FACILITATOR'S GUIDE

UNDERSTANDING AND APPLYING

the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming

Gender Based Violence AoR
Global Protection Cluster

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Welcome

Gender-based violence (GBV) is a horrifying reality and human rights violation for women and girls globally. During emergencies, the risk of violence, exploitation and abuse is heightened. At the same time, national systems, including health and legal systems, community and social support networks, weaken. This breakdown of systems can reduce access to health services, including sexual and reproductive health services, and legal services, leading to an environment of impunity in which perpetrators are not held to account. When systems and services are disrupted or destroyed, women and girls face even greater risk of human rights violations such as sexual violence, intimate partner violence, exploitation and abuse, child marriage, denial of resources and harmful traditional practices. GBV has significant and long-lasting impacts on the health and psychosocial and economic well-being of women and girls and their families and communities.[1]

The GBV Area of Responsibility developed the *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (GBV Minimum Standards) to establish a common understanding of what constitutes minimum GBV prevention and response programming in emergencies. As a whole, the 16 Minimum Standards define what agencies working on specialized GBV programming need to achieve to prevent and respond to GBV and deliver multi-sectoral services.

[1] GBV Area of Responsibility, 2019. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, p. v (GBV Minimum Standards), https://gbvaor.net/gbviems/wp-content/uploads/2020/11/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf.

FACILITATOR'S GUIDE OVERVIEW

Purpose

The *Facilitator's Guide: Applying and Understanding the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (Facilitator's Guide) aims to enhance understanding and application of the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.

The *Facilitator's Guide* aims to equip a diverse range of actors implementing, supporting and/or planning to implement, specialized GBV programming in humanitarian settings with (1) an understanding of the GBV Minimum Standards' content; and (2) a process for assessing how the GBV Minimum Standards are currently implemented in their setting to support improved application of the Standards without doing harm.

Structure

The Facilitator's Guide consists of two complementary parts:

1. **Understanding the Minimum Standards:** The Facilitator's Guide core content focuses on understanding the key concepts for each of the 16 GBV Minimum Standards through PowerPoint Presentations and scenarios and other participatory exercises that present common programming issues and challenges.

2. **Applying the Minimum Standards:** The Contextualization Tool outlines a process for applying the GBV Minimum Standards to participants' local context.

Audience

The Facilitator's Guide is intended for a wide range of actors and agencies committed to understanding and applying core GBV programing components in emergencies, including:

- Actors and agencies implementing GBV-specialized programming. GBV programme actors are personnel who have received GBV-specific training and/or have experience working on GBV programming; a GBV agency is one that implements targeted programmes for the prevention of and response to GBV.
- Women's rights organizations[2].
- Government partners.

[2] Women's organizations include national, regional and local civil society entities, including women-led and women-focused organizations, women's rights organizations and feminist movements.

- Humanitarian actors that work on specialized GBV programming and expertise as part of their sectoral work (e.g. health, rule of law, livelihood), including actors and organizations supporting women and girls with disabilities, adolescent girls, older women, women and girls with diverse sexual orientations and gender identities, women and girls living with HIV and AIDS, and women and girls from ethnic and religious minorities.

Local actors have valuable expertise in each context, including locally accepted language/terms related to women's safety, knowledge of national laws and protocols and government systems.

Facilitator(s)

Facilitators should be familiar with GBV programming in emergencies and the GBV Minimum Standards, employ inclusive facilitation skills, and be able to create space for understanding, discussion and application of the GBV Minimum Standards in the contexts in which they are facilitating.

INTRODUCTION

The *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (2019) (GBV Minimum Standards) establish a common understanding of what constitutes minimum GBV prevention and response programming in emergencies.

"Minimum" means "of adequate quality"; for the purposes of the Minimum Standards, "adequate quality" means (1) reflecting good practice and (2) not causing harm. As such, each Standard in the GBV Minimum Standards represents common agreement on what needs to be achieved for that specific programmatic element to be of adequate quality. When a GBV programme actor decides to implement a programmatic element outlined in the Standards, that intervention must be implemented according to the Standard as a minimum.

> *"Adequate quality" means (1) reflecting good practice and (2) not causing harm.*

The GBV Minimum Standards enhance the quality and accountability of GBV in emergencies programming. GBV actors "speaking the same language" on what constitutes minimum GBV prevention and response facilitates better coordination, programme design, implementation, monitoring and evaluation.

> *If a GBV programme actor commits to implementing a programme element from the Minimum Standards, that actor* **must implement the programme element according to the Standard.**

The GBV Minimum Standards are to be used:

- To establish common agreement and measurable expectations regarding the minimum quality of GBV programming in emergencies.
- To enhance quality programming and monitor the effectiveness of interventions.
- To increase accountability among all stakeholders.
- To train staff or partners.
- To conduct advocacy.[3]

The actions outlined in the GBV Minimum Standards apply to all actors working to deliver GBV-specialized programming and coordination across humanitarian crises.

[3] Ibid., p. xii.

The GBV Area of Responsibility encourages GBV programme actors to use the GBV Minimum Standards to guide quality programming. The GBV Minimum Standards are also a critical tool in fulfilling commitments made under the Call to Action on Protection from Gender-Based Violence in Emergencies, specifically Outcome 5: Specialized Programmes and Services, which states, "GBV prevention and response programming, including specialized services, that meet the Inter-Agency Minimum Standards on GBV in emergencies are implemented in every phase of emergency response."[4]

Purpose

The *Facilitator's Guide: Applying and Understanding the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (Facilitator's Guide) aims to enhance understanding and application of the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.

The *Facilitator's Guide* aims to equip a diverse range of actors implementing, supporting and/or planning to implement, specialized GBV programming in humanitarian settings with (1) an understanding of the GBV Minimum Standards' content; and (2) a process for assessing how the GBV Minimum Standards are currently implemented in their setting to support improved application without doing harm.

Structure

The Facilitator's Guide consists of two complementary parts:

Part 1: Understanding the Minimum Standards

- The Facilitator's Guide **core content** focuses on understanding the key concepts of the 16 Minimum Standards through PowerPoint Presentations and scenarios and other participatory exercises that present common programming issues and challenges. For each Standard, Part 1 includes:
- A **PowerPoint visual presentation** that presents core concepts to facilitate discussion.
- **Three to five (3-5) participatory exercises** that highlight key concepts and actions for each Standard. Although exercises may be modified, all exercises take between 40-60 minutes to complete.

Part 2: Applying the Minimum Standards: The Contextualization Tool

- The **Contextualization Tool** outlines a **process** for applying the Minimum Standards to participants' local setting. The Contextualization Tool aims to support GBV implementing organizations and partners to assess and improve GBV programming components that are currently being implemented in their specific context toward achieving the GBV Minimum Standards. The GBV Minimum Standards contextualization process may be an intervention in itself as it supports reflection, planning, and collaboration among team members, organizations and partners.

Contextualization is the process of collectively: (1) assessing the extent to which GBV programming components are being implemented according to a GBV Minimum Standard in a particular context; and (2) identifying which Key Actions for each Minimum Standard, and/

[4] Ibid.

or additional actions, must be prioritized, initiated, adapted, sustained, strengthened or better coordinated to achieve the Minimum Standard in a specific context. The contextualization process may also include identifying appropriate partners and other resources, including women's organizations[5], with whom to coordinate to achieve the Minimum Standard.

Contextualizing the GBV Minimum Standards is important because the contextualization process will result in GBV programming that is survivor-centred, of adequate quality and responsive to the evolving needs of diverse women and girls in that specific context. It is also an important process toward building a stronger community of practitioners, activists and policy-makers who are invested in the development and delivery of quality, accountable GBV response and prevention services.[6]

The contextualization process can also serve as a useful team-building and capacity-strengthening activity, where implementing actors cultivate ownership and inform the process of fulfilling the GBV Minimum Standards. Contextualisation can support managers and coordinators to listen and learn from implementing team members and women's organizations, who hold critical context-specific knowledge and understanding of GBV programming and the realities, challenges and opportunities in each location.

Together, the two parts of the Facilitator's Guide provide an opportunity to:

- Gain an applied understanding of the GBV Minimum Standards;
- Enhance GBV actors' confidence to take appropriate actions to achieve the GBV Minimum Standards in the settings where they work; and
- Assess current programming components vis-à-vis international best practice and existing global guidance as articulated in the GBV Minimum Standards.

Audience

The Facilitator's Guide is intended for a wide range of actors and agencies committed to understanding and applying core GBV programing components in emergencies, including:

- Actors and agencies implementing GBV-specialized programming. GBV programme actors are personnel who have received GBV-specific training and/or have experience working on GBV programming; a GBV agency is one that implements targeted programmes for the prevention of and response to GBV.
- Women's rights organizations[7].
- Government partners.
- Humanitarian actors that work on specialized GBV programming and expertise as part of their sectoral work (e.g. health, rule of law, livelihood), including actors and organizations supporting women and girls with disabilities, adolescent girls, older women, women and girls with diverse sexual orientations and gender identities, women and girls living with HIV and AIDS, and women and girls from ethnic and religious minorities.

In settings where different agencies gather to work with the Facilitator's Guide, it is essential to actively support the participation of women's organizations, national and community-based

[5] Women's organizations include national, regional and local civil society entities, including women-led and women-focused organizations, women's rights organizations and feminist movements.
[6] GBV Minimum Standards, p. xv.
[7] Women's organizations include national, regional and local civil society entities, including women-led and women-focused organizations, women's rights organizations and feminist movements.

GBV actors who may implement in the displacement or wider community, government actors with a focus on specialized GBV programming, and other local GBV responders, particularly local female staff. Local actors have valuable expertise in each context, including locally accepted language/terms related to women's safety, knowledge of national laws and protocols and government systems.

The process of working with the Facilitator's Guide aims to build a community of practitioners who agree to use the GBV Minimum Standards as a guide for quality GBV programming. The learning and application may be conducted within one organization or among several organizations in a defined implementation area or through a GBV sub-cluster or working group.

Facilitators

Facilitators may include GBV Programme Managers and Coordinators, GBV coordination group leads and members, women's organizations and any other actors interested in learning about core GBV programing components in emergencies. Facilitators should be familiar with GBV programming in emergencies and the GBV Minimum Standards, employ inclusive facilitation skills and be able to create space for understanding, discussion and application of the GBV Minimum Standards in the contexts in which they are facilitating.

How to use the facilitator's guide

Using the Facilitator's Guide represents a commitment to understanding, applying and contextualizing the GBV Minimum Standards. This commitment may be fulfilled in different ways depending on the participants, their programming priorities and the overall implementation context. For this reason, the Facilitator's Guide is structured for flexibility and choice. For example, it is possible to implement sessions in a workshop setting or as a series of sessions as part of ongoing coordination or team meetings.

Determining the scope of engagement (e.g. the length of discussion based on the PowerPoint material, the number of exercises chosen, etc.) with each Standard depends on the participants' experience and knowledge, programming priorities in the specific setting and the time available. When deciding on the most appropriate approach in each context, it is important to consider the diverse levels of experience among participants. It is recommended to invest time to build a foundational understanding – for example, by ensuring all participants are familiar with the Foundational Standards (Standards 1-3) – to empower all actors to actively participate in the process. The journey of applying the GBV Minimum Standards in each setting as a community of actors is as important as the final outputs.

Organization of Facilitator's Guide

The Facilitator's Guide resource is organized so that each chapter – representing a single GBV Minimum Standard – can be used independently of the other chapters (i.e. it is not necessary to first "complete" Standard 4 before focusing on Standard 5). This structure promotes flexibility and allows facilitators and participants to prioritize Minimum Standards for a particular setting based on, for example, programming components that are more difficult to implement or on the Standards that will address common issues at the local or national levels.

It is recommended that the first or introductory session include the Introduction PowerPoint Presentation and focus on PowerPoint content and exercises for the Foundational GBV Minimum Standards – 1: GBV Guiding Principles; 2: Women's and Girls' Participation and Empowerment; and 3: Staff Care and Support – as these apply to all other standards.

It is possible to benefit from Part 1 of the Facilitator's Guide – focused on understanding the GBV Minimum Standards through visual content and exercises – without also using the Contextualization Tool. It is not recommended to undertake the contextualization process without first establishing a foundational understanding through the core PPT content and exercises. A common understanding of each GBV Minimum Standard will support participants in applying the GBV Minimum Standards to a particular context.

Designing Sessions on the GBV Minimum Standards

It is recommended that all processes begin with (1) the Introduction to the Facilitator's Guide PPT; and (2) the content on the Foundational Standards (1–3), as these underpin and apply to all other Minimum Standards.

- A session may focus on one or multiple Standards, depending on the time available.
- All participants should know that the Foundational Standards (Standards 1-3) underpin the implementation of the other Standards (Standards 4-16).
- Sessions may be delivered as a series over a longer period or as part of regular meetings, such as a focus on one Standard during periodic GBV sub-cluster/working group meetings or team meetings.

Users are then encouraged to choose priority Standards to focus on initially rather than completing all 13 chapters in order. It is important to plan out the work in the Facilitator's Guide and set realistic expectations for both facilitators and participants. For example, it may be useful for a GBV programme team to focus on the GBV Minimum Standards at the core of its programming, on programming components that are more difficult to implement or on the Minimum Standards that will address common issues at the local or national levels in the specific context. Over time, the GBV Minimum Standards may be used to inform new programme areas.

Workshop participants should be involved in selecting the GBV Minimum Standards to focus on in the context (e.g. through individual and group discussion, surveys, polls, etc.). The Standard selection process should be consultative and participatory.

Learning methodology and instructions

The Facilitator's Guide content may be adapted to the participants' context (e.g. changing character names or settings). Although exercises may be modified, all exercises included take 30-60 minutes to complete.

PowerPoint Presentation

The facilitator may present the Standard using the PPT presentation provided. The PPT presentation highlights core concepts, questions for discussion, Key Actions and common programming issues for each Standard.

Exercises & Handouts

Each exercise includes an overview with "Preparation notes", "Materials list", "Time estimated" and "Instructions". Selected exercises include handouts and/or templates.

Exercise 1 in each chapter includes a scenario to support application of the standard to a fictional context. The scenarios address common programming challenges and help participants to identify relevant Key Actions and Foundational Standards relevant to the scenario. Each scenario includes a blank worksheet that can be duplicated for participants' use.

The additional exercises in each chapter address core programming concepts and common programming challenges, many of which are addressed in Guidance Notes (e.g. mandatory reporting, the MISP and health-care services for survivors; specialized services to address the specific needs of adolescent girls, male survivors of violence and child survivors of sexual abuse; risk mitigation; etc.).

Facilitator's Notes: "Responses" & "Key Takeaways"

Each exercise in each of the 16 Minimum Standards includes Facilitator's Notes with "Responses" and "Key Takeaways" to assist the facilitator in leading the group discussion. "Responses" may include Key Actions and/or important content from the specific Minimum Standard that is contextualized for the exercise questions. It is important to note that the responses provided are not an exhaustive list but rather a starting point for discussion.

"Key Takeaways" are key messages for the facilitator to keep in mind when leading the discussion and suggesting additional actions. Facilitators may want to present the Key Takeaways at the conclusion of the session to review the main points.

It is important for facilitators to highlight how responses and Key Takeaways may include information from the Minimum Standard discussed as well as other related standards. Discussing the relevance of additional standards and emphasizing cross-cutting standard topics will support participants to better understand the interlinkages among the 16 Minimum Standards.

Materials

Each exercise includes a specific list of materials needed; most exercises require few resources. The general materials needed are:

- Printed copies of the "Standard Worksheet" and other handouts if needed per the exercise instructions;
- Flipchart markers;
- Tape;
- Large paper or flip chart paper; and
- PowerPoint presentation and projector (optional).

Place a physical copy of the *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* **on each table** for reference by participants during the exercises (or provide the link so participants can use it online). Facilitators may wish to copy the Key Action sections of each Standard for participants' easier reference during the exercises.

Facilitator tips for creating an inclusive and participatory learning environment

Key Facilitation Considerations

The role of the facilitator is critical in creating and managing a space where participants can freely and respectfully share their thoughts and ideas. A large part of the intervention's success therefore depends on the facilitator.

Collaborative Planning and Facilitation

It is recommended that the facilitation role be shared. Joint facilitation is recommended to bring together a range of experience and model collaboration. Creating an inclusive facilitation team can contribute to joint ownership of the GBV Minimum Standards implementation process and the creation of space for active participation of different actors with different GBV specialized expertise.

Value Experience and Participation

The sessions should leverage participants' expertise and experience and invite examples from participants' own work to apply the concepts to the scenarios and topics presented in the exercises. The sessions should be an interactive and participatory process during which participants learn from the facilitator and one another. The facilitation process should engage all actors to build shared understanding and support the joint delivery of quality GBV programming, emphasizing that all practitioners are legitimate actors responsible for GBV in emergencies (i.e. we are all accountable).

Facilitators should allow sufficient time for reflection and discussion. The process of understanding and applying the GBV Minimum Standards is important and sufficient time should be devoted for participation and action planning, rather than rushing through sessions in favour of covering more topics.

Address Potential Biases

The facilitation team should be comfortable addressing and navigating power dynamics among team members and in interagency groups, e.g. between donors and implementing or operational partners and among international, national and community-based actors. An open and non-judgmental space is required for participants to understand and apply the GBV Minimum Standards to their programming. It is important for the facilitation team to promote constructive feedback and to be prepared to address competition and criticism.

Create Group Agreements or Rules

Facilitators should support participants to identify and commit to group agreements for the sessions that spell out how participants will act towards each other and promote support. Group agreements may include:

- Respect for one another's ideas and experiences;
- Confidentiality;
  - Maintaining confidentiality is often an issue in GBV workshops. Participants may want to share information about their experiences working with GBV survivors and their families. Participants should be instructed that any incidents or cases they wish to discuss should be disguised so as to remove any potentially identifying information. For example, change the age of the survivor, location of the incident or some details about the incident and never mention real names or locations.
- Participation;
- Collaboration; and
- Active listening.

Logistical Considerations

Facilitators should focus the discussion if it strays too far from the session content and summarize key points frequently. For example, use the "Responses" and "Key Takeaways" as a basis for sharing and discussion while encouraging additional ideas.

Facilitators are encouraged to begin each new session with a review of the work completed to date, so as to create an opportunity for participants to contribute reflections. The facilitator may maintain and share a timetable, but should be willing to modify the schedule depending on the needs or suggestions of the group. Facilitators should ensure that the session location is safe for and accessible to all participants.

THE STRUCTURE OF THE GBV MINIMUM STANDARDS

EACH STANDARD IN THE GBV MINIMUM STANDARDS CONTAINS THE FOLLOWING ELEMENTS:
introductory text, Key Actions, Indicators, Guidance Notes, and Tools and Resources. The text that follows the Standard itself defines key concepts and why the standard is important.

STANDARD:
The Standard statement at the start of each Minimum Standard defines what agencies working on specialized GBV programming need to do to prevent and respond to GBV, and deliver multisectoral services to survivors in humanitarian settings. The Minimum Standards are universal and are to be applied in all contexts.

KEY ACTIONS:
The Key Actions are activities to achieve the Standard and also a means of contextualizing implementation. Although the Standard applies in all settings, some actions may not apply to all settings or to all stages of a humanitarian response. In addition, effective implementation of a particular Key Action may look slightly different from one context to another. The Key Actions include suggestions for the stage in an emergency in which they are most likely to be taken: preparedness, response or recovery. Although some actions are specific to one stage, most actions are conducted at all times.

INDICATORS:
The Indicators provided in this resource are samples that may be adapted by practitioners to their particular context. Indicators are signals that show whether or not a Standard has been achieved and is of adequate quality.

GUIDANCE NOTES:
The Guidance Notes provide further information and advice on priority issues relating to the Standard or practical suggestions on overcoming specific challenges (or taking advantage of specific opportunities) that commonly arise. They also provide good practices and tips.

TOOLS AND RESOURCES:
This section provides practical tools and additional resources for fulfilment of the Standard.

