in September 2015. "The MA in Gender, Violence and Conflict will engage students critically with existing theoretical and policy debates about the links between sex, gender, violence and conflict. It will consider perspectives and arguments from anthropology and international relations, as well as from sociology, gender and feminist studies. It will include a focus on areas such as the gendered experiences of violence, conflict and peace; militarization, masculinities and feminities, gender(ed) violence in situations of conflict and peace and the embodiment and institutionalization of violence. Building on the policy and consultancy work undertaken by their faculty members, it will also offer critical perspectives on contemporary policy agendas, diplomatic and development interventions in the areas of "Women, Peace and Security" and "Violence Against Women". Finally, it will introduce students to critical and feminist approaches to social research and the politics and ethics of research. They have indicated in conversations that they would be amenable to partnering on specific courses or programs with the GBV AoR and would like to discuss further.

### **Sexual Violence Research Initiative (SVRI) Forum**

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<sup>16</sup> The database will be linked to the What Works website and referenced on UN Women's Virtual Knowledge Centre website.

<http://www.svri.org/forum2015/>

Liz Dartnell

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The Sexual Violence Research Forum holds global meetings every two years – usually in South Africa. Its fourth annual international conference, the SVRI Forum is being held in 2015. The Forum brings together researchers, gender activists, funders, policy makers, service providers, practitioners and survivors from around the world and will showcase innovation to end sexual violence, intimate partner violence and child abuse, and strengthen responses to survivors in low and middle income countries. The SVRI Forum is a key platform for sharing research, innovation and networking.

### **Fordham University Summer Program on Humanitarian Action**

[http://www.fordham.edu/info/20193/courses\\_by\\_subject/3320/humanitarian\\_action](http://www.fordham.edu/info/20193/courses_by_subject/3320/humanitarian_action)

[http://www.fordham.edu/info/20193/courses\\_by\\_subject/3320/humanitarian\\_action](http://www.fordham.edu/info/20193/courses_by_subject/3320/humanitarian_action)

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The Institute of International Humanitarian Affairs was created at Fordham University in December 2001 to forge partnerships with relief organizations, publish books, hold training courses and host symposia relating to humanitarian affairs. The Institute enables humanitarian workers to develop relationships with the University and the international community in New York City. The Institute offers an academic base for the study and development of international health, human rights and other humanitarian issues, especially those that occur in periods of conflict. The Institute trains humanitarian workers in the critical skills needed to aid in crises situations and identifies fundamental needs and uses its talents, contacts, and resources to define practical solutions and initiate dialogue, understanding and cooperation among people and nations divided by war. Fordham University hosts summer sessions that last 4 weeks and costs \$3360.

### **Oxford Summer Institute**

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

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The International Summer School in Forced Migration fosters dialogue between academics, practitioners and policymakers working to improve the situation of refugees and forced migrants.

The Summer School offers an intensive, interdisciplinary and participative approach to the study of forced migration. It aims to enable people working with refugees and other forced migrants to reflect critically on the forces and institutions that dominate the world of the displaced. The three-week course combines Oxford University's academic excellence with a stimulating and participatory method of critical learning and reflection. The Summer School is intended for: Mid-career and senior policymakers and practitioners involved with humanitarian assistance and policy making for forced migrants. Participants typically include host government officials, intergovernmental and non-governmental agency personnel engaged in planning, administering and co-ordinating assistance.

Asfari Foundation and Saïd Foundation bursaries are available for Summer School candidates who work on refugee-related issues from Palestine, Lebanon and Syria (or Palestinians and Syrians resident in the Arab world). It costs 3300 pounds (approx. USD 5000).

### **Other ideas for future capacity building:**

This section has excerpts from promising ideas for capacity building that are outside the scope of this five year Strategy but may be considered for future strategies.