FACILITATOR'S GUIDE

PART I

Understanding the Minimum Standards

STANDARD

1 GBV Guiding Principles

All aspects of GBV programming are survivor-centred to preserve and promote confidentiality, safety, non-discrimination and respect for the choices, rights and dignity of women and girls, including GBV survivors.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

You've been asked to act as the focal point for a high-level visit by a donor and well-known journalist to document the impact of the GBV response programme you manage. The journalist insists on meeting survivors and taking photos in the Women's & Girls' Safe Space your organization operates. The donor wants access to case files to understand the true extent of violence in the community and what is being done about it. Your country office management wants you to 'cooperate' with the donor.

QUESTIONS

1. **What Key Actions would you rely on to explain your main concerns about the journalist's and donor's requests?**
2. **How can you explain the principles of confidentiality and do no harm to the visitors?**

Facilitator Notes

Responses:

Note: This discussion relates most to the GBV Guiding Principles of a survivor-centred approach, safety, respect, confidentiality, and non-discrimination (p. 4).

1. What Key Actions would you rely on to explain your main concerns about the journalist's and donor's requests?

Standard 1:

- GBV programme staff document GBV survivors' informed consent or assent prior to any aspect of service delivery, including referrals.
- Staff share only the necessary information, as requested and consented to by the survivor, with other actors involved in providing assistance.

Standard 14:

- Develop internal protocols to determine how individual-level identifiable data (for referrals) and aggregate-level non-identifiable data (for reporting) will be shared within your organization and with others.
- Develop an information-sharing protocol to share aggregate-level, non-identifiable data for compilation to inform programming, advocacy and reporting (see Guidance Note 2).
- Develop policies and train the media and communications team on using available GBV programming data in a safe and ethical way.
- Train communications, media staff and external media on reporting on GBV in emergencies, the survivor-centred approach and how and why to ensure safe and ethical reporting on GBV issues.

2. How can you explain the principles of confidentiality and do no harm to the visitors?

- Survivors' information should only be shared for the purposes of service provision. Both the journalist's and donor's requests are **not** linked to service provision. In the scenario, there are potential risks to the survivors in having their pictures taken.
- The survivors would need to give **explicit informed consent** to share any information with either the journalist or the donor. Please note, however, that there is an unequal power dynamic between the survivor and the journalist and the survivor and the donor. Survivors' informed consent should be given freely, without pressure.
    - *See the definition of informed consent* (p. 8): Informed consent means making an informed choice freely and voluntarily by persons in an equal power relationship. A survivor must be informed about all available options and fully understand what she is consenting to as well as the risks, including the limits of confidentiality, before agreeing. The full range of choices should be presented to the survivor, regardless of the service provider's individual beliefs. The survivor should not be pressured to consent to any interview, exam, assessment, etc. A survivor is allowed to withdraw consent at any time.
- Confidentiality: Confidentiality refers to a person's right to choose with whom she will or will not share her story. As each survivor is the owner of her own story, the decision to release any information related to the incident or the survivor rests with the survivor alone. Breaching confidentiality can put the survivor and others at risk of further harm.

- Do No Harm: The concept of "do no harm" means that humanitarian organizations must strive to "minimize the harm they may inadvertently be doing by being present and providing assistance". Such unintended negative consequences may be wide-ranging and complex. Humanitarian actors can reinforce the "do no harm" principle by following the GBV Guiding Principles.

  * Throughout Minimum Standards, Key Actions draw attention to the importance of risk analyses and engaging directly with women and girls, including ensuring that programming activities uphold the overarching humanitarian principle of "do no harm".

Key Takeaways:

- The GBV Guiding Principles underpin all aspects of GBV programming – and all of the Standards outlined in the Minimum Standards. Adherence to the GBV Guiding Principles throughout every element of GBV programming is mandatory, including donor and journalist requests.
- Informed consent must be given freely by persons in an equal power relationship with full knowledge of potential risks and consequences.
- All humanitarian aid and programming personnel are required to "Do No Harm".
- The journalist and donor's requests could potentially cause harm to the survivors because the requests undermine survivors' confidentiality and safety.

EXERCISE
2 Informed Consent & Informed Assent[8]

Preparation: If desired, put the definition of "informed consent" (below) on a flipchart or PowerPoint slide.

Materials: Flipchart, markers.

Time: 30 minutes.

Instructions:

Note: The purpose of this activity is to explore the different aspects of "informed consent" in the GBV Guiding Principles and review "informed assent".

- Divide participants into small groups and instruct each to draw a large cooking pot on it.

Ask:

1. What are the 'ingredients' of consent when interacting with a GBV survivor?
2. How does 'consent' support the survivor-centred approach?

- Give the groups 10-15 minutes to discuss and record on the flipchart the 'ingredients' for consent and the link between consent and the survivor-centred approach.
- Display all the flipcharts and ask participants to do a gallery walk.
- In plenary, brainstorm the different things that can affect a woman's capacity to give informed consent.

[8] Adapted from International Rescue Committee (IRC), *Core Concepts in GBV – Facilitator Manual* (2008), pp. 48-49.

Facilitator Notes

Responses:

Refer to the definition of informed consent (p. 8): *Informed consent means making an informed choice freely and voluntarily by persons in an equal power relationship. A survivor must be informed about all available options, and fully understand what she is consenting to as well as the risks, including the limits of confidentiality, before agreeing. The full range of choices should be presented to the survivor, regardless of the service provider's individual beliefs. The survivor should not be pressured to consent to any interview, exam, assessment, etc. A survivor is allowed to withdraw consent at any time.*

The "ingredients" for consent include:

- Being of majority age (18 years old). Under international law, children below the age of 18 are not eligible to give consent.
  - *Children can only provide "informed assent"*, defined as: The expressed willingness to participate in services. For younger children, who are by definition too young to give informed consent but are old enough to understand and agree to participate in services, the child's "informed assent" is sought.[9]
- Being in an equal power relationship with the people requesting the survivor's information.
- Being free of pressure to consent. This also includes not fearing negative consequences if the survivor refuses to consent.
- Having full information about what one is consenting to, including risks and limits to confidentiality.
- *Survivors with disabilities*: "The Convention on the Rights of Persons with Disabilities highlights that persons with disabilities have the same rights as everyone else to make their own decisions, and that appropriate measures must be taken to support them to exercise their legal capacity. An individual cannot lose their legal capacity to make decisions simply because they have a disability. You should initially assume that all adult survivors with a disability have the capacity to provide informed consent independently. Always ask the individual whether they would like to access support to make an informed decision."[10]

Informed consent (and assent) supports a survivor-centred approach.

- The survivor-centred approach creates a supportive environment that promotes the survivor's empowerment. Recognizing that experiences of GBV often affect survivors' sense of control, the survivor-centred approach aims to acknowledge and respect the survivor's agency and autonomy by ensuring that she is the primary actor and decision maker throughout the helping process.

[9] GBV Area of Responsibility, The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (2019), p. 8.
[10] Adapted from Gender-based Violence Information Management System (GBVIMS) Steering Committee, Interagency Gender-based Violence Case Management Guidelines (2017), p. 143.

Key Takeaways:

- Consent is critical to the GBV Guiding Principles of respect, confidentiality and safety.
- All actions should be guided by respect for the choices, wishes, rights and dignity of the survivor.
- Adherence to the GBV Guiding Principles throughout every element of GBV programming is mandatory. By implementing programmes according to the GBV Guiding Principles, GBV programme actors can minimize harm to women and girls and maximize the efficacy of GBV prevention and response interventions.

EXERCISE

3 Introducing the GBV Guiding Principles

Materials: Flipchart paper and markers.

Time: 30 minutes.

Instructions:

- Divide the participants into 3 groups.
- Ask each group to consider the 4 GBV Guiding Principles: Confidentiality, Safety, Respect and Non-discrimination.
- Ask each group to reflect on the following questions:
  - How would you **explain** each of these words or concepts to a survivor?
  - What are the ways you could **show** a survivor that you are honouring safety, confidentiality, respect and non-discrimination?
- In plenary, ask each group to share 1 response to each of the questions above; after each group has shared their top response to each question, return to the first group to continue sharing until each group has shared their key points.

Facilitator Notes

Responses:

- Explanations:
  - Confidentiality: Survivors have the right to choose to whom they will or will not tell their story, and any information about them should only be shared with their informed consent. This definition of confidentiality hinges on the idea of control, not secrecy.
  - Safety: The safety and security of survivors and their children are the primary considerations for GBV programming.
  - Respect: All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
  - Non-discrimination: Survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation or any other characteristic.
- Actions:
  - GBV staff aim to model an open and trusting relationship with survivors. It is important that a survivor is able to trust a GBV service provider while having confidence that the survivor has control over information.
  - There are specific things we can do that will show a survivor that we can see her: Listening attentively, being respectful with verbal and body language, expressing warmth, being patient.
  - People who have been abused and violated need to be able to make their own decisions and regain control over their lives; GBV service providers must ensure that they do not contribute to the survivor's obstacles.

Key Takeaways:

- The four GBV Guiding Principles underpin the survivor-centred approach. A survivor-centred approach creates a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect.
- It is essential to honor the GBV Guiding Principles in words and actions to support survivors' safety and the healing and recovery process. Breaching the GBV Guiding Principles can put the survivor and others at risk of further harm.
- The GBV Guiding Principles underpin all aspects of GBV programming – and all of the Standards outlined in the Minimum Standards. Adherence to the GBV Guiding Principles throughout every element of GBV programming is mandatory.
- The GBV Guiding Principles support humanitarian actors to minimize the risk of harm and comply with the principle of Do No Harm.

EXERCISE

4 The Importance of the GBV Guiding Principles[11]

Materials: Flipchart and markers.

Time: 35-40 minutes.

Instructions:

- Divide participants into four groups and give each group a piece of flipchart paper and a marker.
- Ask participants to consider the GBV Guiding Principles: Respect, Confidentiality and Safety and Non-discrimination.
- Ask each group to think of all the possible negative consequences for (1) a survivor, (2) her community and (3) the GBV service provider, if the Guiding Principles are not adhered to.
- Bring the groups back together after 20 minutes and ask participants to present their responses.
- Facilitate a discussion based on the groups' responses, ensuring that you discuss the negative events that can happen if the principles are not respected, including harm to the survivor, harm to her community, harm to the GBV worker or service provider.
- Make sure that all participants agree that the GBV Guiding Principles are important and relevant to their work.

[11] Adapted from UNFPA Pakistan, Building Survivor-Centered Response – Facilitator's Manual (2010), p. 8.

Facilitator Notes

Responses:

Survivor:

- A survivor's well-being physically, emotionally and mentally may be at risk from:
  - Perpetrator, perpetrator's family, other community members.
  - Social isolation and stigma.
  - Feeling powerless and disrespected by having her story shared and her trust abused.
  - No longer being in charge of her story.
  - Delayed healing and recovery.

Community:

- Women and girls in the community may be less inclined to seek out services if services are not deemed safe. Lack of trust in GBV services may decrease reporting of GBV services and help-seeking behaviour.
- Community and other leaders do not support women's and girls' access to GBV services.

GBV Service Provider:

- Women & girls in the community distrust the available GBV services.
- Community at-large:
  - GBV staff are at risk from perpetrators, perpetrators' families and the larger community.
  - GBV service provision is misunderstood in the community.

Key Takeaways

- It is mandatory to follow the GBV Guiding Principles throughout the course of service provision.
- The GBV Guiding Principles underpin the survivor-centred approach; lack of adherence to the GBV Guiding Principles is risky to survivors, other women and girls in the community, community members at-large and GBV service providers, including GBV staff and the GBV implementing organization.

EXERCISE

5 GBV Programming "Basics"

Time: 25 minutes.

Instructions:

- Explain to participants that a series of sentences will be read. If they disagree with the sentence, they should stand up; if they agree with the statement, they should remain seated.
- Please refer to the statements below.

Statements:

- As a GBV case worker, it is important to strongly encourage survivors to report incidents of violence to the police.
- Survivors are the experts on their situation.
- Women and girls with disabilities are often invisible and face additional barriers in accessing services.
- Staff should share information with other actors if this is in the best interests of the survivor.
- All women and girls experience violence the same way.
- Traditional masculine norms may make it difficult for adolescent boys and men to disclose and seek help.
- Adolescent girls require specialized support because they have distinct needs.
- Gender equality means treating boys and girls equally.
- When working with child survivors, it is not necessary to involve the child in decision-making because they are too young to give informed consent.

Facilitator Notes

Responses:

- As a GBV case worker, it is important to encourage survivors to report incidents of violence to the police.
  - It is important to provide survivors with full options and risks so that the survivor can make an informed decision and provide informed consent regarding any course of action. It is important that survivors are provided with comprehensive information so they can make informed choices, including choices about using multisectoral GBV response services (health, psychosocial, legal, security) and the possible consequences of accessing those services (e.g. mandatory reporting).
  - Even where mandatory reporting requires action, the survivor's choice should guide GBV programme actors' response (see Guidance Note 2 on mandatory reporting in Standard 6: GBV Case Management). For minors, if the perpetrator is a family member, the best interests of the child and their immediate care and safety should be the primary consideration in all decisions.
  - It is **not** a case worker's job to push or convince a survivor to take any specific course of action she is not comfortable with.

- Survivors are the experts on their situation.
  - A survivor-centred approach means that the survivor is in charge of decisions. All response actors need to understand the laws and obligations on mandatory reporting as they relate to GBV cases and the specific requirements for children.
  - Children have the right to participate in decisions affecting them, appropriate to their level of maturity. Children's ability to form and express their opinions develops with age and adults should give the views of adolescents greater weight than those of a younger child.
  - Best interest considerations for children are focused on securing their physical and emotional safety and well-being throughout their care and treatment. Service providers must evaluate the positive and negative consequences of actions with the participation of the child and her caregivers as appropriate.

- Women and girls with disabilities are often invisible and face additional barriers in accessing services.
  - Rates of violence are 4 to 10 times greater among persons with disabilities than non-disabled persons in developed countries, which has significant implications for women's and girls' protection in humanitarian settings.
  - Women and girls with intellectual disabilities are particularly vulnerable to sexual violence. Those with intellectual, psychosocial or physical disabilities who are isolated in their homes report rape and intimate partner violence.
  - Attitudes of families, GBV service providers and community members can be the biggest barriers or the greatest facilitators for persons with disabilities to access safe and effective services and assistance.

- Staff should share information with other actors if this is in the best interests of the survivor.
  - Survivors are experts in their situations, so staff do **not** have standing to determine a survivor's "best interest's" without her full and informed participation.
  - Survivors must be informed immediately upon reporting an incident when mandatory reporting procedures are in place. Do not "promise" confidentiality as it is not acceptable to make promises to survivors that you might not be able to keep. Instead, from the very beginning, be clear what confidentiality means and what the limits are in your context.

- All women and girls experience violence the same way.
  - Each survivor's experience of violence is individual;
  - A survivor-centred approach involves understanding and accepting each individual survivor's physical, psychological, emotional, social, cultural and spiritual aspects and building on these to support and facilitate recovery.
  - Adolescent girls, in particular, may not have the same level of agency as adults and may be reliant on perpetrators for survival. They face additional risks because of their age, level of maturity and dependency on others.

- Traditional masculine norms may make it difficult for adolescent boys and men to disclose and seek help.
  - Traditional masculine norms may make it difficult for adolescent boys and men to disclose and seek help and may also result in a lack of compassionate responses from family, friends and service providers.

- Younger and older adolescent girls require specialized support because they have distinct needs.
  - Adolescent girls are not a homogenous group.
  - Younger and adolescent girls are at risk of different forms of GBV from women; they are also at different stages developmentally and require specialized support.

- When working with child survivors, it is not necessary to involve the child in decision-making because they are too young to give informed consent.
  - All children are different and each child's participation in decision-making is based on their age, development and other factors.
  - See definition of "informed assent", p. 8: Informed assent is the expressed willingness to participate in services. For younger children, who are by definition too young to give informed consent but are old enough to understand and agree to participate in services, the child's "informed assent" is sought.
  - See International Rescue Committee and UNICEF (2012). Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings.

Key Takeaways:

- Each survivor is an individual who experiences violence in a specific way; there is no "one way" to react to or recover from an incident of GBV.
- GBV programming must account for women and girls with disabilities, adolescent girls and others who are at heightened risk of GBV and face increased barriers to accessing services.
- A survivor-centred approach builds on each individual survivor's physical, psychological, emotional, social, cultural and spiritual aspects.

STANDARD 2

Women's and Girls' Participation and Empowerment

Women and girls are engaged as active partners and leaders in influencing the humanitarian sector to prevent GBV and support survivors' access to quality services

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

After months of negotiation with local authorities, Sofia's organization was allowed to establish a Women's and Girls' Safe Space (WGSS) to cater for the needs of IDPs, refugees and residents living in a peri-urban area. To better understand the needs of these different groups, Sofia decided to conduct focus group discussions (FGDs) with women and girls and men and boys from the community. With the help of local volunteers (4 males and 1 female), information related to the FGDs was disseminated via community radio, posters at health posts and food distribution centres, and household visits targeting IDP and refugee settlements.

As a cost-saving measure, Sofia's organization requested that she conduct the FGDs in the local municipality's main office. On the first day of the FGDs, Sofia's morning session for women and girls had extremely poor attendance, whereas the afternoon session for men and boys was mainly attended by male municipality employees. Sofia received a lot of feedback from the men, including demands for a centre for men and boys and more livelihood opportunities for male IDPs. Sofia's supervisor would like her to complete the FGDs over a period of 10 days. Despite this timeline, Sofia knows that she needs to make a few changes to ensure meaningful participation of diverse groups of women, girls, men and boys in the FGDs.

QUESTIONS

1. **What Key Actions are most relevant to the issue Sofia is facing?**
2. **What are the likely barriers and risks to women's and girls' participation in the FGDs in the scenario above?**
3. **In retrospect, Sofia realizes that she should have reached out to other local stakeholders and actors. List potential stakeholders and actors Sofia should reach out to.**

Facilitator Notes

Responses:

1. What Key Actions are most relevant to the issue Sofia is facing?

- Consult quarterly (at least) with women and girls on GBV risks and constraints to their participation in and access to aid delivery, services, etc. (e.g. timing, locations, safety of activities, etc.); develop strategies to address these risks and provide feedback to those consulted and the wider community.
- Ensure women and girls contribute to the design of GBV programming at every stage of the programme cycle by facilitating their participation (e.g. recruiting them as staff and volunteers, providing transportation and translation).
- Identify and address barriers and risks to participation through consultations with and services for women and girls and promote a better understanding of specific barriers and discrimination that create increased risks of GBV for certain women and girls.
- Ensure that all focus group discussions and key informant interviews with women and adolescent girls are **facilitated by women** and are **accessible to all women and adolescent girls,** with specific physical spaces and tailored focus group discussion questions for adolescent girls.
- Respect international participation standards, including:
  - Women and girls are permitted to express themselves freely, are not required to participate if unwilling and are not prompted to provide information in public that may be traumatizing or embarrassing; and
  - Staff engaging women and girls must explain the purpose of a consultation, provide opportunities for feedback and ensure confidentiality. Participation must never lead to protection risks.

2. What are the likely barriers and risks to women's and girls' participation in the FGDs in the above scenario?

- Likely barriers and risks that may affect different women's and girls' participation include:
  - Legal status (as an IDP, refugee or resident), age, mobility, disability, and SOGIESC[12].
  - Risks of GBV occurring as a result of participating;
  - Stigma and shame;
  - Timing and locations of the FGDs;
  - Other safety considerations;
  - Marginalization and discrimination;
  - Lack of trust;
  - Social cohesion barriers;
  - Barriers to communication (lack of appropriate/culturally relevant communication materials); lack of incentives.

[12] Sexual orientation, gender identity and expression and sex characteristics (SOGIESC).

3. In retrospect, Sofia realizes that she should have reached out to other local stakeholders and actors. List potential stakeholders and actors Sofia should reach out to.

- Possible stakeholders include local women-led and women's organizations; networks of adolescent girls and adolescent girl-led youth groups addressing gender inequality and/or GBV; disability rights organizations; LGBTI organizations; female leaders (from different age groups) from refugee, IDP and resident communities; civil society organizations working/providing GBV response services; youth leaders/representatives; female peacebuilders; key staff working on projects/interventions in economic empowerment activities, education and peacebuilding targeting diverse groups of women and girls.

Key Takeaways:

- It is important to identify and address the GBV risks, barriers and constraints to women and girls' participation in activities and access to services and opportunities.
- GBV staff must respect international participation standards and understand that women and girls are permitted to express themselves freely and are not required to participate if unwilling and should not be prompted to provide information in public that may be traumatizing or embarrassing. Remember: participation must never lead to protection risks.
- Speak to diverse women and girls in the community – they are expert knowers.
- Always apply an intersectional lens at every stage of a GBV programme cycle.

EXERCISE

2 The Game of Life[13]

Preparation: This activity requires a large room or an outside space. Adapt this activity to suit local contexts.

Materials: PowerPoint slides/printouts with character profiles, post-it notes.

Time: 1 hour.

Instructions:

- Choose 12 volunteers and explain that they will be assigned specific identities and, at specific points in the activity, 6 volunteers will receive one 'life event' each (written on post-it notes) that will add a new dimension to their assigned identity. Note: The 'life event' information will be disclosed to the specific volunteers **during** the activity and will not be shared with others until the conclusion of the activity.
- Ask volunteers to select their identities. Show the identities on a PPT slide or distribute printouts with character profiles.
- Ask the group of 12 volunteers to line up in the middle of the room. Explain that this exercise will help examine how life experiences may differ, depending on who we are and how our community sees us.
- As the facilitator, you will describe the main stages of a typical life story, one by one, and each of the volunteers must respond to each stage, according to how they think it would affect their assigned character (or that character's family):
  - Two steps forward for a very positive or very successful experience.
  - One step forward for a positive or successful experience.
  - One step back for a not-so positive or not-so successful experience.
  - Two steps back for a negative or unsuccessful experience.
- Emphasise that each volunteer represents a group of people, so they should respond accordingly (rather than basing their response on their own experience or on the experience of one individual, which may not apply to the majority).
- Emphasize that their response should be based on what they think is currently accurate for their culture and situation, not what they think it ought to be. After each life stage, and the response by the volunteers, allow time for the rest of the group to react and comment on the volunteer's moves.

[13] Adapted from Oxfam, Disability, Equality, and Human Rights: A Training Manual for Development and Humanitarian Organizations (2003), pp. 243-245.

- If there is disagreement, the rest of the group should decide by consensus and instruct the volunteer (if appropriate) how to change the move that s/he made. It is important for the facilitator to judge when to intervene and comment, clarify reasons for decisions, and discuss any prejudicial points.
- When all the moves have been made, ask the group:
  - Who is in the best position? Who is in the worst position?
  - Ask the volunteers (especially those in the best and worst positions) how they feel about being where they are.
  - Are there any surprises?
  - At what point(s) were the experiences of men and women with disabilities the same/different? Do they think that this accurately reflects the general situation for men and women, both able-bodied and with disabilities, living in different settings, in their community?
  - When a natural (or man-made) disaster hit, what was the impact on different people's experiences?
  - What have you learned from this exercise about different people's experiences?

Twelve (12) Characters & Life Events

1. A man with disabilities living in an urban area.
2. A woman with disabilities living in an urban area.
   - [Life event: Widowed at 18; mother of two children]
3. An able-bodied man living in an urban area.
   - [Life event: Comes out to his conservative parents and friends about his sexuality at age 18]
4. An able-bodied woman living in an urban area.
5. A man with disabilities living in a rural area.
6. A woman with disabilities living in a rural area.
   - [Life event: Orphaned at 15]
7. An able-bodied man living in a rural area.
8. An able-bodied woman living in a rural area.
   - [Life event: Disowned by family for marrying outside of her religion]
9. A man with disabilities living in a refugee camp.
10. A woman with disabilities living in a refugee camp.
    - [Life event: Received scholarship to train as a teacher but turned it down due to parental pressure]
11. An able-bodied man living in a refugee camp.
12. An able-bodied woman living in a refugee camp.
    - [Life event: GBV survivor]

- Start with the first life event, as if you are telling a story:
  - *'One fine day, after a long wait of nine months, your character is born. How does your family feel when they see who you are? Make your moves.'*
    - Example: If the family is very happy (able-bodied son born): two steps forward; Happy (son with disabilities or able-bodied daughter): one step forward; Not happy (son with disabilities): one step back: Very unhappy (daughter with disabilities): two steps back.

- *'Now you are a bit older, and it's time to start thinking about school. How likely is it that you will be able to attend school? Make your moves.'* Ask for comments/suggestions by the rest of the group?
  - Characters 2, 3 and 6 will receive their "life event" cards. Ask each volunteer to read their "life event" out loud. Continue with the story.

- '*Now you are 20 years old, Spring is in the air, and you would like to get married or form a relationship. How far do you think this will be possible for you? Make your moves.'*
  - Characters 8, 10 and 12 will receive their "life event" cards. Ask each volunteer to read their "life event" out loud. Continue with the story.

- *'You like to keep busy and want to make some money for to support yourself and your family. You try to get a job. How easy will it be for you to find one?'*
  - Comments/suggestions by the rest of the group?

- *'You realize that the only way to make enough money for your family is to upgrade your skills and to move to the commercial capital in your country in search of better opportunities. How easy will it be for you to make this move?'*

  - *'A few years go by, and everyone in your age group is having babies. You do not feel ready. How much power do you have to delay and/or plan your pregnancy?'*
  - Comments/suggestions by the rest of the group?

- *'A typhoon rips through the country and brings utter devastation to multiple parts of the country. How easy will it be for you to rebuild your life?'*

- *'Relief and rehabilitation activities are underway to aid reconstruction. You want to help. How likely are you to be engaged by others in these activities?'*

- *'Now you are in your 50s, and you have a lot of life experience. You want to help your community by becoming involved in local politics. How likely are you to achieve this goal?*
  - Comments/suggestions by the rest of the group?

Facilitator Notes

Responses:

This exercise outlines the systemic layers of oppression, discrimination and marginalization faced by different groups of women, men, girls and boys. It is important for GBV staff to understand the intersecting levels of risk faced by different women and girls, in particular, and the way these are compounded by institutional structures. This understanding is crucial to adopting a transformative approach to GBV programming in emergencies.

During the group discussions, highlight the importance of implementing the following Key Actions:

- Implement GBV programming that explicitly addresses power imbalances and promotes women's and adolescent girls' leadership and meaningful decision-making.
- Identify and address barriers and risks to participation through consultations with and services for women and girls and promote a better understanding of specific barriers and discrimination that create increased risks of GBV for certain women and girls.
- Together with women and girls, identify those who face the greatest marginalization and risk and design approaches to ensure their participation.

Key Takeaways:

- This exercise shows that our experiences are informed not only by our characteristics at birth, but also by life events that can drastically change opportunities and risks.

EXERCISE

3 Power Activity[14]

Preparation: To save time, it would be useful to have definitions of different types of power prepared on flipcharts/PowerPoint slides (Power Over, Power To, Power With, Power Within). These can be used during the plenary after participants have shared their views.

Materials: Flipchart, markers, 5-6 different colours of paper cut in half or cards (a few for each participant).

Time: 1 hour.

Instructions:

- Begin by explaining that this activity will focus on power and powerlessness, explaining that everyone has experienced both at different points and in different ways in their lives. This activity will allow us to understand power more deeply and begin to uncover aspects of our own power.
- **In small groups (10–15 minutes):**
  - Give everyone a sheet of paper. Ask them to draw a line down the middle of the paper.
  - To the left of the line, they will draw a situation that made them feel powerful; to the right of the line, a situation that made them feel powerless. This is a quick drawing exercise. Encourage participants to draw what they are willing to share with others.
  - Explain that the quality of artwork is not important but that even a simple drawing helps us think about and communicate our experiences with fresh eyes.
  - In their small groups, have them explain their drawings and answer the questions:
    - What made you feel powerless?
    - What made you feel powerful and why?
    - How did you use your power individually or with others to enhance your life, make your voice heard or change a situation?
    - *Each group should identify a few examples of each.*
- **In plenary:**
  - **Ask for examples for each category:** Powerful and Powerless.
  - **Ask:** What do these tell us about negative and positive uses of power?

[14] Adapted from JASS Associates, "Power and Powerlessness Activity" in *We Rise Toolkit* (2020).

- Explain: We are looking at two very different kinds of power: **Power Over** and Transformative Power.
  - Power Over: Have someone read the definition of "power over" out loud (see box).
  - How does that match with their drawing descriptions?

- Explain: **Power Over** influences all aspects of our lives: In the "private" sphere of the home and family, in the "public" sphere of the community, institutions, government and other places outside the home and also, inside us – the "personal" realm.

- Ask participants to review the drawings and reflect on their experiences and name ways that "Power Over" is exercised in each of these spheres.

- Transforming Power: See definition below.
  - Give participants the accompanying handout: Sources of Transformative Power and review each type.
  - Make connections with the examples of Transformational Power they drew (e.g. they might have described feeling powerful by speaking up, refusing or resisting, problem-solving, getting information, doing something ethical, organizing with others, confronting someone, working with others to get something done, etc.).
  - Also notice that these kinds of power also help us in our private, public and personal realms.

- Synthesize some of the key points made. Affirm that power is complex and dynamic, can be positive and negative, oppressive or liberating, and is both individual and collective.

Exercise 3 Handouts

Handout A: Power Over vs. Transformative Power

Power Over Vs Transformative Power

"Power properly understood is nothing but the ability to achieve purpose. It is the strength required to bring about social. political, and economic change." – Martin Luther King; US Civil Rights leader

"Power over" is the ability to control and make decisions for others, with or without their consent. Power over can take on oppressive and destructive forms, perpetuated by the threat or use of violence. This zero-sum view of power is based on the perception that there is only a finite amount of resources or access and follows the maxim of, "if you get more, I get less."

"Transforrnative power", on the other hand, refers to power relationships that reject the domination and exclusion of some persons by others. Transformative power grows from respect for self and equality with others – in all their diversity of identity, experience and ability. It is the power inside us ("power within"), the collective power together with others ("power with"), our ability to speak out and act ("power to") and in the power to work for the change we want ("power for"). These alternatives offer positive ways of expressing power that enables us to create more equitable relationships and structures and to transforming power over.

Handout B: Sources of Transformative Power

Sources of Transformative Power

Power within: Refers to person's sense of self-worth and self-knowledge, realization that they have power, their capacity to hope, imagine, think critically, question assumptions, say no or yes, respect others, collaborate; power that is grounded in values of our human rights and fundamental dignity. Sometimes referred to as "personal empowerment" – often manifested in acts of confidence and courage.

Power to: Refers to unique potential of everyone to shape his or her life and world, the ability to speak up or take action, for instance, to join a protest, write a banner, organize a meeting, scream, remain silent or defy that which is being dictated to someone. "Power to" is about what sometimes is called agency – the willingness and capacity to act – and builds on power within and power with,

Power with: Refers to the power of/in numbers acting together to achieve a common goal. It is about people unified across differences by shared purpose and multiplying their individual talents, knowledge and resources to make a larger impact. It is about the collective power found in community and common ground.

Power for: Refers to the combined vision, values and agenda of change that inspires us and informs the work we do. It builds on the other forms of transformative power and encourages us to create strategies and alternative institutions, relationships and ways of living that reflect our beliefs and hold the seeds of the world we seek to create.

Developed by JASS, Just Associates

Facilitator Notes

Responses:

- The personal realm is often where we are impacted by and feel fear, shame, lack of confidence, self-doubt.
- Affirm that while we have all experienced Power Over, none of us is completely powerless.
- Remind participants that empowerment programming often involves difficult discussions on power, control and violence.

Key Takeaways:

- GBV prevention and response programming requires identifying and addressing unequal power relationships between women and men and girls and boys and actively promoting the capacity and self-confidence of women and girls to claim their rights.
- Understanding these unequal power relationships is critical for applying participatory approaches and ensuring women and girls are engaged as active partners in the humanitarian response.

EXERCISE

4 Engaging Men & Boys Through Accountable Practice[15]

Preparation: While conducting this activity, it is useful to pay close attention to power dynamics that arise during the discussions (i.e. who is speaking more and who is speaking less, what positions people are assuming, who is being listened to, etc.).

Materials: Flip chart paper and marker pens.

Time: 1 hour.

Instructions:

- Ask participants to break into two groups, Group 1 and Group 2.
- Explain that each group will brainstorm about a different topic.
  - Group 1 will brainstorm about: Why is it important to engage men in preventing violence against women and girls?
  - Group 2 will brainstorm about: What are the challenges in engaging men to prevent violence against women and girls?
- Bring the large group back together and ask a volunteer from each group to share the group's responses.
- After participants list their discussion points, address any points that need to be clarified.

[15] Adapted from International Rescue Committee (IRC), Part 2: Training Guide – Preventing Violence Against Women and Girls: Engaging Men through Accountable Practice (2014), pp. 31-34.

Facilitator Notes

Responses:

Emphasize any of the following reasons that might be missing from participants' lists:

- *Why it is important to engage men in preventing violence against women and girls?*
  - Men commit most of the violence against women and girls and, as such, it is their responsibility to help prevent and stop it.
  - Many women want men to step up and take a stand against violence. Most men do not agree with men's violence, yet are silent about the violence that other men commit.
  - Men need to examine their silence and understand its impact.
  - Men are not born violent; they learn violence from beliefs, attitudes and norms about what it means to be a man.
  - Working with men can allow for changes in these attitudes and the development of new, non-violent ideas of manhood and masculinities. This is especially important in post-conflict settings where opportunities may exist to create new norms related to power, gender and dominance.
  - Men continue to be in the majority of leadership, decision-making and resource-allocating positions in governments and households around the world. Therefore, their beliefs and attitudes shape the norms of homes and communities, making their positions and responses in relation to violence against women and girls crucial.
  - Emphasize that men often behave in ways that conform to dominant ideas of masculinity to get approval and validation from other men.
    - Although it is important to recognize that many men do not enjoy living up to these norms, women and girls bear the brunt of these harms.
    - Explain that men's choices reinforce patriarchy and gender inequality, which are both causes and consequences of violence against women and girls.
    - Men both benefit from and are negatively impacted and limited by ideas and beliefs about manhood.
  - Male staff members have the capacity to either challenge or reinforce existing gender inequalities and prejudices.
  - Men have the capacity to prevent violence and to help create safe communities!
    - They can choose not to perpetrate acts of violence themselves and to learn how to challenge the beliefs and norms that support violence against women and girls in their community and society.

- *What are the challenges in engaging men?*
  - Taking VAWG seriously.
    - Keeping discussions with men connected to the ultimate goal of preventing violence against women and girls and promoting gender equity.
    - Prioritizing and maintaining commitment to ending violence against women and girls.
    - Ensuring that preventing violence against women and girls is not relegated until after other issues men identify for themselves have been addressed.
  - Recognizing the realities of violence against women and girls and its impact on women's lives without minimizing it, rationalizing it, justifying it or blaming women for it.
  - Recognizing that the threat of violence is as pervasive and constraining in women's lives as the reality; that violence against women and girls is not a series of unconnected incidents, but a whole landscape in a woman's life.
  - Challenging traditional power & control dynamics.
    - Identifying and managing gender socialization and the tendency of men to take over, dominate and control, and to be given more praise and credit than women for the same work.
  - Ensuring that this work does not become another opportunity for men to claim 'leadership' and use this to tell women what to do.
  - Ensuring that discussions and focus remain on what women identify as their main concerns; men often focus on individual acts of physical violence, while other issues that women may identify as pressing may not be given equal importance, for example, abandonment, threats, economic violence.

Key Takeaways:

- Male engagement efforts must be accountable to women and girls to be part of comprehensive efforts towards GBV prevention and response (see also Standard 13: Transforming Systems and social Norms).
- Specific strategies, informed and led by women and girls, should be designed and implemented to engage male leaders and gatekeepers, especially religious and community leaders, to identify strategic allies for prevention of and response to GBV.

EXERCISE

5 Yes/No Line[16]

Preparation: Set up an open space for this activity.

Materials: Masking tape.

Time: 45 minutes.

Instructions:

- Using masking tape, make a long line on the floor from one side of the room to the other. One end of the line represents 'No' and the other end represents 'Yes.'
- Explain to the participants that a story will be read and followed by a series of questions. They should stand on the end of the line that reflects their answer (and in the middle if they are not sure).
- Ask a few questions and ask participants to explain their reasoning after each question.
- Read the following story:

Achai works as a GBV Programme Manager with an organization providing GBV case management services to refugees living in the capital city. The area is governed by religious leaders and there are strict enforcements of religious law across the country.

Through case work and one-to-one conversations with women and adolescent girls who visit her Organization's female-only community space, Achai finds out that her organization's services are not accessible to women and girls with diverse sexual orientations and gender identities. Achai feels it is unacceptable that the organization is excluding this specific at-risk group and raises the issue with her supervisor. Achai's supervisor agrees that more can be done, but concludes it is unsafe to take this issue to senior management because of the fear of backlash and retaliation. Achai decides to try to hold a small group discussion with some of the organization's clients to better understand their needs as LGBTQI women. However, her clients are unwilling to participate.

[16] Adapted from International Rescue Committee (IRC), Part 4: Girl Shine Mentor and Facilitator Training Manual (2018), pp. 87-88.

Questions:

- If you were Achai, would you try to convince your clients to participate in the small group discussion?
  - *Response: No. (1) Survivor-centred approach; (2) participation is a choice; (3) participation should not lead to increased protection risks.*

- Would you take the issue to senior management?
  - *Response: This is open to discussion.*
  - *Remember to emphasize safety for clients, for staff and for the overall organization operating in a conservative context.*

- Do you think Achai needs to continue advocating with her supervisor and/or different stakeholders?
  - *Response: This is open to discussion.*
  - *Remember to highlight safety, non-discrimination , other service points, referrals.*

Key Takeaways:

- Respect international participation standards, including:
  - Women and girls are permitted to express themselves freely, not required to participate if unwilling and not prompted to provide information in public that may be traumatizing or embarrassing; and
  - Staff engaging women and girls must explain the purpose of a consultation, provide opportunities for feedback and ensure confidentiality. Participation must never lead to protection risks.
- Although barriers to participation should be addressed, community members are not required to participate if unwilling.

STANDARD

3 Staff Care and Support

GBV staff are recruited and trained to meet core competencies, and their safety and well-being are promoted.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

You are a GBV Team Leader in a location that is remote from your country's capital city or other urban hub. You and your team have been working intensively for the last 9 months in an IDP camp that was established for a new influx of persons from the neighbouring region.

About 2 weeks ago, your team members started to request more time off. You also begin to notice unexplained absences and increased sickness among team members.

You want to support them and you also are concerned about managing the team's workload to meet programme objectives. You bring these concerns to the head of the sub-office who informs you that the GBV team should not receive "special treatment" and that other colleagues will complain if there are support measures put in place for your team.

QUESTIONS

1. **What five (5) Key Actions could the GBV Team Leader rely on to advocate for increased support to their staff?**
2. **What are three (3) important advocacy points the GBV Team Leader could share with senior management to improve care and support for the GBV team?**

Facilitator Notes

Responses:

1. What five (5) Key Actions could the GBV Team Leader rely on to advocate for increased support to their staff?

- Promote staff well-being in emergencies and facilitate a healthy working environment:
  - Prioritize self-care and safety for staff (e.g. clear job description, systematic on-boarding and operational support, at least one day off per week, clear working hours, appropriate insurance and provisions for medical evacuation, parental leave, rest and relaxation or home leave for staff in complex humanitarian emergencies, staff well-being activities, etc.);
  - Promote access to health care and psychosocial support for staff;
  - Create spaces for staff to discuss quality of life and safety concerns.
- Ensure that specific measures are in place to protect community workers' and volunteers' safety and well-being, recognizing the inherent pressures and risks involved in their dual role as both community members and service providers.
- Establish access to psychosocial support for all staff working on GBV, recognizing that support needs will be different based on individual experiences of stress and trauma.
- Establish regular supervision to provide technical and psychosocial support for all staff delivering GBV response services.
- Ensure that management staff model openness about the challenges of working on GBV, self-care, stress management techniques and a healthy work-life balance.