#### **Women PeaceMakers Program, Institute for Peace and Justice, University of San Diego**

<http://www.sandiego.edu/peacestudies/institutes/ipj/programs/women-peacemakers/http://www.sandiego.edu/peacestudies/institutes/ipj/programs/women-peacemakers/>

Jennifer Freeman, [jenfreeman@sandiego.edu](mailto:jenfreeman@sandiego.edu)

Those on the frontlines of efforts to end GBV in emergencies seldom record their experiences, activities and insights, as generally there is no time. The GBV AoR loses the experience and creativity from experienced GBV specialists who retire to academic programs, switch professions, or leave the field. Often this is due to burnout. The University of San Diego's *Women PeaceMakers* program is a good practice that works to offer an opportunity for women peace builders and leaders to document, share and build upon their unique stories. In addition to documenting their stories, women give presentations on their work at the institute and in the community while living in a tranquil setting for 8 weeks. They have opportunities to exchange ideas and approaches to their work, which increases their capacity to participate in the work. The GBV AoR could identify a university or research institution and create a program similar to this program for GBV in Emergency specialists. It could be linked with current regional efforts to link with academic institutions and could be a place people could go after the field to reflect, create new tools, build links with academics, plug into networks to capture field work but also give people a place to decompress but not lose their experience. Donors could fund a GBV AoR fellowship which would include housing and salary expenses.

#### **PHAP: Professionals in Humanitarian Assistance and Protection**

<https://phap.org/learning-pathways/humanitarian-law-and-policy/core-training> <https://phap.org/learning-pathways/humanitarian-law-and-policy/core-training>

The GBV AoR could adapt the model of the *Professionals in Humanitarian Assistance and Protection* learning pathway by conducting short-3 day professional trainings regionally in Africa, Asia, Europe, the Middle East and the US to focus on core GBV issues with additional technical workshops tailored to regional interests. The first step of a their professional development pathway takes place on the website which offers a series of 10 – 15 minutes online modules on humanitarian law and policy and additional online material that act as a gateway to the substantive domain covered by the pathway. These online sessions present clear definitions of key IHL concepts such as humanitarian access and review the main debates around the issues covered by the pathway. Each module ends with a short quiz to test the acquisition of knowledge of participants, in addition to a glossary of the main professional vocabulary and links to further reading material. The second step of the pathway is centered on a three-day Core Professional Training on Humanitarian Law and Policy offered regularly by PHAP and its partners in various international locations.

The curriculum of the Core Training is set around core issues and questions pertaining to the challenges of assisting and protecting of civilians in armed conflict with a number of flexible sessions to accommodate particular regional and thematic interests. The three-day training comprises expert lectures, case studies, and simulations. It concludes with an optional multiple choice exam. The completion of the Core Professional Training on Humanitarian Law and Policy is a requirement to attending any of the PHAP Thematic Workshops in the same pathway of humanitarian law and policy. The third step of the pathway is composed of a series of thematic workshops covering a large spectrum of challenges and sub-domains in humanitarian law and policy. These workshops last two days and invite interested members to engage in timely discussions around current challenges to humanitarian assistance and protection. There are no exam requirements at the conclusion of the workshops.

### **Leadership Trainings**

Nick Zeinau of Intelligent Action (who works with MSF Holland)

<http://vimeo.com/90169982>

During the interviews conducted to develop this strategy, some GBV specialists were identified as particularly skilled. These people were interviewed and a theme that came up repeatedly was that they had either attended a specific leadership course, had undertaken courses that focused on leadership traits, or had received support from other leaders in their life who helped them to focus on skills that they needed and used in their work. In the GBV Technical Consultation for a Capacity Development Strategy<sup>17</sup> a participant stated: “You can be born a good leader but you need to become a great leader” and another noted that “The vast majority of what I do has nothing to do with GBV.”<sup>18</sup> One of the key behavioral competencies is showing leadership. This competency can be delivered in existing trainings by incorporating exercises from leadership trainings or specific leadership training courses could be targeted and the GBV AoR could sponsor the participation of mid-level GBV specialists in them. At MSF – Holland, there is an active process to recommend current program managers to become leaders. These prospective leaders are invited to an intensive two-week leadership course led by an external consultant who specializes in leadership. Participants are given specific training on conflict resolution, understanding their own strengths and weaknesses, compiling teams, and other “soft” traits that are not normally covered in skills based trainings. During the training, their strengths and weaknesses are evaluated and some are selected for leadership and others are moved into deputy positions where they can receive additional coaching in areas that they need support to develop. Whether the prospective leaders move into limited leadership positions or not, they strengthen the creative thinking, conflict resolution, and other skills that “showing leadership” consists of. The GBV AoR should explore the options to either send participants to these types of trainings or engage with a specialist to develop a GBV specialized leadership training to strengthen leadership within the sector.