2. What are three (3) important advocacy points the GBV Team Leader could share with senior management to improve care and support for the GBV team?

Advocacy Points:

- Organizations have a legal and moral obligation to protect and enhance staff safety and well-being for GBV programme staff, and particularly community volunteers, who face unique threats to their resilience and safety due to the pressure and stress of working on GBV in emergency contexts.
- This organizational obligation is referred to as "duty of care" and is a non-waivable duty on the part of the organization to mitigate or otherwise address foreseeable risks that may harm or injure its personnel.
- In practical terms, the organizational "duty of care" includes taking meaningful actions to reduce risks to staff's physical and psychological health and safety.
- Specific examples from the Key Actions include:
  - Ensure the availability of a funded and actionable plan to protect and promote staff well-being within the response context.
  - Ensure emergency response proposals include appropriate funding for sufficient staff across GBV programming interventions and supervision for all staff responding to the emergency.

Key Takeaways:

- Humanitarian organizations must ensure the physical and psychological health and safety of staff. *GBV staff may face additional and unique safety risks due to the nature of their work*. It is common for GBV staff to experience everyday stress, cumulative stress, burnout, vicarious/secondary trauma and critical incident stress.
- GBV coordinators and managers should be aware of their staff's stress levels and establish routine mechanisms for acknowledging and supporting staff safety and well-being (e.g. GBV team meetings, individual meetings, case management supervision and clinical supervision).
- Managers should recognize the support needs of various staff will be different based on the level and exposure to stress and trauma and they should allocate resources to support individuals facing greater levels of stress.
- Leadership plays a critical role in creating an organizational culture that prioritizes staff safety and well-being, where all staff working on GBV are safe, able to take care of their physical and mental health and can seek support when needed. Ensuring self-care and appropriate support for GBV staff is a core responsibility for all managers.

EXERCISE

2 Recruit your GBV Team

Preparation: Print copies of exercise handout.

Materials: Flipchart, marker pens, post-it notes, tape, GBV core competencies handout, cut-outs of profiles.

Time: 50 minutes.

Instructions:

- Note: The purpose of this exercise is to demonstrate to participants the importance of recruiting dedicated GBV staff with specialized knowledge, skills and attitudes to ensure programme quality. This activity will also show participants the importance of valuing lived experience, contextual knowledge, relationships and access to communities while enforcing standards for the core competencies of GBV programme specialists. The activity is also designed to consider staff care and safety.
- Split participants into 3 groups.
- On a flipchart or PPT, read out the following background:
  - You are the Emergency Coordinator for an NGO working in a protracted refugee crisis in Frakas. Your organization has received one-year funding to provide GBV response services to refugees in camps and surrounding host communities. With your current funding, you are able to recruit 5 staff who will work out of your organization's community centre that is frequented by refugee and host community women and girls. You need to hire a team as soon as possible to meet donor commitments.
  - Due to decades of violence and fighting among different ethnic groups, the development of the region is different from other parts of the country. Literacy levels are lower than the national average and inter-ethnic tensions remain high, further exacerbated by the influx of refugees from a neighbouring country. Existing data show high levels of GBV and SEA incidents reported in the refugee camps and surrounding host communities.
- Provide each group with copies of the 9 profiles of applicants for 5 open positions. Explain to them that these profiles include notes from interviews conducted by the Emergency Coordinator.
- Ask each group to shortlist 5 applicants based on the available profiles for the following positions:
  - GBV Manager (1), Outreach Worker (1), Case Worker (2), PSS Specialist(1).

- On a post-it note, write 2 strengths and 2 areas for further support/capacity building that stood out in relation to the role you shortlisted them for. Ask participants to place the post-it note next to the profile under each role.
- Now that each group has their shortlist and strengths/support assessment for each profile on the flipchart, ask participants to do a gallery walk to look at what other groups have come up with.
- Allow 10 minutes for the gallery walk and ask participants to return to their seats for the plenary discussion. In the plenary, discuss the following questions:
  - What core competencies do you look for when hiring staff? What assumptions did you make based on each profile?
  - Valuing lived experiences of women and girls: local women and organizations are expert 'knowers' – did this come up in your discussions while shortlisting candidates? Why/why not?
  - Access, power and privilege: Sometimes individuals may not initially meet key competencies for various reasons – how can you support them to contribute their unique skills and knowledge relative to the context?
  - Survivor-centred approach: Would you hire team members who do not uphold the GBV Guiding Principles yet? Discuss GBV Guiding Principles here in relation to staff safety.
  - Inclusion and diversity: What considerations would you make to ensure inclusion and diversity? How can you promote these principles in recruitment?
  - Trainings: To ensure quality programming and staff well-being, managers also must provide on-going supervision, mentorship and learning opportunities. How would you provide trainings?

Exercise 2 Handout: Profiles

A is female, 24 years old, holds a science-focused university degree. 4 years working as a community volunteer helping survivors of GBV access relevant services. Member of dominant ethnic group. Hearing-impaired. Divorced. Would like to continue her education at some point. During the interview, she disclosed her ex-husband was abusive and her family is not speaking with her.

B is male, 40 years old, respected community leader. Previous experience working as WASH Manager for a local NGO. Member of dominant ethnic group. During the interview, he remarked that men and women are meant to play different roles in society: "women are nurturers, men are providers."

C is female, 38 years old, limited schooling and basic literacy skills. Runs tailoring classes in the community centre and has strong rapport with women and girls from both communities. Former refugee married to citizen of Frakas. During the interview, she spoke of witnessing violence perpetrated against women and girls during their flight into Frakas.

D is female, 45 years old, illiterate, applied for the position with assistance from daughter. Founding member of a network of women's self-help groups targeting host communities. Member of minority ethnic group. During the interview, she demonstrated a better understanding of the specific needs of women and girls from the host community than those of refugee women and girls.

E is male, 21 years old, educated in well-known school and university in the capital city. Recent graduate and identifies as a feminist. Comes from a well-established political family in the region. During the interview, he was unable to demonstrate contextual knowledge of issues facing women and girls in the region.

F is female, 30 years old, holds a Master's Degree in Gender Studies. From the capital city. Previous experience with both local NGOs and INGOs working on nutrition in southern part of the country. Member of minority ethnic group. During the interview, she remarked that refugee women were "seducing" men from the host community.

G is female, 47 years old, completed high school, trained as a midwife. Over two decades of working on community health projects in the northeast. Member of minority ethnic group. During the interview, she indicated her desire to build her skills and experience in GBV programming.

H is female, 21 years old, recent graduate in Information Technology. No prior work experience. An athlete with a passion for increasing adolescent girls' participation in sports. Looked up to by girls in her community for breaking barriers. Mixed ethnic background. During the interview, she said this role would be a foot in the door and looks forward to growing in the field.

J is male, 35 years old, trained as a teacher. Raised by a single mother. J is a well-known community mobilizer on issues related to GBV. During the interview, J described how some elders in the community treat him as an outcast due to his work.

Facilitator Notes

Responses:

- GBV human resources decisions are complex and require considerations for characteristics that are beyond what may be readily clear or available in a CV or resume.
- In general, it is easier to train on skills and knowledge than it is to change attitudes.
- In many places, men may have greater access to formal education opportunities than women; people living in capital cities or urban locations may have greater access to such opportunities than those who live in more rural areas.
- It is important to consider the key characteristics needed for programming positions. For example, the Inter-Agency Case Management Guidelines share the following "Qualities of GBV Caseworkers"[17]:
    - The nature of the working relationship between a caseworker and a survivor largely determines whether or not the case management process and related services are effective in helping the survivor recover – in other words, a positive relationship is necessary for case management to be effective. Research shows that the qualities of warmth, respect, genuineness, empathy and acceptance are most important to people seeking services and are considered necessary for developing trust and safety with survivors.
    - While qualities are often considered innate (things we're born with), they can also be developed overtime with practice and mentoring.

Key Takeaways:

- It is important to be aware of personal biases and assumptions during staff recruitment and training.
- The quality of GBV programming lies with its staff.
- Human resources and hiring decisions are not "guarantees" and inherently involve some risk.
- Hiring decisions require looking at both individual positions and the broader programme team as a whole.
- Most staff will require some initial support as well as ongoing supervision and mentoring.

[17] Adapted from Gender-based Violence Information Management System (GBVIMS) Steering Committee, Interagency Gender-based Violence Case Management Guidelines (2017), p. 30.

EXERCISE

3 What is My Role?[18]

Preparation: Print copies of exercise template or draw on a whiteboard or flipchart.

Materials: Flipchart paper, markers.

Time: 40 minutes.

Instructions:

- Note: The purpose of this activity is for participants to reflect on roles and responsibilities from the position of: (1) a GBV Team Leader; (2) a GBV Officer; and (3) an organization implementing GBV programming.
- Split participants into three groups. Participants may be grouped according to their programmatic responsibilities (e.g. response- or prevention-focused).
- Ask participants to reflect about the GBV programme's different activities and what they think their roles and responsibilities would be:
  - As a GBV Team Leader;
  - As a GBV Officer;
  - As an organization implementing GBV programming.
- Ask each group to complete the template below based on their discussions. (The template can be replicated on a flipchart.)
- In addition to reflecting on the Key Actions (p. 19), ask participants to consider additional responsibilities that may not be included among the Key Actions for each of the 3 "roles" – GBV Team Leader, GBV Officer; and organization implementing GBV programming.
- Once finished, ask the groups to present their ideas back to the wider group.

[18] Adapted from International Rescue Committee (IRC), Part 4: Girl Shine Mentor and Facilitator Training Manual (2018), pp. 19 – 21.

Exercise 3 Template:

GBV Team Leader	GBV Officer	GBV Implementing Organization

Facilitator Notes

Responses:

Refer to (1) the exercise template and (2) Key Actions on p. 19.

GBV Team Leader

- Provide staff with clear roles and responsibilities.
- Support staff to prioritize tasks and responsibilities.
- Support staff capacity strengthening and development as needed.
- Advocate for staff care, sufficient staffing for caseworkers, etc.
- Understand that staff's positionality (e.g. ethnicity, sex, member of community, place of origin, etc.) may impact their work and safety.
- Model basic care for self and others.
- Request support from organization as needed.

GBV Officer

- Ensure clarity on roles and responsibilities for individual position and as team member.
- Request professional support and training as needed.
- Share challenges and safety concerns with Team Leader.
- Take care of oneself and honour personal and professional boundaries.
- Support other team members as far as possible.

Organization

- Understand "duty of care" and responsibility toward staff safety and well-being.
- Invest in staff training and support.
- Promote access to health care and psychosocial support for staff.
- Ensure the availability of a funded and actionable plan to protect and promote staff well-being within the response context.
- Create spaces for staff to discuss quality of life and safety concerns.

Key Takeaways:

- The quality of GBV programming depends on its staff, including the staff's attitudes, knowledge and skills, and also the staff's well-being.
- GBV work includes risks to staff care and safety that may not arise in other types of humanitarian programming. It is important that both Programme Managers and organizations are aware of these risks and support GBV staff appropriately, particularly as individual staff may require different support.
- Organizations have a non-waivable duty of care "to mitigate or otherwise address foreseeable risks that may harm or injure its personnel". This includes taking meaningful actions to reduce risks to physical and psychological health and safety.
- Managers and other leaders have a fundamental role in creating and sustaining a healthy work environment.
- Standard 3 may be used to advocate within organizations and with donors for appropriate funding to support staff capacity development and care.

EXERCISE

4 Carousel Exercise[19]

Preparation: Organize half the chairs in a circle facing outwards and half the chairs in a circle facing inwards, so there are two circles of chairs in pairs.

Time: 30 minutes.

Instructions:

- **Note:** The purpose of this activity is for participants to reflect on how they take care of themselves, ensure their needs are met and seek and receive support while sharing caretaking strategies with others.
- The people in the outer circle will have 3 minutes to share how they manage their stress and take care of their psychosocial wellbeing. **Ask:** *What are your key strategies for taking care of yourself while working in the GBV sector?*
- The people in the inner circle may take notes and ask questions.
- After 3 minutes, ask the people in the 'outside' circle (facing inwards) to move one chair to the right so they have new partners.
- Continue until people have gone around the circle and returned to their original seats.
- Ask participants to share the strategies that stood out to them. **Ask:** What did you hear or learn that seems helpful?
- Ask a participant to document the strategies on the flipchart for further discussion.

[19] Adapted from International Rescue Committee (IRC), Core Concepts in GBV – Facilitator Manual (2008), pp. 69-70.

Facilitator Notes

Responses:

In addition to the strategies identified by the group, the exercise could include the following steps, depending on the participant make-up (e.g. if they are from one or several organizations):

- Is there a way to institutionalize some of the support ideas generated by the group?
- Are there 2-3 action steps toward advocacy with participants' organization to support some of the strategies?

Key Takeaways:

- While acknowledging that organizations have a significant role to play in supporting staff care, it is important that each GBV staff member also takes responsibility for honouring her care needs.
- It is normal to feel a sense of urgency in GBV response work and to experience pressure in implementing programming.
- Because the quality of GBV programming is closely tied to its staff, it is extremely important that GBV staff take care of themselves.
- In order to serve women and girls well, GBV staff must make time for and take care of ourselves.

EXERCISE **5**

Keep Your Balloons in the Air?[20]

Preparation: Have spare balloons ready so that you have replacements if they pop. Find (and test) pens to write on balloons – some pens will dissolve, pierce or pop the balloon. Make sure there is enough room for the balloon hitting exercise; you don't want any trip hazards for people actively participating.

Materials: Balloons, pens to write on balloons (i.e. not ballpoint or smeary felt-tip; something that will stick and not pop the balloon!).

Time: 40 minutes.

Instructions:

PART 1

- **Note:** The purpose of this activity is to highlight the importance of addressing stress and overwhelm, and teamwork and mutual support. It may also be used to emphasize the importance of prioritizing. Divide participants into groups of 3-5 people each.
- Distribute 1 balloon and pen to each group.
- Ask each group to write their sources of stress on the balloons.
  - Optionally, to ensure everyone is heard, you could suggest that the balloon is passed around the group for each person to write an item before it passes to the next person in the group.
- When the time is up, ask one person from each group to read out loud what is on their group's balloon.
- Once all the groups have read out their balloons, discuss common themes. What does the audience notice about the overall list of stress sources? Does anything surprise them or invoke curiosity? Is anything missing from the list?

Tip to save time: You can cut out the writing on the balloons part and go straight to Part 2 (below).

[20] Adapted from The Coaching Tools Company, "Workshop Exercise for Stress Management: Keep Your Balloons in the Air" (August 24, 2018).

PART 2

- Ask for 3 volunteers to come up to the front with their group's stress balloon.
- One volunteer starts by hitting and trying to keep their balloon in the air. Then, give the volunteer another balloon and ask them to keep 2 balloons in the air. Finally, give them a 3rd balloon to keep in the air.
- Watch out for and deal with any negative comments, even if in jest, about the people trying to keep the balloons in the air. Tip: One way to deal with this is to get people to come up and try it!
- Once they stop:
  - Ask the volunteer, "What did you notice about this exercise?", "How did it feel?"
  - Ask the group, "What did you notice as observers?"
- Ask one of the other volunteers to try the same exercise, first with one balloon, then two and then three. Again:
  - Ask the volunteer, "What did you notice about that exercise?", "How did it feel?"
  - Ask the group, "What did you notice as observers?"
- Did anyone else step in to help the volunteers trying to keep the balloons in the air?
  - If so, ask, "What was it like to have help?", "How did it feel to have help?"
  - Ask the group, "What did you notice as observers?"
- Ask the third volunteer to try with first one balloon, then two and then three.
  - This time, specifically ask the other volunteers to help keep the balloons in the air.
  - Then ask, "What was it like to have help?", "How did it feel to have help?"
  - Ask the group, "What did you notice as observers?"
- Ask the other participants to applaud/thank the volunteers before you ask them to sit down.
- Reflect with the group on what they learned from this exercise about stress, overwhelm, juggling many things at once, getting and asking for help. Note: This is a great kick-off point to talk about prioritizing.

Facilitator Notes

Responses:

- Reflect with the group on what they learned from this exercise about stress, overwhelm, juggling many things at once, getting and asking for help.
- Acknowledge and respect participants' input without attempting to "fix" or "solve" issues.

Key Takeaways:

- Stress and overwhelm are normal aspects of working in GBV in humanitarian settings.
- It is important to ask for help and support from supervisors and other colleagues, e.g. asking for support with prioritizing tasks and requests, requesting training as needed or asking a supervisor to check in regarding one's workload.

STANDARD 4

Health Care for GBV Survivors

GBV survivors access quality, survivor-centred health care, including health services for sexual and intimate partner violence and other forms of GBV, and referrals to prevent and/or reduce the effects of violence.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

Decades of political instability have taken a toll on Country M's development, resulting in poor and insufficient infrastructure across the country. A recent outbreak of sectarian conflict led to an influx of internally displaced people to mountainous villages.

You work with a national civil society organization (CSO) that trains community health leaders and workers (including traditional birth attendants) on GBV prevention and response. Your organization has a track record of working closely with health actors across the country on coordinating care for survivors. Your organization is also part of a multisectoral national task force for ending violence against women. The task force consists of CSOs, NGOs, women-led organizations, gender equality advocates, health and legal actors. Representatives of the Ministry of Health and the Ministry of Women, Family and Community Development are also key members of this task force. The task force's mandate includes strengthening (1) the health sector's response to GBV and (2) linkages between health actors and other support services.

Your organization has received funding to work on GBV response in the mountain villages. To start your GBV response, your team conducted a rapid assessment on the availability and accessibility of health-care services and facilities in the programme areas.

The findings from the assessment showed that only a few mobile and primary health-care clinics are present in these areas, but none of these provide specialized care for survivors of GBV. You know that the recent humanitarian crisis is a crucial window of opportunity for the task force to improve access to adequate health services for survivors of GBV.

QUESTIONS

1. **What 5 Key Actions would you recommend to the task force to improve specialized care for survivors of GBV?**
2. **What would be your top 3 advocacy messages to share with the task force to strengthen the health systems' response to survivors of GBV?**

Facilitator Notes

Responses:

1. **What 5 Key Actions would you recommend to the task force to improve specialized care for survivors of GBV?**

- Work with health-care staff to ensure GBV survivors have access to high-quality, life-saving health care based on World Health Organization (WHO) standardized protocols.
- Work with health-care actors to assess health facility readiness and health service provision and advocate to address gaps to ensure an adequate health response is in place and accessible to survivors.
- Enhance the capacity of health-care providers, including midwives and nurses, to deliver quality care to survivors through training, support and supervision, including on GBV prevention and response, clinical management of rape and intimate partner violence.
- Establish and maintain safe referral systems among health and other services and among different levels of health care, particularly where life-threatening injuries or injuries necessitating surgical intervention require referral to a facility providing more complex care.
- Work with communities to develop safe access, including transportation options, for GBV survivors to obtain health services.
- Strengthen the capacity of community health providers, traditional birth attendants and other community-based health actors who are important entry points to offer first-line support. First-line support involves 5 simple tasks: Listen, Inquire about needs and concerns, Validate, Enhance safety, and Support (LIVES).
- Support to health-care actors to train medical and non-medical personnel on the needs of GBV survivors and the importance of promoting survivor-centred, compassionate care that is appropriate to the survivor's age, gender and developmental stage.

2. **What would be your top 3 advocacy messages to share with the task force on strengthening the health system's response to GBV?**

- Access to quality, confidential, age-appropriate and compassionate health-care services is a critical component of a multisectoral response to GBV in emergencies.
- The prevention and management of sexual violence is considered a life-saving activity that prevents illness, trauma, disability and death, and is among the core components of the Minimum Initial Service Package (MISP). The MISP is an international standard of care that should be implemented at the onset of every emergency and is part of the Sphere Sexual Reproductive Health and HIV Standards.
- Violence against women and girls seriously affects their health and has major social and economic costs for communities and society. Therefore, health service delivery systems should be equipped to offer specialized services to address survivors' specific needs.
- Health policy-makers, managers, service providers and advocates must challenge beliefs and norms that condone gender inequality and violence against women.

Key Takeaways:

- The health system has an important role, within a coordinated, multisectoral effort, in preventing and addressing GBV. Functioning systems need to be in place to support health-care providers' respectful, caring and effective response to GBV survivors.
- Health-care providers are often the first and sometimes only point of contact for GBV survivors. They are on the front line of response to GBV in emergencies and can play a central role in offering first-line support ("LIVES" = listen, inquire about needs and concerns, validate, enhance safety, support), addressing physical and mental health needs and providing referrals to other services.
- All individuals, including those living in humanitarian settings, have the right to the highest attainable standard of care for sexual and reproductive health. To exercise this right, affected populations must have access to the Minimum Initial Service Package (MISP) from the onset of an emergency to save lives and prevent morbidity.
- Ensure health actors are integrated into GBV Standard Operating Procedures (SOPs) and included in the referral pathway, to ensure survivors can access care. Ensure that referral pathways are routinely updated and made available to health workers. Ensure that health facilities maintain protocols and treatment pathways to ensure timely, safe follow-up care for GBV survivors.
- Engage in training health providers on receiving disclosure and providing safe referral and/or what to do in areas where there are no GBV counterparts available to accept referrals. Promote understanding by community and facility-based health-care providers of the GBV referral pathway to support survivors to services.

EXERCISE **2**

Addressing Barriers to Health Care[21]

Preparation: Make 5 copies of Barriers to Accessing Health Care for Survivors of GBV (see below) and distribute to groups.

Materials: Flipchart paper and markers.

Time: 1 hour.

Instructions:

- Divide participants into 5 groups and give each group a copy of the following access issues (see Handout):
  - Group 1: *Only one clinic to serve multiple communities and limited transportation options.*
  - Group 2: *Survivors must report to the police first before going to a health centre for sexual violence* or intimate partner violence (IPV) *care.*
  - Group 3: *All of the medical staff at the clinic are male.*
  - Group 4: *Local providers send all GBV cases to the specialized "sexual violence clinic" in the capital (6 hours away by bus); no services at all are provided locally.*
  - Group 5: *Health centres in your area complete intake forms for rape and other sexual violence incidents. Recently, the Ministry of Health has mandated that all intake forms be sent to the Ministry of Gender.*
- Each group will consider one (1) access issue for which to design a programme intervention.
- Interventions should consider core approaches, e.g. survivor-centred, rights-based, community development.
- Request that each group will report the following back in plenary:
  - The barriers to access;
  - The intervention; and
  - Other related considerations.

[21] Adapted from IMC's Managing Gender-based Violence Programmes in Emergencies Training Course: Curriculum Guide, p. 181.

Exercise 2 Handout: Barriers to Accessing Health Care for Survivors of GBV

- Group 1: Only one clinic to serve multiple communities and limited transportation options.
- Group 2: Survivors must report to the police first before going to a health centre for sexual violence or intimate partner violence (IPV) care.
- Group 3: All of the medical staff at the clinic are male.
- Group 4: Local providers send all GBV cases to the specialized "sexual violence clinic" in the capital (6 hours away by bus); no services at all are provided locally.
- Group 5: Health centres in your area complete intake forms for rape and other sexual violence incidents. Recently, the Ministry of Health has mandated that all intake forms be sent to the Ministry of Gender.

Facilitator Notes

Responses:

- In order to facilitate care, survivors must have safe and easy access to health facilities. Many survivors will not disclose violence to a health-care (or any other) provider due to feelings of shame, fear of blame, social stigma, rejection from partners/families and other possible repercussions.
- Health-care providers are often the first and sometimes only point of contact for GBV survivors. They are on the front line of response to GBV in emergencies and can play a central role in offering first-line support ("LIVES" = listen, inquire about needs and concerns, validate, enhance safety, support) – as well as addressing physical and mental health needs and providing referrals to other services.
- To enhance survivors' access to services, it is important that:
  - Female staff are present;
  - The health provider asks the right questions in a non-judgmental way and has received the appropriate training;
  - The health facility has private spaces for consultation, protocols for provision of health care to survivors, essential medicines and supplies.
  - Confidential documentation and information management systems for patients reporting GBV.
  - Collaborative multisectoral referral networks are established to ensure survivors receive timely, comprehensive and good quality services.
  - Health services referral processes do not expose or compromise the confidentiality/ identity of the survivor.
  - Patients are informed of the limitations to maintaining confidentiality (i.e. where mandatory reporting is in place) and they provide informed consent prior to receiving any treatment.
  - Treatment pathways enable safe, timely care and follow-up services (72 hours' preventive treatment and access to subsequent HIV voluntary counselling and testing (VCT), sexual and reproductive health services, vaccinations and mental health and psychosocial support (MHPSS)).
  - Communication materials in the facility describe clearly the types of services that are available.
  - The provider makes clear that any disclosure of GBV will be met with respect, sympathy and confidentiality.
  - Communities are engaged in health promotion to improve help-seeking at health facilities.
  - Protection and health actors work with communities to routinely assess access barriers to health services and quality of care.

- It is strongly recommended that GBV and health-care actors coordinate with the police to ensure survivors can access health care first and then choose whether to report GBV incidents to the police. Mandatory reporting procedures that require survivors to first report to the police delay or obstruct survivors from seeking potentially life-saving medical care. Health-care services are the first priority and must be provided regardless of the reporting circumstances.

Key Takeaways:

- Work with health-care actors to assess health facility readiness and health service provision, and advocate to address gaps to ensure an adequate health response is in place and accessible to survivors.
- Clinical care for survivors addresses all forms of GBV, including intimate partner violence, and meets their ongoing safety and mental health needs.
- If confidentiality, respect and safety are not upheld, survivors may be exposed to heightened risk of additional harm or violence from partners, family and/or community members.

EXERCISE

3 Compassion, Competence and Confidentiality Role-play[22]

Preparation: Make two copies of each of the two scenarios (see Scenario Handout, below).

Materials: Flipchart paper and markers.

Time: 1 hour.

Instructions:

- Divide participants into two groups. Assign a scenario to each group and distribute copies to participants.
- Each group will have 20 minutes to prepare/expand on one of the scenarios below.
- Encourage participants to spend some time discussing the scenario and developing a more detailed 'story'. Each member of the group should have a role to play. If it is a large group, a series of scenes can be developed to accommodate everyone's participation.
- Allow 5 minutes for each group to act out the scenarios. After both groups have concluded their respective role-plays, ask participants to share their observations and feedback in the plenary.

[22] Adapted from IRC's Competent, Compassionate, and Confidential Clinical Care for Sexual Assault Survivors (CCSAS) Multimedia Training Tool, p. 100.

Exercise 3 Handout

Scenario 1:

One member of the group is a non-medical clinic worker who helped when "Sarah" came in for care after being sexually assaulted. A friend or relative comes to ask about what was wrong with Sarah: "Why did she come to the clinic?" What does the clinic worker say to this person?

Suggestions: The group should decide who the questioner is and how hard he or she pushes for information and how the clinic worker should answer. Other members of the group could be witnesses to the questioning and perhaps make it harder for the clinic worker by asking why he or she doesn't just provide the information. What happens if the questioner gets angry? Another group member could be a friend or co-worker with whom the clinic worker shares his or her feelings after being asked for this information.

Scenario 2:

One member of the group works as a guard at the clinic. The clinic is closed. "Sarah" comes to the clinic sharing that someone she knows was sexually assaulted and seeking advice about what to do.

Suggestions: The group can decide if Sarah is actually the one who has been assaulted or if it really is someone she knows. The group should also decide if the guard has received basic training on GBV. After this is determined, the group should decide what questions the guard should ask and what information he should give. The other members of the group assume the roles of other staff members or friends and family of Sarah. For example, one could be a friend or family member of Sarah, one could be another guard or a doctor or nurse who works at the facility.

Facilitator Notes

Responses:

- The role-plays should emphasize that ALL clinic workers – whether medical staff or not – should:
  - Encourage survivors to seek care as soon as possible and within 72 hours;
  - Help survivors access care as soon as possible;
  - Protect the confidentiality of survivors (and all patients); and
  - Avoid asking questions beyond the minimum necessary to do their job and get the survivor the care she needs.

Key Takeaways:

- Survivors are never to blame for the assault; they deserve the best possible care without any judgment.
- Many health consequences of sexual assault can be prevented if a survivor gets care as soon as possible, ideally within 72 hours.

EXERCISE

4 Healthcare for GBV Survivors: Action and Advocacy

Preparation: Print copies of the scenario.

Materials: Flipchart and markers.

Time: 45 minutes.

Instructions:

- Divide participants into 3 groups and provide a handout of the scenario below.
- Read out the following prompts (each group is assigned to brainstorm **one** prompt):
  - Group 1: *List simple actions that health providers can take to mitigate the effects of violence against women and girls.*
  - Group 2: *List at least 4 advocacy talking points on integrating GBV into the health sector response.*
  - Group 3: *Review the Key Actions and suggest what they could do now.*
- Allow 15 minutes for participants to come up with brief talking points.
- Ask each group to select a rapporteur and report back to the wider group.

Exercise 4 Handout

Cyclone Cherie was the worst natural disaster in the history of Country W. It is estimated that over 2 million people were affected by this cyclone. As a result of the cyclone, 75% of Country W's health facilities were destroyed or severely damaged. Although children and women faced increased risks of abuse, exploitation, violence and neglect in the aftermath of Cyclone Cherie, authorities focused on increased crime and fighting. The low prioritization of GBV, Sexual and Reproductive Health and women's and girls' protection needs by local authorities and international agencies stemmed from a fear of backlash against organizations involved in such interventions. Health actors were reluctant to focus on GBV issues because of the prioritization of other acute health needs. This made it extremely challenging to address and respond adequately to GBV, particularly in the acute phase of the emergency – leading to insufficient service provision for GBV survivors and lack of proper and coordinated mechanisms, at the field level, to ensure safe referrals.

Facilitator Notes

Responses:

1. **Group 1: Simple actions that health providers can take to mitigate effects of violence against women and girls:**

- Ensure a treatment pathway and protocol exists within health facilities to enable timely access to CMR/IPV and referral, including MHPSS services based on survivors' wishes.
- Offer first-line support (LIVES: Listen, Inquire about needs and concerns, Validate, Enhance safety, and Support) and basic psychosocial support to all survivors of GBV. In an emergency setting where a health-care provider may only see a survivor once, this type of support may be the most important help to give.
- Maximize safety within and around health facilities. This can include, among other things, installing adequate lighting; employing female guards at facilities; ensuring lockable sex-segregated latrines and washing facilities; and linking with community health workers to provide survivors with safe, supportive and confidential escorts to and from facilities.
- Ensure the presence of same-sex, same-language health workers when possible. The presence of just one female health worker or one representative of a marginalized ethnic group on a staff may significantly increase the access of women or people from minority groups to health services.
- Establish private consultation and examination rooms to ensure the privacy and safety of survivors seeking care.
- Train all health facility staff (including administration, security guards, receptionists, etc.) and community health workers on issues of gender, GBV, women's/human rights, social exclusion, sexuality and psychological first aid to ensure a receptive environment for survivors.
    - A phased approach is necessary if training all staff is not possible or if in the acute phase of an emergency. Depending on coverage/staffing capacity in health facilities, it is recommended that there should be 2 GBV focal points at minimum, ideally with gender balance.
- Coordinate with protection actors to deliver rights-based trainings to address discriminatory attitudes among staff that may inhibit ethical care for female and male survivors.
- Ensure all health facility staff understand and have signed a code of conduct on the prevention of sexual exploitation and abuse.
- Work with GBV specialists to design and integrate information about GBV into health outreach initiatives (e.g. community dialogues, workshops, meetings with community leaders, health messaging, etc.).

2. Group 2: List of advocacy talking points on integrating GBV into the health sector response:

- Challenge: Health-care professionals often fail to recognize the impact of gender-based violence on women's health and many continue to consider it a social or cultural issue that is not relevant to their work.
- Talking points:
  - GBV is a public health problem and a violation of human rights.
  - GBV is a major cause of disability and death among women of reproductive age. It has profound, negative consequences for women's and girls' physical and emotional health, ranging from emotional distress, physical injury and chronic pain to deadly outcomes such as suicide and homicide.
  - GBV has adverse consequences for women's and girls' sexual and reproductive health.
  - Health care actors are strategically placed to identify women and girls at risk.
  - Responding to GBV can improve the overall quality of health care.
  - Health-care actors may inadvertently put women and girls at risk if they are uninformed or unprepared.
  - Clinical management of rape (CMR) and sexual and reproductive health (SRH) services, in line with Minimum Initial Service Package (MISP), are considered priority activities that form a Sphere minimum standard to be implemented in a humanitarian crisis. Neglecting the MISP in humanitarian settings has serious consequences: preventable maternal and newborn deaths; GBV and subsequent trauma; sexually transmitted infections; unwanted pregnancies and unsafe abortions; and the possible spread of HIV.

3. Group 3: Key Actions to be done now:

- Work with health-care staff to ensure women and adolescent girls have immediate access to reproductive health services at the onset of an emergency (no needs assessment is necessary) as outlined in the MISP.
- Pre-position supplies to ensure women and girls receive PEP within 72 hours of potential exposure.
- Ensure that a consistent GBV focal point is present in health sector meetings and activities and that a health sector focal point participates in GBV meetings.
- Strengthen the capacity of community health providers, traditional birth attendants and other community-based health actors to provide first-line support (LIVES: Listen, Inquire about needs and concerns, Validate, Enhance safety, and Support).
- Provide support to health-care actors to train and support medical and non-medical personnel on the needs of GBV survivors and the importance of promoting survivor-centred, compassionate care that is appropriate to the survivor's age, gender and developmental stage.
- Work with health actors to ensure follow-up and referral of cases.

Key Takeaways:

- Prioritize GBV as an essential component of emergency health response and re-establish comprehensive reproductive health-care services.
- Strengthen national health systems after the immediate emergency onset and during transition phases.
- Ensure that a consistent GBV focal point is present in health sector meetings and activities, and that a health sector focal point participates in GBV meetings.

STANDARD

5 Psychosocial Support

Women and girls safely access quality, survivor-centred psychosocial support focused on healing, empowerment and recovery.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

You have been working as a GBV programme manager for an NGO based in a country with entrenched gender inequality. Your programme operates out of two community centres that serve as hubs for multiple services. The community centres are officially open to all women and girls, but based on location and community segregation, one resource centre serves refugees and the other the local host community. Posters and leaflets throughout the community, and word of mouth advertise the range of services available, including GBV support services.

Your team consists of two legal staff who offer paralegal support, two GBV case managers and two psychologists who offer individual counselling sessions for women who report abuse. All staff are trained to provide referrals to health-care providers and other services.

You would like to expand psychosocial activities beyond 1:1 counselling to include recreational activities that provide safe spaces for women to connect, share and increase agency, safety and community activism. However, you are unsure about the type of activities that might be most successful and do not have access to dedicated funds.

You recently met Ola from an INGO. Ola wrote to ask if you would be interested in partnering with her organization that has funding for community-based psychosocial support activities. She sends a link to her organization's website. The organization teaches Capoeira, described as an art form that combines ritualized movements, dancing, acrobatics, music and singing.

QUESTIONS

1. **What Key Actions would you consider before responding to Ola?**
2. **What steps could you take to ensure the proposed psycho-social support (PSS) activity supports women's and girls' participation and empowerment?**

Facilitator Notes

Responses:

1. **What Key Actions would you consider before responding to Ola?**

- Ensure GBV programming provides women and girl survivors with access to context-appropriate individual and/or group psychosocial support services adapted to their ages and needs.
- Ensure that all psychosocial support services focused on women and girls promote a sense of safety, calm, self-efficacy, community solidarity and support, connectedness and hope.
- Identify and promote community-based support, self-help and resilience strategies, including working with women and girls to establish support groups and networks that promote healing and recovery.
- Provide skills and knowledge-building opportunities for women and girls to improve their psychosocial well-being, e.g. social and emotional learning, financial skills, numeracy and literacy, etc. (see Standard 8: Women's and Girls' Safe Spaces), including by linking survivors to livelihood activities and additional services (see Standard 12: Economic Empowerment and Livelihoods).
- Consider and address obstacles to women's and girls' access to psychosocial support services, including emotional distress and fear, documentation, discrimination, safety and security issues, proximity, cost, privacy, language and cultural issues.

2. **What steps could you take to ensure the proposed PSS activity supports women's and girls' participation and empowerment?**

- It is important to consult with women and girls from the affected communities to understand their interests, opinions and safety considerations. Women's and girls' participation should inform the design and implementation of community-based PSS activities. The participation of women and girls, including those who are marginalized, supports "do no harm", leads to higher quality programming and helps to improve the accuracy of monitoring and assessment data for a more effective, contextualized response.
- Explore possibilities to partner with and support women-led and women's organizations as well as networks of adolescent girls and adolescent girl-led youth groups who are working on PSS activities at the community level (see Standard 2: Women's and Girls' Participation and Empowerment).
- Because empowerment programming includes the processes that lead women and girls to perceive themselves as able and entitled to make decisions equally with men and boys, decisions around the type and scope of PSS activity should be led by women and girls themselves.

Key Takeaways:

- All activities involving women and girls should be informed by them; for example, when designing and scheduling meetings or activities, consideration should be given to the type of activity, time and location to ensure women and girls can participate safely and easily.
- Quality psychosocial support services are survivor-centred, age-appropriate, build individual and community resilience and support positive coping mechanisms. It is important that psychosocial support for women and girls is informed by an understanding of their experiences of violence and discrimination.

EXERCISE 2 The IASC Intervention Pyramid

Preparation: Draw the top two layers of the IASC Intervention Pyramid in Standard 5 on one flipchart paper (landscape/horizontal to maximize space). Draw two bottom layers on another flipchart paper. Tape the two flip chart papers (horizontally, above each other) on a wall or white board.

Materials: Flipchart paper, post-it notes and markers.

Time: 40 minutes.

Instructions:

- Divide participants into 4 groups, distribute the post-it notes and assign each group a specific layer of the IASC Intervention Pyramid:
  - **Group 1:** Layer 1 – Basic Services and Security;
  - **Group 2:** Layer 2 – Community and Family Supports;
  - **Group 3:** Layer 3 – Focused and Non-Specialized Services; and
  - **Group 4:** Layer 4 – Specialized Services.

- Ask groups to:
  1. Write as many GBV-specific interventions they can think of for their assigned layer on the post-it notes provided. Remind participants: One intervention per post-it note!
  2. Explain that the pyramid is a representation, but GBV programming exists along a continuum. Therefore, some activities will naturally fall "in the middle of" levels 2 and 3, as well between levels 3 and 4.
  3. Reflect on and discuss their decisions about which activities belong in each level of the Pyramid.
  4. Next, ask groups to also write down other Minimum Standards (on separate post-its) that could inform the GBV PSS interventions. Prompt: Where would Standard 4: Health Care for GBV Survivors or Standard 6: GBV Case Management fit on the Pyramid?
- Allow 30 minutes for groups to discuss and brainstorm.
- Invite participants to stick their post-it notes on their designated layers on the flipchart.
- Starting from Layer 1, each group will take turns presenting the GBV PSS interventions at each level, explaining how they decided which activities fit into each level and highlighting other relevant Minimum Standards.

Facilitator Notes

Responses:

Layer 1: Basic Services and Security

GBV-specific interventions in this layer focus on providing protection and services that meet the specific needs of GBV survivors and other women and girls at increased risk of violence, including:

- Ensuring that all service delivery is survivor-centred and aimed at meeting basic needs.
- Ensuring that humanitarian action aimed at meeting basic needs does not increase harm, e.g. by increasing risk of sexual exploitation and abuse.
- Preventive security and protection actions to identify and address environmental and situational GBV protection threats (see Standard 9: Safety and Risk Mitigation).