### **Create a pool of experienced GBV coordinators into a “Coordinators Capacity Building Corp” to strengthen coordination competencies.**

This “Co-Cap” would be a pool of coordinators who have proven experience in effectively coordinating in emergencies. They would have to be GBV specialists who can be deployed quickly in an emergency. This

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<sup>17</sup> Martin 2014c.

<sup>18</sup> Martin 2014b

would insure that agencies don't have to find new inexperienced people when searching for coordinators. The model of the ProCap was seen as effective where experienced protection personnel are selected and deployed for both short and longer term deployments to run protection clusters or start new clusters.

### **Develop a formal mentoring program for GBV specialists**

Mentoring programs generally prove to be popular but can be difficult and time consuming to implement. One humanitarian agency spoke of developing a leadership program that selected staff from across whole agency, provided them with management training and then connected them with senior managers to act as a mentor. However, it didn't go well because the organization felt it was too much work in supporting the program to build the capacity of too few people. However, in one country it did succeed because there was a lot of political support from the top and buy-in and commitment from senior management. The current *InterAction's Young Professionals Network Mentorship Program* noted that while there was enthusiastic participation and about four times the number of mentees than mentors applied, the amount of time and effort it took to manage and support the program was overwhelming the staff who supported the program. Participants wanted resources, communication tools and a lot of support at the beginning. A formal mentoring program must be funded and adequately staffed to facilitate the initial stages of the mentorship.

## Annex 5: More information on Technical Supervision, Coaching and Mentoring

Due to the focus on GBV in emergencies, organizations' are feeling the pressure to quickly deploy personnel – even those with minimal experience and low capacity in GBV work. There is an urgent need for additional “on-the-job” support for GBV specialists to support retention in the sector and to expand the corps of experienced and resilient GBV specialists. The following information addresses different concepts of “on-the-job” support such as technical supervision, coaching, and mentoring.

### *Technical Supervision*

In nursing and social work in domestic settings, students spend time gaining practical experience as well as learning theory in classrooms. As they enter the workforce, they receive support through participation in practical internships or with an in-depth orientation to their new work environment through one-on-one technical supervision. Those who work with vulnerable populations, like social workers and mental health specialists, receive technical supervision from an experienced person in the same field to ensure that they do not inadvertently cause harm due to their inexperience.

For the purposes of this Strategy, this definition of technical supervision is taken from the US National Association of Social Workers document, *Best Practice Standards in Social Work Supervision*<sup>19</sup> and defined as “the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place”.

This type of technical supervision is different from “administrative supervision” where a line manager ensures that jobs/tasks are being performed as expected and reviews strategies, plans, and project management aspects of the work, amongst other things. Administrative supervision is also needed but technical supervision looks more specifically at the professional functions and case management aspects of GBV program managers' work. Technical supervision is usually mandatory/expected and regular (at least once per week) – in fact, for certain higher levels of licensing, social workers need to meet a minimum number of supervision hours and it is not optional under a do no harm framework. Technical supervision will ensure the person is operating within theoretical, best practice and ethical frameworks and provide the opportunity to discuss challenges, receive guidance and find solutions related to problems, monitor and manage stress, etc. For those practicing case management, supervision will help the service provider review their practice to ensure quality service to clients. Reviewing cases is very important in complex situations when more than one person is involved, such as cases where there is a high risk of further violence to the client. Supervision provides a forum to debrief on challenging cases/incidents; to monitor and manage coping/stress/ vicarious trauma etc<sup>20</sup>. The less experienced the person, the more intensive the supervision should be, especially when dealing with complex cases.