Layer 2: Community and Family Supports

GBV survivors and women and girls at increased risk of violence are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. This includes:

- Community awareness-raising and education to help communities understand and reduce stigma attached to GBV, and promotion of community acceptance of and support to survivors.
- Community self-help and resilience strategies to support survivors and those at increased risk of GBV, e.g. through supporting women's and girls' safe spaces.
- Strengthening survivor-centred traditional support and coping mechanisms.
- Supporting resumption of educational and livelihood activities.

Layer 3: Focused, Non-Specialized Services

This layer focuses on GBV survivors who come forward for help and require individual or group support. Survivor-centred multisectoral responses deliver appropriate, accessible and high-quality services and assistance to support coping and recovery for individuals and groups of survivors. This includes:

- Case management for holistic and coordinated individualized service delivery and assistance (see Standard 6: GBV Case Management).
- Group-based psychosocial support sessions with women and girls, including GBV survivors, but not **exclusively focused on survivors,** and including group psychosocial sessions focused on promoting connectedness, peer relationships, self- and community efficacy, calming and relaxation and having a specific psychosocial outcome objective (e.g. skillbuilding on stress and anger management) (see also Standard 8: Women's and Girls' Safe Spaces).
- Culturally appropriate counselling that provides information and emotional support.
- Livelihood and other social or economic reintegration interventions.

Layer 4: Specialized Services

This layer focuses on the additional support required for the small percentage of survivors whose suffering, despite the three layers of support outlined above, is intolerable and who may have significant difficulties in basic daily functioning.

- Psychological or psychiatric evaluation, treatment and care by trained professionals.
- Specialized psychological interventions for individual survivors who exhibit signs of distress that are so severe they cannot be addressed at lower layers.
- Continuity of access to services (e.g. case management, women's and girls' safe spaces).

Key Takeaways:

- The IASC Intervention Pyramid illustrates the need for multi-layered psychosocial and mental health support in emergencies and the proportion of people who will need or benefit from different services. It does not illustrate a hierarchy of different types of support. All layers of services in the pyramid are important and, ideally, implemented concurrently. GBV PSS programming exists along a continuum.
- GBV Case Management is a PSS intervention, but not ALL case management (e.g. Child Protection or Protection) is a PSS intervention.
- *How* we deliver services can move specific types of interventions along the Pyramid in different directions. For example: In most settings, GBV case management (a Level 3, focused service) would be in Layer 3.
- Similarly, not all case management operates at the same level of the PSS pyramid. In the first stage of an emergency response, or when providers are first setting up case management services, the focus of support might be mostly on referrals for urgent medical care and planning for immediate safety. This addresses survivors' basic needs with respect, dignity and compassion and would be best classified as a Layer 1 intervention. As case workers develop more skills, and as the context allows for providers to spend more time with each survivor, psychosocial support may become a more prominent feature of case management. Case workers may provide space for survivors' emotional expression and respond with empathy, normalization, and psychoeducation, while developing a trusting long-term relationship between the survivor and case worker. At this point, these case management services would be situated in Layer 3. Thus, the structure of the intervention and skills of the implementing staff help determine the level of psychosocial support provided.
- Often the first line of focused services (Layer 3) will be through community-based organizations and trained GBV support workers. Timely and strong support from families, friends and trained GBV support workers (Layers 2 and 3) are likely to reduce the likelihood that a survivor will develop a condition requiring treatment.
- GBV programmes do not often provide basic services (Layer 1), but they may play a role in training other service providers and sectors in basic GBV prevention and response, the GBV Guiding Principles, etc. to ensure high-quality and compassionate care among service providers.

EXERCISE

3

Request to Integrate Male Survivors into Female-Only Psychosocial Programming

Preparation: Prepare copies of Scenario Handout, below, and post the questions on either a PowerPoint slide or flipchart.

Materials: Handouts of scenario, flipchart, and marker pens.

Time: 1 hour.

Instructions:

- Divide participants into 4 groups and distribute the Scenario Handout to each group.
- Ask groups to review the scenario and brainstorm responses to the questions in 25 minutes. Encourage participants to look at the Key Actions for this and other standards that may be relevant.
- Allocate 5 minutes for each group presentation in plenary. Invite groups to present their answers and open the floor for discussion after all groups have had a chance to present their case. Share the following questions for group discussion:
  1. How would you respond to the donor either (1) defending this course of action or (2) suggesting another course of action? If you think you should suggest another course of action, what would it be and why? How would you explain your reasoning to the donor? (Name specific Minimum Standards and Key Actions to support your decision).
  2. What is the potential impact of your decision (response to Question 1) on services? On women and girls in the community? On female survivors?
  3. Are there any additional, potential unintended consequences of your decision?
  4. Would the situation be different if there is a group of transgender women who wish to access PSS programmes? Why? What actions would you take to support these women?

Exercise 3 Handout

For the last three months, you have served as the Programme Manager for a two-year-old INGO GBV prevention and response programme in Country Z. Funding for the programme is secured for the next three years, with PROAID as the primary donor. You are based in the provincial capital in the northern part of the country. You oversee programming in five sites throughout the province. Travel to these sites is difficult and often interrupted by security concerns.

Your programme provides technical and financial support to a few local NGOs to establish or reinforce listening centres, a common approach to provision of individual survivor support in the country. The listening centres are designed to draw minimal attention to those who visit. Women who work with the local NGOs groups staff the listening centres to receive survivors reporting rape or other forms of GBV. They are trained in case management and provide basic emotional support and referrals, including referrals to health services. Each listening centre receives an average of three new cases a day.

Last week, a report was published contending that, while women comprise the majority of rape survivors in Country Z, large numbers of men are also affected and do not receive comparable support or attention. The report garnered attention in the press and donors, including PROAID, were contacted to provide a response.

The PROAID representative in the capital forwarded the report to you and requested that you provide information on how you would adapt your programme's activities to appropriately integrate male survivors. She suggested that you make all listening centres available to both women and men.

Questions:

1. How would you respond to the donor either (1) defending this course of action or (2) suggesting another course of action? If you think you should suggest another course of action, what would it be and why? How would you explain your reasoning to the donor? (Name specific Minimum Standards and Key Actions to support your decision).

2. What is the potential impact of your decision (response to Question 1) on services? On women and girls in the community? On female survivors?

3. Are there any additional, potential unintended consequences of your decision?

4. Would the situation be different if there is a group of transgender women who wish to access PSS programmes? Why? What actions would you take to support these women?

Facilitator Notes

Responses:

Relevant Key Actions:

Standard 5: Psychosocial Support

- Provide individual and group psychosocial support services that are safe and accessible for women and adolescent girls, welcome and integrate women and girls who experience discrimination and address barriers to access while not exclusively targeting GBV survivors.
- Ensure GBV programming provides women and girl survivors with access to context-appropriate individual and/or group psychosocial support services adapted to their ages and needs.
- Ensure that all psychosocial support services focused on women and girls promote a sense of safety, calm, self-efficacy, community solidarity and support, connectedness and hope.
- Link with child protection actors to understand available psychosocial support activities for young and adolescent girl and boy survivors of sexual abuse, offer child survivors and caregivers information on services, and refer as appropriate.

Standard 2: Women and Girls Participation and Empowerment

- Consult quarterly (as a minimum) with women and girls on GBV risks and constraints to their participation in and access to aid delivery, services, etc. (e.g. timing, locations, safety of activities, etc.); develop strategies to address these risks and provide feedback to those consulted and the wider community.
- Implement GBV programming that addresses power imbalances explicitly and promotes women's and adolescent girls' leadership and meaningful decision-making.

Standard 4: Health Care for GBV Survivors

- Work with health-care actors to assess health facility readiness and health service provision, and advocate to address gaps to ensure an adequate health response is in place and accessible to survivors.
- Work with health providers and community leaders to inform the community about the urgency of, and the procedures for, referring survivors of sexual violence if safe to do so.
- Provide support to health-care actors to train and support medical and non-medical personnel on the needs of GBV survivors and the importance of promoting survivor-centred, compassionate care that is appropriate to the survivor's age, gender and developmental stage.
- Strengthen the capacity of community health providers, traditional birth attendants and other community-based health actors who are important entry points for referrals and basic support.

Standard 7: Referral Systems

- Engage child protection actors to map support services for young and adolescent girl and boy survivors and establish age- and gender-appropriate referral pathways agreed between child protection and GBV programme actors.
- Ensure women, girls, men and boys are informed of GBV services and referral pathways.

Combined Responses to Discussion Questions

- Centring women and girls in GBV service provision does not mean excluding male sexual assault survivors from accessing services. To support male survivors, GBV programme actors should coordinate with other services providers, including health care, child protection and protection, to ensure access to life-saving support for male survivors of sexual violence and abuse.
- Male survivors have specific psychosocial needs that a team which has historically supported only women and gender minorities may not be equipped to meet. Adult male survivors of sexual violence should be supported to access survivor-centred care through trained health, mental health and psychosocial support programming and community-based groups (see Standard 4: Health Care for GBV Survivors).
- People of diverse sexual orientations and gender identities – transgender women in particular – are especially vulnerable to GBV and often experience GBV at higher rates than cisgender women while also facing more numerous barriers to accessing GBV services. All of the reasons for centring women and girls in GBV programming justify further prioritizing the needs of LBTQI+ women. At the same time, service providers are not always trained to provide specialized support to this population and programme structures designed to be safe for cisgender women may not be safe for transgender or other visibly queer women. It is incumbent upon service providers to map specialized services for this population, and to train staff to facilitate safe and dignified referral. Where specialized services do not exist, GBV actors retain the responsibility to support this population and should undertake the necessary training and coordination initiatives to ensure their safe access to services without compromising the access of cisgender women.

Key Takeaways:

- Multisectoral services including health care, psychosocial services, safety and security mechanisms, and legal assistance should be available to all survivors. Male survivors have specific needs regarding health care that should be addressed by health-care providers, who must be trained to identify indications of sexual violence in men and boys and offer care that is survivor-centred, non-stigmatizing and non-discriminatory (see Standard 4: Health Care for GBV Survivors).
- GBV referral pathways should support men and adolescent boys to access mental health and psychosocial support care through health facilities and to join relevant community support groups and life skills programmes, according to the survivors' wishes. For example, MHPSS and Protection actors offer psychosocial support groups for mixed groups and other actors offer more specialized PSS. Men with disabilities who experience sexual abuse can be linked to psychosocial support groups for people with disabilities led by disability actors. Men with diverse sexual orientations can be linked with LGBTQI+ actor-led psychosocial support groups. Boys who experience sexual violence can be provided with child-centred psychosocial support by child protection actors.

EXERCISE

4 Continuum of Care

Preparation: Adapt names according to the context, but be explicit that Roles 1-4 are all women, even if they are role-played by men.

Materials: 3 copies of each of the scenes below to distribute among volunteer participants playing each role; 4 to 5 volunteers to read the roles (narrator role may be read by either the facilitator or a volunteer).

Time: 40 minutes (6 minutes to read the scenes; 30 minutes for discussion).

Instructions:

- Assign participants to the following roles:
  - Mashiat: Survivor
  - Jannatun: Food security NGO focus group discussion facilitator
  - Samiha: Women's & Girls' Safe Space group facilitator
  - Tawhida: GBV case worker
  - Narrator.
- Ask the volunteers to read their assigned roles and proceed by reading one scene at a time.
- Pause in between each scene to discuss the questions listed below for that scene.

Role Play Discussion Questions

Instructions: Pause the role-play to discuss the relevant questions after each scene.

After Scene 1:

1. What actions did Jannatun take that promoted the psychosocial well-being of Mashiat?
2. What preparatory actions did Jannatun's organization, or other partner organizations, presumably take to equip her to behave in this way?

After Scene 2:

3. What actions did Samiha take that promoted the psychosocial well-being of Mashiat?
4. What preparatory actions did Samiha's organization presumably take to equip her to behave in this way?

After Scene 3:

5. What actions did Tawhida take that promoted the psychosocial well-being of Mashiat?
6. What preparatory actions did Tawhida's organization presumably take to equip her to behave in this way?
7. Once Mashiat receives support from a doctor trained according to the WHO Mental Health Gap Action Programme (mhGAP) or psychiatrist, how will this impact on her participation in the other services depicted in these scenes?
8. What role did coordination bodies (e.g. GBV Coordination Group or MHPSS Working Group) likely play in shaping Mashiat's experience?

Exercise 4 Role Play Handout

Scene 1 (approximately 2 minutes):

Narrator: Jannatun works for a local NGO that is an implementing partner of the World Food Programme. He is conducting focus group discussions to monitor the quality and safety of food distribution services.

Jannatun: Welcome, everyone, to today's discussion and thank you for coming. My name is Jannatun but you can call me Jannat. I work for Help for People and my organization is responsible for the food baskets and making sure that you can receive food in a safe way. Today's meeting will be only with women, so that we can talk about your opinions on the food basket and food collection more freely. Let's start by introducing ourselves. Can we go around the circle and share your name and why you decided to join this discussion today?

Narrator: The women share their names and reasons for joining one by one.

Mashiat: My name is Mashiat. I just arrived here; I don't know how to get the food basket or where to go for help.

Jannatun: Thank you and welcome everyone. It's normal to be confused and to need support to learn how to get what you need; that is one reason why we like to have these talks. We will talk today about how to get the food basket and any problems you might face in getting your food. For questions about other services and a space to relax and meet other women, you can also go to the Women and Girls' Safe Space. At the end of this session anyone who wants to see where the WGSS is can walk with me, we can go together.

Exercise 4 Role Play Handout

Scene 2 (approximately 2 minutes)

Narrator: After Jannat walks Mashiat and other women to the WGSS, Mashiat participates in a group activity, weaving baskets, facilitated by Samiha.

Samiha: Welcome, Mashiat, I'm so glad Jannat introduced you to us and you were able to join us today. Afsana, could you show Mashiat how we started the bases of our baskets? Nadia, your basket is really coming along. Could you do a small demonstration for the others on the technique you're using?

Narrator: Samiha prompts the participants to share about their baskets and interact with each other. As the discussion progresses, the topic shifts to the participants' daughters and, eventually, to their girls' education.

Samiha: Afsana, thank you for sharing about your challenges keeping your daughter in school. I know this is a difficult issue that many mothers face. Would anyone else like to share about how they manage the pressure to end their daughters' education?

Mashiat: This is an issue that is hopeless. Our daughters are not safe at school, they are not safe at home, they are not safe anywhere. What is the point in talking about these things?

Samiha: I hear how difficult this must be for you, Mashiat, and it's clear from your passion how deeply you care for your children. Having their mother's love and support will help your children so much. I know others here have often felt as Mashiat feels. Some of you have felt hopeless in the past, but have recently found some actions you can take to feel more hopeful. Nadia, could you share your experience?

Narrator: When the group ends and the women disperse, Samiha asks Mashiat to stay a moment so she can tell her more about the WGSS.

Samiha: Mashiat, I am very glad you joined us today and that you expressed yourself freely. It sounds like you are facing some challenges which are difficult to handle, especially with the safety of your daughters and perhaps yourself. In this centre I have some colleagues who are specially trained to help women and girls who are facing problems with their safety. Would you like to meet with one of them?

Mashiat: No, I am too busy today; I need to go home to prepare dinner. But I will meet her another day.

Samiha: Of course, you are always welcome here. You can come to meet with my colleague, or you can join a group, or you can relax in peace, however you like. I look forward to seeing you again.

Exercise 4 Role Play Handout

Scene 3 (approximately 2.5 minutes)

Narrator: A few days later, Mashiat returns to the WGSS with her two daughters and asks to speak to the person who helps women with safety problems. Samiha introduces her to Tawhida, who begins the process of explaining GBV case management services. As they are talking, Mashiat repeatedly gets up and goes to the door of the room, opens it to peer into the hallway, closes it and sits back down.

Tawhida: Mashiat, I notice that you are checking the door several times. Do you feel safe here? Is there anything I can do to help you feel more comfortable?

Mashiat: I know this is a safe place, but you never know who can be listening. I like to check to be sure.

Tawhida: Of course, if you need to check to feel safer you can always do that. Would it help if we walked around the centre together so that you can feel more at ease?

Mashiat: Yes, that would be good.

Narrator: Tawhida guides Mashiat around the centre and notices that Mashiat checks up and down the road three times before returning inside.

Tawhida: How do you feel after our tour, Mashiat?

Mashiat: I feel better. But I still like to check.

Tawhida: Do you often like to check to be sure things are safe?

Mashiat: Yes, I always check.

Tawhida: Does checking ever create any problems for you?

Mashiat: My family thinks I am crazy for checking and my husband yells at me when I do it, but I can't stop. Sometimes I go to check even when I am cooking and once my daughter burned herself while I wasn't watching, because I was checking the door.

Tawhida: I'm sorry, Mashiat, that must have been very difficult. Sometimes, checking a lot for safety can be a sign that someone needs support from a doctor or psychologist. Have you ever talked about "checking" with a doctor or psychologist?

Mashiat: No. Do you think they could help me?

Tawhida: Yes, I think it is possible that a doctor could help you with this. I cannot promise for certain, but I do know of some doctors who are trained in supporting people with these types of problems.

Mashiat: If I see the doctor, do I still see you?

Tawhida: Yes, absolutely, as long you wish to speak to me I am here to support you. The doctor can hopefully help you with the "checking," but you and I will continue to talk about some of the other challenges you face. If you are ready, I will call the health centre today to find out when you can see the doctor.

Facilitator Notes

Responses:

Standard 1: GBV Guiding Principles

- Discussions with women and girls are conducted by female staff and volunteers.

Standard 2: Women's and Girls' Participation and Empowerment

- Consult quarterly (as a minimum) with women and girls on GBV risks and constraints to their participation in and access to aid delivery, services, etc. (e.g. timing, locations, safety of these activities, etc.); develop strategies to address these risks and provide feedback to those consulted and the wider community.

Standard 5: Psychosocial Support

- Advocate for all front-line workers (including, for example, registration, health posts, community outreach teams, etc.) to be trained in psychological first aid.
- Provide individual and group psychosocial support services that are safe and accessible for women and adolescent girls, that welcome and integrate women and girls who experience discrimination and that address barriers to access, while not exclusively targeting GBV survivors.
- Recruit and train GBV response workers with strong interpersonal skills, belief in gender equality, empathy and knowledge of the local language(s) and culture(s).
- Ensure that all psychosocial support services focused on women and girls promote a sense of safety, calm, self-efficacy, community solidarity and support, connectedness and hope.
- Establish or strengthen existing safe spaces for women and girls to provide psychosocial support activities (see Standard 8: Women's and Girls' Safe Spaces).
- Train GBV response workers to recognize signs that women and girls may benefit from GBV case management or specialized mental health care.
- Ensure that the minority of GBV survivors who require specialized mental health support are referred to mental health services where available.
- Integrate psychosocial support services in the referral pathway, including confidential referrals and links with health-care providers for clinical services/mental health care and other services as needed.

Standard 7: Referral Systems

- Disseminate information on the referral pathway among service providers and GBV focal points across agencies. Provide other sectors with information about the referral pathway and GBV guiding principle.

Key Takeaways:

- Basic psychosocial skills are important for all front-line workers. These skills can have an impact on women's and girls' safety by influencing trust between survivors and service providers, thus supporting help-seeking behaviours.
- There is a key distinction between being trained to recognize a particular need and being trained to address that need. Front-line workers at each layer of the IASC Intervention Pyramid should be trained to recognize needs for services at the layer above their own and to facilitate appropriate referrals, while they should also be trained not to attempt to address needs which fall outside their scope of practice.
- Every layer of the Pyramid serves an important function in supporting community well-being. Individuals may not need services at higher layers, but a person who does need specialized services can still benefit from support at other layers of the Pyramid. GBV survivors who need specialized mental health support still have a need for case management services, group psychosocial support activities and consideration of their psychosocial well-being in services addressing their basic needs.
- Strong coordination among service providers is needed to ensure survivors experience smooth referrals "up and down" the Pyramid, as needed.
- Coordination is enhanced through service mapping, development of referral pathways, GBV mainstreaming efforts, participation in multiple coordination groups (particularly the GBV Coordination Group and MHPSS working group, where these exist) and development of relationships with other organizations, from field workers to managers to country leadership.

STANDARD

6 GBV Case Management

GBV survivors access appropriate, quality case management services including coordinated care and support to navigate available services.

Contents

EXERCISE

1 Scenario[24]

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

Fatima, 24, is a mother of two children, a son and daughter, ages 6 and 4, respectively. She married her husband at age 18 and departed her home country with him and their children. She has been part of a large community of refugees living on the outskirts of an urban centre for the past five years.

Fatima has experienced different forms of intimate partner violence from her husband since they married. The violence has increased in severity and frequency over the past few years.

Late yesterday evening, Fatima arrived at her sister's home with her children; she was physically injured and frightened by her husband's escalating violence toward her.

Fatima's sister, Amal, pleaded with her to access health care for her physical injuries. The health worker referred Fatima to the GBV programme for additional support, but she was scared that her safety would be compromised.

With Fatima's agreement, Amal sought out Zeinab, a woman who volunteers for an organization providing support services for women in the camp. Zeinab explained the available GBV services and asked Amal to bring Fatima to the organization's women's centre.

Amal, Fatima and Fatima's two children visited the women's centre a few days later. Zeinab welcomed the group, engaged the children in activities and asked Fatima if she would like to speak with a caseworker in a private room. Fatima nodded in agreement.

QUESTIONS

1. **What 3 Key Actions do you think Zeinab's organization prioritized until now to create a welcoming environment for Fatima and her children?**
2. **What key skills does Zeinab need to provide quality case management services to Fatima?**
3. **What are safe entry points to access case management services in your setting?**

[23] Adapted from International Medical Corps (IMC), *Managing Gender-based Violence Programmes in Emergencies Training Course: Curriculum Guide* (2020), p. 264.

Facilitator Notes

Responses:

1. **What 3 Key Actions do you think Zeinab's organization prioritized until now to create a welcoming environment for Fatima and her children?**
   Possible responses include:

- Engage health, psychosocial, child protection, protection, legal, livelihood and other relevant and available service providers to support referral of survivors by caseworkers (see Standard 7: Referral Systems).
- Train GBV caseworkers to implement the steps of case management, in a survivor-centred way and respecting the GBV Guiding Principles.
- Recruit a team of GBV caseworkers and train them on the qualities, knowledge and skills required to provide quality GBV case management services to address different forms of GBV.
- Build the capacity of GBV staff/volunteers on the GBV Guiding Principles and provide information to all those working on GBV on how to safely refer survivors to case management services.
- Tailor case management services to ensure appropriate access and support for all women and girls.
- Disseminate information and engage the community around the availability and utility of case management services, if safe to do so.
- Draft written policies that outline organizational GBV case management protocols to help staff understand what is expected of them within their day-to-day work, including but not limited to, limits on contact hours with survivors, case archives, protocols for high-risk cases, etc.

Note: At the present point of offering case management services to Fatima, Zeinab's priority Key Actions would be:

- With Fatima's informed consent, engaging any other relevant and available service providers (e.g. health, psychosocial, child protection, protection, legal, livelihoods) through referrals. Remember that survivors' immediate needs and choices should be prioritized always, including their safety and security and access to health care and psychosocial support.
- Delivering GBV case management services according to international standards, including safe and ethical data collection (see Standard 14: Collection and Use of Survivor Data).

2. **What key skills does Zeinab need to provide quality case management services to Fatima?**

- All actors, and caseworkers in particular, must have strong interpersonal skills and the capacity to apply a survivor-centred approach to support, guide, listen, assess, plan and follow up on services for survivors.
- The consistent communication (including active listening) and emotional support provided in a trusting and ethical relationship is the basis of good case management and is also a form of psychosocial support (see Standard 5: Psychosocial Support).

3. What are safe entry points to access case management services in your setting?

- Follow-up questions to participants' contributions may include:
  - Were these entry points/safe locations for case management services identified with women and girls in the community?
  - Are the safe locations accessible to different women and girls, including women and girls with disabilities and adolescent girls?
  - Are the entry/access points for services non-stigmatizing?

Key Takeaways:

- Female GBV caseworkers are essential across all GBV service providers; the majority of survivors prefer female caseworkers as the majority of perpetrators of GBV are male.
- Case management is a collaborative process that engages a range of service providers to meet a survivor's immediate needs and support long-term recovery.
- GBV case management involves a trained case worker, psychosocial support or social services actor: (1) taking responsibility for ensuring that survivors are informed of all the options available to them and referring them to relevant services based on consent; (2) identifying and following up on issues that a survivor (and her family, if relevant) is facing in a coordinated way; and (3) providing the survivor with emotional support throughout the process.
- GBV programme actors should invest in quality GBV case management as a priority action in GBV responses.
- The quality of care and support that GBV survivors receive, including the way they are treated by the people they turn to for help, affects their safety, well-being and recovery. It also influences whether other survivors feel comfortable coming forward for help.
- Qualified staff and systems in organizations providing GBV case management services are essential to establishing and maintaining quality, survivor-centred care.
- Individuals who disclose GBV may be at high risk of further violence from perpetrators, people protecting perpetrators and members of their own family due to notions of family 'honour'. For example, usually when perpetrators of intimate partner violence discover a survivor has sought help from someone (even if it is not clear that the person sought help related to the abuse), the perpetrator will feel that his power has been threatened and there is potential for an escalation of violence.[24]

[24] Adapted from Gender-based Violence Information Management System (GBVIMS) Steering Committee, *Interagency Gender-based Violence Case Management Guidelines* (2017), p. 38.

EXERCISE **2**

GBV Service Coordination[26]

Materials: Handouts/PowerPoint slides with scenario from Exercise 1, group prompts (see below), flipchart paper and markers.

Time: 40 minutes.

Instructions:

- Divide participants into 4 groups and distribute flipchart paper and markers to groups.
- Explain that you will be returning to Fatima's case (see Exercise 1, above). In this exercise, each group will respond to one situation regarding Fatima's case management experience. Two groups will discuss each of the two situations below.
- Ask participants to record their answers. Allow 15 minutes for group work.
- Bring the entire group together for a 15-minute discussion.

Groups 1 & 2

At Zeinab's first meeting with Fatima, Zeinab knows that it is critical to create a safety plan with her. Please discuss and respond to the following questions related to safety planning:

- What is the purpose of a safety plan?
- What information is important to create a safety plan with a survivor of IPV?

Groups 3 & 4

Imagine that, in a few weeks, Fatima requests Zeinab's support to help mediate between Fatima and her husband. How should Zeinab respond based on the Minimum Standards?

[25] Adapted from International Medical Corps (IMC), *Managing Gender-based Violence Programmes in Emergencies Training Course: Curriculum Guide* (2020), p. 291.

Facilitator Notes

Responses:

Groups 1 & 2

- Note that with all GBV survivors, the case worker will need to assess safety needs, carry out safety planning and facilitate access to any services that may keep the survivor safe.
- Safety planning enables the survivor to proceed with a pre-determined course of action when she is in a life-threatening situation. Safety planning can help a survivor minimize the harm done by the perpetrator by identifying resources to help reduce risk of harm and avoid harm and places she can go to temporarily for safety.
- To assess and plan for safety with a survivor of IPV, you should:
  - Get a sense of a survivor's perception of safety in her household.
  - Find out the exact circumstances in which the survivor (and her children, if relevant) are in the most danger.
  - Determine if the survivor is at risk of life-threatening physical harm.
  - Find out what existing strategies and resources the survivor has and develop a safety plan that incorporates those resources.
  - If relevant, help her identify strategies to include her children in safety planning.[26]

Groups 3 & 4

- Caseworkers should never mediate between a survivor and a perpetrator, even if a survivor requests this type of intervention, because mediation is unlikely to stop violence in the long term and has the potential to escalate violence and cause more harm to the survivor. It is a great risk to the survivor, caseworkers and organization. Organizations should have clear guidelines on how to respond to requests for mediation in a survivor-centred manner.
- Mediation often denies the survivor's control of the process and may expose her to intimidation and re-victimization, inhibit her access to services and put her at direct risk of further abuse.
- For these reasons, although considered common practice in some cultures and communities, mediation may violate the survivor-centred approach and breach the GBV Guiding Principles.

Key Takeaways:

- Particularly in situations where follow-up may be unlikely and a survivor's safety is at risk, the GBV case worker must ensure that safety planning with the survivor takes place and that the survivor has the information and/or a plan in place to get the support they need in the first session.
- In emergency contexts, informal or traditional legal systems and mediation may be identified as the main source of redress. The safety and well-being of women and their children must be prioritized in situations where mediation and other forms of traditional justice are used to address civil and family law issues, and where a male perpetrator continues to pose a threat.

[26] Adapted from Gender-based Violence Information Management System (GBVIMS) Steering Committee, *Interagency Gender-based Violence Case Management Guidelines* (2017), p. 102.

EXERCISE

3 Understanding Complexities in GBV Case Management[28]

Materials: PowerPoint slides.

Time: 45 minutes.

Instructions:

- Divide participants into three groups and provide each group with the following situations:
  - **Group 1:** GBV case management and specialized referral services are available, but staff capacity is low.
  - **Group 2:** GBV case management and specialized referral services are available, but operational challenges affect quality of services.
  - **Group 3:** GBV case management and specialized referral services do not exist.
- Ask participants to discuss (30 minutes) the possible 1.) factors and dynamics inherent in their assigned situations and 2.) the recommended actions to address issues that may arise.
- Invite groups to report back to the larger group.

[27] Adapted from "Module 8: Complexities in Case Management" in International Rescue Committee (IRC), *GBV Blended Curriculum* (2019).

Facilitator Notes

Responses:

Group 1:

- Factors/dynamics:
  - GBV case workers, outreach workers and service providers for GBV referrals (Health, Legal, Psychosocial) do not have previous experience or background in survivor-centred approaches, violence prevention/response; social and cultural bias, discrimination or hierarchies of power exist between communities hired as service providers and communities affected by crisis; language barriers between service providers and survivors/affected communities; high staff turnover.
- Recommended actions:
  - Facilitate a comprehensive service mapping of GBV referral services and resources, including community-based/informal supports; facilitate a comprehensive assessment of GBV case management capacities and abilities; identify mechanisms and safe strategies to clearly communicate and disseminate information and awareness on available services for survivors and GBV.

Group 2:

- Factors/dynamics:
  - Vast, rural, hard-to reach operational contexts; humanitarian access restrictions; infrastructure, operations and procurement constraints resulting in inconsistent availability of supplies and materials to implement high-quality services (e.g. CMR supplies, medications).
- Recommended actions:
  - Identify the quality and accessibility of services available to clearly communicate options to survivors; explore capacity and ability to increase quality of referral services or insert safeguards for survivors.

Group 3:

- Factors/dynamics:
  - Existing humanitarian services lack personnel capacity to be survivor-centred (breaches of confidentiality of the referral pathway/chain of communication); lack of supplies and infrastructure to be of quality for survivor needs (lack of safe shelter options for survivors and their dependents/survivors with disabilities/survivors who identify as LGBTQ etc.; lack of medicines and sterile equipment for CCSAS).
- Recommended actions:
  - At country or sub-national level, use guidance from the IASC GBV Pocket Guide for non-GBV specialists to support survivors of GBV in areas where GBV services/actors do not exist; develop an advocacy strategy to increase in-country GBV specialist capacity to respond to areas where there are no GBV services; explore various service delivery modalities, including mobile services.

Key Takeaways:

- Although GBV case management is a clear and proven approach for supporting survivors, it presents common and unique challenges, opportunities and gaps in different settings. Addressing these complexities requires creative solutions informed by a survivor-centred approach and by women and girls in the community.
- There is no one model for ensuring survivor confidentiality and safety as what works in one setting may not be appropriate in another.
- All actors responding to GBV should be familiar with local service gaps and resource constraints so they do not create false expectations about the quality, availability and accessibility of services, particularly if these are not survivor-centred.

EXERCISE

4 Mandatory Reporting

Preparation: Put the 3 questions below for small groups on a PowerPoint slide or on flipcharts.

Materials: Flipchart paper and marker pens.

Time: 1 hour.

Instructions:

- Divide participants into small groups and distribute flipchart paper and marker pens.
- Explain that many countries have laws that require service providers to report to police or other government authorities any acts that are believed to be criminal offences. Survivors (and caregivers) should be made aware of these legal requirements as part of the informed consent process.
- In their small groups, ask participants to discuss the following questions:
  - How does mandatory reporting work in your context? (**Note:** If participants are from the same organization, consider asking how mandatory reporting works in relation to IPV, child survivors, sexual violence, Sexual Exploitation and Abuse (SEA), etc. in their setting and how their organization manages it).
  - List potential ways mandatory reporting requirements could conflict with the GBV Guiding Principles.
  - List your organization's actions/protocols in relation to mandatory reporting. (**Note:** If participants are from the same organization, consider asking how the actions/protocols are different for different cases, i.e. IPV, child survivors, sexual violence, SEA etc.).
- Allow participants to spend 20 minutes in their small groups and invite them to report back to the wider group.

Facilitator Notes

Responses:

Responses to each question will be context-specific; therefore, consider highlighting the following Key Actions:

- Understand context-specific mandatory reporting procedures, community-based reporting mechanisms and investigation processes to support clients, including with cases of sexual exploitation and abuse.
- Draft written policies that outline organizational GBV case management protocols to help staff understand what is expected of them within their day-to-day work, including but not limited to, limits on contact hours with survivors, case archives, protocols for high-risk cases, etc.
- Develop protocols for GBV case coordination to coordinate services among all service providers.

Key Takeaways:

- All response actors need to understand the laws and obligations on mandatory reporting as they relate to GBV cases, and the specific requirements for children.
- Following mandatory reporting procedures in some situations may conflict with the GBV Guiding Principles, including safety, confidentiality and respect for self-determination. In some situations, it could also put the survivor at great risk of harm from the perpetrator, family members or community members.
- Survivors must be informed immediately upon reporting an incident when mandatory reporting procedures are in place. Survivors (and caregivers) should be made aware of these legal requirements as part of the informed consent process. By ensuring survivors are aware of mandatory reporting requirements, service providers can help survivors make informed decisions about what to disclose.
- Organizations need to be clear on the inter-agency protocol and inform the survivor as to whom the case would be reported, what information would be shared and what the expectations would be regarding the survivor's involvement.
- Every organization must decide how it is going to handle mandatory reporting when doing so is not in the best interests of the survivor.

EXERCISE

5 Responding to Different Forms of GBV in Emergencies[29]

Preparation: Put the 4 questions below on PowerPoint slides.

Materials: PowerPoint slides with questions.

Time: 45 minutes.

Instructions:

- Begin with a brainstorming exercise. Ask participants to list different types of GBV (e.g. early/forced marriage, IPV, sexual violence, trafficking and slavery, honour killings, psychological abuse).
- Divide participants into groups, depending on the number of key types of violence that are identified in the brainstorming exercise (i.e. if you want to focus on early/forced marriage and IPV, split participants into four groups where two groups focus on each of the issues. If you have more types of violence to address, you can spread the groups out further).
- Ask each group to answer the following questions for their issue/type of violence:
  - Are there different risks for survivors of each different type of violence?
  - How would the response services we have discussed (case management, psychosocial support, health care) need to change to better address this violence? What additional skills would case workers need?
  - Are different entry points to these services required?
  - What other interventions are needed to address this violence and/or reduce the risk of further violence for the survivor?
- Encourage groups to reflect specifically on their own context for this exercise. Note that, for many groups, the go-to response will be to provide 'awareness-raising' for all kinds of violence. If this might be an issue with your group, make a 'no awareness-raising' rule – that is, awareness-raising cannot be an answer to any of the questions (since we know that awareness-raising must accompany all services and interventions but is not in itself an intervention that results in timely change for individual survivors seeking services).

[28] Adapted from International Rescue Committee (IRC), GBV Emergency Preparedness and Response Facilitator's Guide (2019), p. 66.

Facilitator Notes

Responses:

Refer to relevant Key Actions (based on context) in the following Programme Standards:

- Standard 6: GBV Case Management
  - Build the capacity of GBV staff/volunteers on the GBV Guiding Principles and provide information to all those working on GBV on how to safely refer survivors to case management services.
  - Engage with child protection and protection caseworkers in joint trainings, coordination and mapping of response services, and establish joint referral pathways and standard operating procedures that provide clear criteria for offering specialized support to adolescent girls and boys.
  - Work with health, child protection, disability and other protection actors and community groups to ensure men and boys have access to case management following sexual assault through appropriate entry points.

- Standard 4: Health Care for GBV Survivors
  - Enhance the capacity of health-care providers, including midwives and nurses, to deliver quality care to survivors through training, support and supervision, including on GBV prevention and response, clinical management of rape and intimate partner violence.
  - Strengthen the capacity of community health providers, traditional birth attendants and other community-based health actors who are important entry points for referrals and basic support.
  - Work with health providers and community leaders to inform the community about the urgency of, and the procedures for, referring survivors of sexual violence if safe to do so.
  - Disseminate information and engage communities on the health consequences of intimate partner violence and child marriage, which often increase in emergencies, if safe to do so.

- Standard 5: Psychosocial Support
  - Ensure GBV programming provides women and girl survivors with access to context-appropriate individual and/or group psychosocial support services adapted to their ages and needs.
  - Link with child protection actors to understand available psychosocial support activities for young and adolescent girl and boy survivors of sexual abuse, offer child survivors and caregivers information on services, and refer as appropriate.
  - Integrate psychosocial support services in the referral pathway, including confidential referrals and links with health-care providers for clinical services/mental health care and other services as needed.

- Standard 7: Referral Systems
  - Ensure women, girls, men and boys are informed of GBV services and referral pathways as soon as possible by engaging community leaders and "gatekeepers" to promote awareness of the referral pathway.
  - Engage child protection actors to map support services for young and adolescent girl and boy survivors and establish age- and gender-appropriate referral pathways agreed between child protection and GBV programme actors.

- Standard 13: Transforming Systems and Social Norms
  - Work with local women's movements and women's rights activists to understand gaps in legal protections against GBV and participate in joint action to promote systemic change to achieve women's and girls' equal rights under the law.
  - Identify partners and develop strategies to engage men and boys in efforts to prevent and respond to GBV and to transform harmful social norms that perpetuate gender inequality in ways that are accountable to, and led by, women and girls.

Other Programme Standards to consider (depending on context):

- Standard 8: Women's and Girls' Safe Spaces
- Standard 9: Safety and Risk Mitigation
- Standard 10: Justice and Legal Aid
- Standard 11: Dignity Kits, Cash and Voucher Assistance
- Standard 12: Economic Empowerment and Livelihoods

Key Takeaways:

- It is important to recognize that all forms of GBV are complex and may be difficult to address, even in stable contexts – and that incidents cannot always be 'solved', particularly in emergencies. For GBV responders in emergencies, case management often focuses on mitigating the immediate consequences of GBV and preventing further harm.
- Although IPV or early and forced marriage may seem different from sexual violence perpetrated by an armed actor, consequences for survivors may be similar. Case management, psychosocial support, health-care services, access to justice and livelihoods are therefore just as important for cases of early marriage or IPV as for other forms of GBV. What might be different is how survivors of different forms of GBV can or cannot access services.

STANDARD

7 Referral Systems

Referral systems are in place to connect GBV survivors to appropriate, quality, multisectoral services in a timely, safe and confidential manner.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO[30]

Five years after a devastating tsunami in Jurama, communities are still struggling to rebuild. You have recently been hired by an INGO to work as a GBV Technical Advisor supporting a national partner. In this role, you will be co-chairing the GBV coordination group with a UN agency.

When you arrive, you are told that the GBV mapping was completed during the emergency phase. Also, everyone in the referral pathway has signed up to the GBV Standard Operating Procedures (SOPs) and is providing community members with referral cards.

You decide to visit service providers in the referral pathway and discover that many are no longer functioning or offer different services from what the SOPs include. You meet several survivors who say that they are confused about where to go and that they have had to retell their story repeatedly to access services. You present your findings at the next GBV coordination group meeting, where you face a lot of resistance from other members who say they are too busy to address these concerns.