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<sup>19</sup> NASW 2013.

<sup>20</sup> See SVRI draft document on Vicarious Trauma, WHO Guidelines etc.

This supervisor is responsible for providing direction to the supervisee, who applies theory, standardized knowledge, skills, competency, and ethical content in the practice setting. Supportive supervision decreases job stress that interferes with work performance and provides the supervisee with nurturing conditions that complement their success and encourage self-efficacy. Effective supervision requires knowledge of the principles of supervision and the ability to demonstrate necessary skills such as addressing both strengths and challenges of the supervisee, modeling and discussing ethical practice, and providing support and encouragement in the learning context.

Many people interviewed for this strategy mentioned the need for mentoring and support from more experienced GBV specialists or a forum like the Community of Practice that is proposed in Objective 1 to be able to network with other experts.

### **The difference between Coaching vs. Mentoring**

In some sectors, an experienced professional will supplement the more formal aspects of education and training with personal attention called mentoring or coaching that guides new specialists in structured reflection of their experiences in the field in order to improve their performance. GBV specialists who were consulted spoke of desiring “mentoring” but mentioned all the different elements of technical supervision, coaching, and mentoring interchangeably. **Coaching** and **Mentoring** are often used interchangeably but have different meanings. **Coaching** tutors or instructs a person to achieve a specific goal or skill. A Coach is a “trainer, instructor and tutor” who focuses on one or two skills at a time. **Mentoring** is “the act of guiding, counselling and supporting. It is fundamentally teaching, but the objective is slightly different. Mentorship is more voluntary in nature and is less formal than coaching. The mentor and protégé endeavor on a broad development goal like becoming a leader.”

- A mentoring relationship is usually long-term over an extensive period of time while coaching is usually limited until the skill is learned.
- A mentoring interaction is less structured with more casual than structured meetings that happen with coaching.
- Mentor is usually regarded as an expert in their field and is a resource to the protégé while a coach does not necessarily have to be an expert.
- Career development is the overall goal of mentoring while coaching usually focuses in one or two areas of skill development or a particular job function developmental issue
- Mentoring targets the entire career path of a protégé and Coaching is typically targeting specific opportunities for improvement

Coaching and mentoring, both of which focus on the individual, can enhance morale, motivation and productivity and reduce staff turnover as individuals feel valued and connected with both small and large organisational changes.

Figure 1: Coaching vs. Mentoring

Currently there is no professional and educational certification for GBV specialists and entry into the profession is often based on an education system (master’s degree) that is largely theoretical with very little opportunity for hands-on training. Unfortunately, this educational background rarely provides a balance between classroom and practical experience. Some new GBV program managers have direct experience working with survivors but many only have theoretical learning. Many have pointed to the need for more on-the-job learning—not only one-off trainings. GBV work is very context-dependent and very reliant on good decision making—application of principles and guidelines—

so learning through supervised practice is important. As this is a new and emerging field, its necessary to strengthen alternative forms of learning such as coaching, mentoring, and self-reflection between deployments.

## **Coaching**

Coaching can help provide “on-the-job training” which many GBV specialists noted was the way they learned their skills. Specialists noted that they were thrown into situations and forced to learn as they went along: “You learn by going and doing the work and working alongside someone else who is more senior. A good [coach] says ‘I want you to take over the work and I’ll be there but it is yours.’”

Some humanitarian agencies provide “coaches” or have a “coaching pool of experts” who can be deployed to assist in specific on-the-job training and support, particularly for new professionals or those who are moving into a new role in their profession. For the GBV sector, there are some skill areas where GBV specialists could benefit from coaching, such as: program management, including monitoring and evaluation; coordination skills including meeting facilitation; advocacy; fundraising, including engaging in the humanitarian funding cycle; and case management.

## **Mentoring**

“Part of the underlying rationale for a mentoring program is that knowledge and experience on its own is not enough to ensure professional practice. Rather, professional practice is a process, which requires a commitment to continuous accountability and learning throughout the duration of a career<sup>21</sup>”. In this Strategy, the term mentoring is about providing broader “lifelong” support to GBV specialists – both from experienced specialists but also from current colleagues and those from other fields. Recent studies<sup>22</sup> have shown that having a “mentor who encouraged my hopes and dreams,” “[educators] who cared about me” and at least one educator who “made me excited about learning” are three times more likely to be thriving and twice as likely to be engaged at work. Having an established professional “who cared about them as a person — or had a mentor who encouraged their goals and dreams and/or had an internship where they applied what they were learning — were twice as likely to be engaged with their work and thriving in their overall well-being.” GBV specialists have discussed the idea of having a mentor as a way to address the issue of burnout and to learn how to develop the “tough skin” needed to be a GBV specialist – promoting adapting and coping with pressure, demonstrating resilience, and showing leadership - behavioral competencies that are difficult to develop through trainings and are better suited through individual mentoring relationships.

### **Mentoring<sup>23</sup>**

#### **1. Choose a mentor who has a lifelong commitment to learning**

If your mentor is someone who believes they have settled at the top of their career, then think carefully before engaging them as a mentor. The best mentors are people who thirst for new knowledge and continually strive to find ways to improve their own performance. They invest time in reflecting and

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<sup>21</sup> Searle 2013

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<sup>23</sup> Searles 2013.



critiquing their own work and that of their organisation. In doing so, they try to link the realities of humanitarian action to humanitarian principles, theory, and research. Importantly, they remain ready to learn at any opportunity, including from people with less or different experience than themselves.

## **2. Having more than one mentor with diverse skills and experience can maximise the benefit**

Mentoring does not have to be a 1:1 long-term relationship with a senior person in the same profession. Rather, the perspective of someone outside the humanitarian sector can be invaluable. While the context of humanitarianism and disaster response is unique, the competencies used in carrying out the role are not, and there are many useful and transferable concepts and skills that can be applied from outside the sector. Most of the core skills I use when leading protection assessments in humanitarian settings, for example, I learned on the floor of a busy metropolitan hospital emergency department.

Different mentors can be chosen for their different skill sets. For example, you may choose one mentor with extensive experience in humanitarian response management and another with proven leadership and conflict resolution skills. The duration of mentorship can also vary from just one or two interactions to several years and can occur face-to-face or remotely. Often, it can be useful to have a mentor from outside your own organisation, as it typically facilitates a more objective analysis of practice.

Mentors can also be of different ages and levels of experience, although generally a mentor should have at least two to three years of experience in the humanitarian sector. But be open to learn from someone with a level of experience similar to your own. Some of my best learning has occurred following stimulating discussions with peers

## **3. Mentoring achieves better results when it includes structured reflection on practice**

It's all very well to use mentoring as a forum for networking and career progression, but to maximize benefit, it should include reflection on practice. I am a great advocate for praxis, the linking of theory with practice. In humanitarian contexts, it can be as simple as routinely taking time to reflect on how our intended actions might affect the operationalization of humanitarian principles and the concept of 'Do No Harm'.<sup>2</sup> Structured reflection involves more than what typically occurs at "lessons learned" workshops organised by a non-governmental organisation or the United Nations because, as well as reviewing what could have been done better, it involves considering how those experiences relate to existing knowledge and evidence in the literature. A good mentor should encourage their mentee to seek out relevant principles and evidence and reflect on their practice in light of those findings.

## **4. Mentoring can yield benefits for both mentee and mentor**

Good mentoring is mutually beneficial, not a one-way knowledge transfer. In many ways, I have learned far more from being a mentor than from having one. Newer practitioners can inject fresh perspectives into organisations if there is an established culture of learning and willingness to innovate.

**5. Mentoring across different cultures can add an extra challenging dynamic, but potentially** increases the learning outcomes for both mentor and mentee Effective and respectful cross-cultural communication is an essential component of humanitarian response, whether within an organisation, between two or more

different organisations, or between organisations and affected populations. Cultural sensitivity is about understanding difference – in the form of knowledge about different cultures, their protocols, communications styles, and etiquette – and is frequently heralded as an important attribute.

I prefer the term cultural safety – another piece of my New Zealand nursing experience that has found its way into my humanitarian practice. The term cultural safety goes further than the notion of sensitivity, which implies a one-way linear association (most often that an expatriate should be “sensitive” to the culture of local staff and communities). Instead, cultural safety involves a two-way relationship between people of different cultures. It encourages explicit recognition of the role that identity and power have in the relationship, and that the different histories of the people involved may result in the adoption of different values, understandings, and ways of making decisions. Importantly, it confers responsibility on both parties to appreciate those differences and work collaboratively with the intent to understand how culture may be influencing actions and activities in a particular situation. Some of my most rewarding mentoring experiences have been with colleagues overseas, where a genuine effort has been made to understand each other’s histories and explore elements of culture and tradition that we think find their way into how we each understand, act, and interact in the field.

## Annex 6: Key Informants List

Alina Potts*	GBV Consultant (former IRC)
Ann-Michelle Burton	Human Resources Specialist, Oxford Strategic Consulting
April Pham	GenCap Advisor
Beth Gragg	World Education
Beth Vann*	GBV Consultant
Carrie Schilder	IRC Human Resources
Chen Reis	Former WHO, now University of Denver
Christine Heckman*	GBV AOR RRT, Data
David Burton	Mentoring Specialist
Danielle Spencer**	CARE
Devanna De La Puente	UNFPA REGA - Asia
Deirdre Healy	KODE: Kimmage Open and Distance Education
Dina Deligiorgis*	UN Women
Eric Dentor*	IMC: International Medical Corps
Erin Kenny*	UNFPA
Erin Patrick*	UNICEF
Frank Elbers	HREA: Human Rights Education Associates
Hanna-Tine Fischer	Child Protection Working Group
Gina Bramucci	IRC: International Rescue Committee, Training Manager
Hellen Nyangoya*	Child Protection Working Group
Jennifer Chase*	NRC: Norwegian Refugee Council
Jennifer Kvernmo	IOM: International Organization for Migration
Jennifer Miquel	UNFPA Middle East Regional Office
Jessica Lenz*	Interaction
Kate Rougvie*	Mercy Corps
Kathy Taylor	Partners for Prevention
Laura Brogan	Interaction Human Resources
Lauren Bienkowski*	ARC: American Refugee Committee
Leora Ward**	IRC: International Rescue Committee
Lina Abirafeh	GBV consultant
Liz Drew	US Government, Bureau of Population, Refugee, and Migration
Lucy Earle	UK Government, DfID
Maha Muna	UNFPA Pacific
Marcy Hersh	Refugees International
Margriet Veenma	UNHCR

Maria Caterina Ciampi	UN Myanmar, Gender Advisor
Megan Lind*	GBV AoR
Mendy Marsh**	UNICEF
Micah Williams*	IMC: International Medical Corps
Natalie McCauley	Child Protection Working Group
Pablo Castillo –Diaz	UN Women
Patrick Sooma*	World Vision International
Sarah Cornish	Save the Children
Sarah Mosely*	IMC: International Medical Corps
Sophie Read-Hamilton**	GBV Consultant
Sujata Tuladhar	Former UNFPA, now Asia Development Bank
Tirana Hassan	Human Rights Watch
Ugochi Daniels*	UNFPA
Valerie Svobodova*	Global Protection Cluster (UNHCR)
Victoria Rames	GBV Consultant
Virginie Tanou*	IRC: International Rescue Committee
* Participant in October 2014 Workshop	** LTT member

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