QUESTIONS

1. **What 5 Key Actions would you prioritize to update the referral system?**
2. **How can you safely connect women and girls to services?**
3. **What steps would you take to establish/maintain a referral system? With whom would you consult in making these decisions?**

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[29] Adapted from UNFPA, *Facilitator's Guide: Understanding the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies* (2017), p. 31.

Facilitator Notes

Responses:

1. What 5 Key Actions would you prioritize to update the referral system?

- Establish a functional and context-appropriate referral pathway that builds on existing GBV services and community-based structures.
- Identify and address barriers to GBV survivors' access to services (e.g. transport, knowledge of services, language, literacy, disability, age, etc.) through meaningful consultation with diverse groups of women and girls.
- Build on initial mapping of services to develop Standard Operating Procedures among all service providers to ensure the referral pathway promotes the safety and dignity of survivors and is *updated regularly*. In addition to priority services (e.g. health, psychosocial support), include services that support longer-term recovery and reintegration (e.g. livelihood, education).
- Reassess and update the referral pathway every six months as a minimum, including service providers' contact information.
- Establish regular meetings to discuss common challenges among service providers to improve timely referrals.
- Continuously address challenges that prevent the referral system from functioning (e.g. barriers to survivors accessing services, challenges for coordinated service provision and case management).

2. How can you safely connect women and girls to services?

- Put in place a mechanism for regularly updating the referral pathway as the context changes and evolves.
- Ensure that referral cards or images are distributed.
- Define responsibilities and timelines for updating pathways.
- Place referral cards in dignity kits and use visual aids to reach low literacy populations.

3. What steps would you take to establish/maintain a referral system? With whom would you consult in making these decisions?

- Physically go through the referral pathway to validate its functionality. Note which services are being provided, with a focus on areas for capacity-strengthening and technical support toward providing a survivor-centred approach.
- Recall that referral systems must prioritize survivor safety and confidentiality, and respect survivors' choices (see Standard 1: GBV Guiding Principles).
- Identify, understand and address potential barriers to GBV survivors' access to services (e.g. transport, knowledge of services, language, literacy, disability, age).
- Ensure that you regularly engage women and girls to monitor their understanding of the access points in the referral pathway and identify any harmful unintended consequences (e.g. breaches of confidentiality, safety, respect, non-discrimination).

Key Takeaways

- In emergency settings, it is critical for women, girls and other at risk-groups and GBV survivors to be able to safely and quickly access health, psychosocial, protection, legal and socio-economic services and support.
- A referral system supports well-trained case managers to follow individual GBV cases through the referral pathway, making sure that survivors have access to multiple services without having to retell their stories over and over again.
- At a minimum, this requires (a) an effective referral network of trained service providers across priority areas of care; and (b) an established and functional referral pathway detailing clearly where and how survivors can access these services.
- Assessing services includes understanding the capacity of each actor that could be included potentially in the referral pathway.

EXERCISE 2 Draw your Referral Pathway[31]

Preparation: This activity requires participants to work in groups and draw on flipcharts. The room's layout should enable participants to work freely, either at their tables or on the floor.

Materials: Flipchart paper and markers.

Time: 45 minutes.

Instructions:

- Divide participants into groups of 3-4. Distribute flipchart paper and markers to the groups.
- In their small groups, participants should discuss the following questions and draw their answers on flipchart paper:
  - Map the current referral pathways where your activities are ongoing.
    1. What services are available?
    2. Which actors are involved?
    3. Are there specific age- and gender-appropriate services for different groups of women, girls, men and boys?
  - What are the different methods used to disseminate information on referral pathways?
  - What are your responsibilities within the referral mechanism?
    1. Who do you immediately report an incident to?
    2. Are there cases where you are unable to refer?
  - What happens when there is no referral pathway in place or when it is not functioning?
    1. What are your responsibilities in this situation?
  - Are there are any mechanisms in place to monitor and document the capacity of service providers and the quality of services provided?
- Allow 25 minutes for small group discussions and invite participants to take a gallery walk.
- During the gallery walk, ask each group to present their discussions to the wider group.
- Highlight any commonalities and/or discrepancies among the points being discussed.
- Ask participants to reflect on how well they understand the current referral pathways in their setting.
- Invite participants to share any new information they've learnt in relation to the referral pathways in their setting.

[30] Adapted from "Module 4: Responding to a GBV disclosure" in *Inter-Agency Standing Committee, GBV Guidelines Training Package – Facilitator's Guide* (n.d.).

Facilitator Notes

Responses:

- Each setting/context is different. Recall that it is important to establish a functional and context-appropriate referral pathway that builds on existing GBV services and community-based structures.
- A functional referral system of survivor-centred, multisectoral service providers supports survivors' health, healing and empowerment.
- Referral systems must prioritize survivor safety and confidentiality and must respect survivors' choices (see Standard 1: GBV Guiding Principles); this means recognizing that even with services in place, survivors may still choose not to access certain types of care.
- The quality of services should be documented and monitored over time to ensure that they are functional and meet minimum standards of care in line with GBV Guiding Principles (see Standard 1: GBV Guiding Principles) and the Minimum Standards. For example, the assessment of health services should determine if there is a confidential space to treat survivors and if staff have been trained on clinical care for GBV survivors (see Standard 4: Health Care for GBV Survivors).

Key Takeaways:

- Continuously address challenges that prevent the referral system from functioning (e.g. barriers to survivors accessing services, challenges for coordinated service provision and case management).
- Disseminate information on the referral pathway among service providers and GBV focal points across agencies. Provide other sectors with information about the referral pathway and GBV guiding principles.
- Establish systems to ensure that survivor information is not accessible to those outside of the service provision relationship during the referral process (see Standard 14: Collection and Use of Survivor Data).

EXERCISE

3 Red String Activity[32]

Preparation: This activity requires a large space for participants to move around. Prepare 11 name tags with job titles. The name tags should be easy to read from a distance.

Materials: Flipchart paper, name tags, markers and a ball of red yarn or string (or other bright colour) about 40 m (or 100 ft) long.

Time: 1 hour.

Instructions:

- Note: Let the activity speak for itself, unfolding before participants' eyes. Do not describe it or explain its purposes before completing the activity.
- Create name tags with job titles (use actual job titles used in the setting) of approximately 11 people who are likely to interact with a survivor during the response process in your country setting (the setting where most participants work).
- Suggested name tags: Police Officer, Doctor, Mother, Block Leader, GBV Case Worker, Midwife, Community PSS Worker, Lawyer, Prosecutor, Women's Health Camp Focal Point, UNHCR Protection Officer.
- Ask for volunteers and distribute the name tags to the appropriate number of people. Tell them that they are Actors and will be in the role of the person noted on their name tag.
- Seat the volunteers in a circle with their chairs fairly close together. Ask the remaining participants to stand outside the circle so that they can easily see the activity.
- Explain that the ball of yarn represents a 20 year old girl who was raped.
- Standing outside the circle, give the ball to Mother and explain that the girl has told her mother about the incident.
- Instruct Mother to hold the end of the string firmly, not to let go and to throw the ball to the person you tell her to throw it to.
- You will then tell the story of what happens to this girl. Each time an Actor is involved, the ball of string is tossed across the circle to that Actor. Each Actor who receives the ball will wrap it around a finger and then toss it to the next Actor as instructed.

[31] Adapted from Reproductive Health Response in Conflict (RHRC) Consortium, *Training Manual & Facilitator's Guide: Interagency & Multisectoral Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict* (2004), p. 3-21-3-22.

- An example of how you might tell the story follows:
  1. Mother takes girl to Block Leader.
  2. Block Leader refers the girl to Women's Health Camp Focal Point (WHCP).
  3. WHCP helps, but the girl needs a better health intervention and WHCP refers girl to the Midwife.
  4. Midwife asks the girl a few questions and calls in the Doctor.
  5. Doctor administers treatment and sends girl back to Midwife.
  6. Midwife refers the girl to the Community PSS Worker.
  7. Community PSS Worker provides emotional support and contacts the GBV Case Worker upon the girl's request to be linked to a GBV case provider.
  8. GBV Case Worker talks with the girl and discovers the girl wants to involve the police; the GBV Case Worker explains the process to the girl and accompanies her to meet with the Police.
  9. Police asks the girl a few questions and contacts the Doctor.
  10. Doctor asks to see the girl again because she forgot to examine something and needs to add a few more notes to the case file.
  11. Mother asks the survivor additional questions.
  12. The survivor goes to talk with the Block Leader because she is confused about the process.
  13. The Block Leader contacts the Police to find out the status of the case.
- Stop the game when every Actor has taken part in at least 2 communication exchanges regarding the case.
- There will be a large red web in the centre of the circle, with each Actor holding parts of the string.
- Pause to look at the web. Ask some questions to generate discussion:
  - What do you see in the middle of this circle?
  - Was all of this helpful for the survivor? Traumatic?
  - Might a situation like this happen here?
  - What could have been done to avoid making this web of string?
- Ask the Observers: How many times did the girl have to repeat her story?
  - Actors: How many times did you talk with this survivor—or with others about her? Do you remember the details?
- Ask everyone to return to their seats. Actors should let go of the string and let it drop to the floor. Leave the red stringy chaotic mass sitting on the floor for all to see during the remainder of this session.

Facilitator Notes

Responses:

- In most refugee/IDP contexts, the GBV survivor has to interact with a vast number of resources and contacts that are often not well-trained or coordinated. This can be very daunting and confusing to the survivor and may negatively impact on her. It may also discourage reporting of incidents by other women and girls in the community.
- It is important to set up a clear response system and to have someone act as a case manager for the survivor, helping her to navigate the system.

Key Takeaways:

- Build on initial mapping of services to develop Standard Operating Procedures among all service providers to ensure that the referral pathway promotes the safety and dignity of survivors and is updated regularly. In addition to priority services (e.g. health, psychosocial support), include services that support longer term recovery and reintegration (e.g. livelihood, education).
- Continuously address challenges that prevent the referral system from functioning (e.g. barriers to survivors in accessing services, challenges for coordinated service provision and case management).

EXERCISE

4 GBV Guiding Principles & Referral Pathways

Preparation: Print worksheets for participants.

Materials: Printed worksheets, pens and markers.

Time: 35-45 minutes.

Instructions:

- Break participants into four groups and give each group a piece of flipchart paper and a marker. Distribute worksheets to participants.
- Ask participants to specifically consider the GBV Guiding Principles: respect, confidentiality, safety and non-discrimination.
- Ask each group to think of all the possible negative consequences for (1) a survivor, (2) her community and (3) the GBV service provider, if the Guiding Principles are not adhered to when establishing the referral pathway.
- Ask participants to write their answers on their individual worksheets.
- Bring the groups back together after 20 minutes and ask participants to present their responses.
- Facilitate a discussion based on the group's responses, ensuring that you discuss the negative events that can happen if the Guiding Principles are not respected, including harm to the survivor, harm to the perpetrator, harm to the GBV case worker and harm to the community.
- Make sure that all participants agree that the GBV Guiding Principles are important and relevant when establishing referral pathways.

Exercise 4 Worksheet

Potential Negative Consequences to Various People of Not Adhering to GBV Guiding Principles

GBV Guiding Principles / People at Risk	Survivor	Her Community	GBV Service Providers
RESPECT			
CONFIDENTIALITY			
SAFETY			
NON-DISCRIMINATION			

Facilitator Notes

Responses:

Survivor: Survivor's well-being physically, emotionally and mentally may be at risk from/of:

- Perpetrator, perpetrator's family, other community members.
- Social isolation and stigma.
- Feeling powerless and disrespected by having her story shared and her trust abused.
- The survivor is no longer in charge of her story.
- Delayed healing and recovery.

Community:

- Women and girls in the community may be less inclined to seek out services if services are not deemed safe. Lack of trust in GBV services may decrease reporting to GBV services and help-seeking behaviour.
- Community and other leaders do not support women and girls' access to GBV services.

GBV Service Provider:

- Women & girls in the community distrust GBV services.
- GBV staff are at risk from perpetrators, perpetrators' families and larger community.
- GBV service provision is misunderstood in the community.

Key Takeaways:

- It is mandatory to follow the GBV Guiding Principles throughout the course of service provision.
- The GBV Guiding Principles underpin the survivor-centred approach; lack of adherence to the GBV Guiding Principles is risky to survivors, other women and girls in the community, community members at-large and GBV service providers, including GBV staff and the GBV implementing organization.
- Regularly engage women and girls to monitor their understanding of the access points in the referral pathway and identify any harmful unintended consequences (e.g. breaches in confidentiality, safety, respect and non-discrimination; see Standard 1: GBV Guiding Principles).
- Disseminate information on the referral pathway among service providers and GBV focal points across agencies. Provide other sectors with information about the referral pathway and GBV guiding principles.

STANDARD 8

Women's and Girls' Safe Spaces

Women-and-girls-only safe spaces are available, accessible and provide quality services, information and activities that promote healing, well-being and empowerment.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

You lead a GBV programme in an ongoing conflict where two different groups of refugees live outside of camps in a host country.

Your programme has set up a Women's and Girls' Safe Space (WGSS) on the edge of town in a large tent that offers childcare for women and one-on-one counselling. However, very few women have been participating in the WGSS. When you ask a few women about their lack of interest in the WGSS, they explain that they are too busy meeting their basic needs.

One afternoon, you see women gathered together cleaning laundry, deeply engaged in conversation and laughing.

QUESTIONS

1. **What Key Actions would you prioritize to increase women's and girls' participation in the WGSS?**
2. **What principles should guide each phase of establishing and managing a WGSS?**

Facilitator Notes

Responses:

1. What Key Actions would you prioritize to increase women's and girls' participation in the WGSS?

- Conduct assessments with women and adolescent girls prior to establishing WGSS to gather basic information on the feasibility of establishing and supporting it and about their needs, preferences and constraints related to access to, and participation in, safe space programming (see also Standard 2: Women's and Girls' Participation and Empowerment).
- Work with women and girls to identify spaces they perceive as safe through community mapping and Focus Group Discussions (FGDs) and/or Key Informant Interviews (KIIs) to assist in determining why women and girls are not using the WGSS. Use this information to make programmatic changes, with women's and adolescent girls' input, so the WGSS will benefit the target population.
- Assess potential partnerships and collaborations to complement safe space programming with other services such as livelihoods or education programmes.
- Coordinate with child protection partners to determine the most appropriate model for facilitating adolescent girls' access to safe spaces.
- Ensure the WGSS is safe, accessible and has adequate water and sanitation facilities, including by considering the surrounding area, lighting and potential threats. Provide childcare to facilitate mothers' participation.

2. What principles should guide each phase of establishing and managing a WGSS?

- Empowerment: Each woman and girl has the capacity to shape her own life and to create and contribute to wider social change. Women and girls are included in WGSS planning, implementation and monitoring and evaluation (see Standard 2: Women's and Girls' Participation and Empowerment).
- Solidarity: The safe space environment enables women and girls to understand their individual experiences within the broader power inequalities in which they live. The WGSS provides opportunities to connect with individuals and groups by encouraging sharing, mentoring and cooperation. These supportive relationships increase self-esteem, positive coping mechanisms and social assets central to women's, girls' and survivors' emotional safety and healing.
- Accountability: Women and girls can openly share their experiences and challenges and be assured of confidentiality and support. All aspects of the WGSS location, design and programming prioritize the safety and confidentiality of women and girls. Each of these components ensures the integrity of a WGSS as a place where women and girls feel physically and emotionally safe.
- Inclusion: All women and girls are respected and welcomed in a safe space. Staff and volunteers are trained extensively on the principles of inclusion and non-discrimination. All women and girls are:
  - Included in the WGSS design and provided opportunities as staff or volunteers.
  - Supported to engage in the range of services and activities delivered in the WGSS.
  - Engaged actively through tailored outreach strategies to mitigate identified access barriers that hinder their equal participation.

- Partnership: The WGSS should serve to link women and girls to services through strong referral networks. Partnerships with local civil society, particularly women's civil society organizations and/or networks, are central to the WGSS approach and also strategic for sustainability. Partnerships with local entities should be considered from the assessment phase and implemented while establishing the WGSS.

Key Takeaways:

- WGSS provide a vital entry point for women and girls, including female survivors of GBV, to safely access information, specialized services and referrals to health and other services (see also Standard 6: GBV Case Management).
- A "safe space" is a women-and-girls-only space; this is important because public spaces in most cultures are inhabited largely by men. Safe spaces provide a critical space where women and girls can be free from harm and harassment and where they can access opportunities to exercise their rights and promote their own safety and decision-making.
- Although a WGSS intervention may include different services and activities, all should work towards the five standard objectives. Note that individual empowerment and psychosocial support services are generally present in all WGSS, but other components may not be (e.g. some WGSS do not deliver case management services).
- All activities and services should be determined in consultation with women and girls so that the activities are responsive to their needs and experiences, are context- and age-appropriate.
- Approaches to WGSS development should be based on the context, risk analysis and consultation with women, girls and their communities.

EXERCISE
2 Understanding Girls' and Women's Lives[33]

Preparation: This activity may evoke strong emotions among participants, especially women who have experienced violence. Therefore, it is important to mark the end of the exercise with some kind of physical movement that supports participants to have a sense of closure.

Materials: Flipchart paper, post-its (preferably four different colours) and markers.

Time: 1 hour.

Instructions:

The aim of this activity is to deepen participants' understanding of the lived experiences of women and girls. Depending on time availability and number of participants, you can choose to conduct this activity by following instructions for Option A (woman) or Option B (adolescent girl). It is also possible to divide participants into two groups; one group working on Option A and another on Option B.

Option A:

- Draw an outline of a woman on the flip chart. Choose a name for this woman with the group. For the purpose of these instructions, we will use "Dana".
- Ask participants to imagine that Dana is a woman in the community where they work or live.
- Explain that, as a woman in that community, she may or may not have experienced GBV, but we can be sure that she has heard many messages about the ways she should behave and the things she should do or not do, as a woman.
- Ask participants to pretend that they are Dana and to think about all the messages she hears from those around her about what she should do, what she shouldn't do, what she has done and, if she has experienced one or more of forms of GBV, what kind of message she hears from those around her about what she went through and why it happened.

[32] Adapted from UNFPA, Establishing WGSS Training Manual: Facilitation Guide (2019), p. 27.

- In four groups, have participants brainstorm on post-its (one item on each post-it, each group with a different colour) about what Dana hears from her:
  - Family;
  - Friends;
  - Husband; and
  - Community and/or religious leaders.
- Invite each group to stick their post-its on top of the image of Dana.
- As the groups progress, Dana will begin to be covered by post-its, creating a strong visual and tactile representation of the limitation of space that women and girls experience.

Option B:

- Draw an outline of an adolescent girl on the flip chart. You may ask the group to choose an age and a name for this adolescent girl. "Sofi" is used in these instructions.
- Ask participants to imagine that Sofi is an adolescent girl in the community where they work or live.
- Explain that, as an adolescent girl, she is going through a crucial and defining stage in her life. Sofi may or may not have experienced GBV, but she is coming of age in an environment with strong patriarchal conditioning. Sofi may have already heard many messages about the ways she and other girls should behave and the things she should do or not do as a girl.
- Ask participants to pretend that they are Sofi and to think about all the messages she hears from those around her about what she should do, what she shouldn't do, what she has done and, if she has experienced one or more of forms of GBV, what kind of message she hears from those around her about what she went through and why it happened.
- In four groups, have participants brainstorm on post-its (one item on each post-it, each group with a different colour) about what Sofi hears from her:
  - Family;
  - Friends;
  - Husband; and
  - Community and/or religious leaders.
- Invite each group to stick their post-its on top of the image of Sofi.
- As the groups progress, Sofi will begin to be covered by post-its, creating a strong visual and tactile representation of the limitation of space that women and girls experience.
- Wrap up Option A and/or Option B by highlighting the following:
  - Many, if not most, of the messages Dana/Sofi hear from those around them will be negative. For example: you should stay inside, cover yourself, behave modestly, do not speak in front of men, do not walk around at night, you do not need to go to school, you need to bear children, you are a burden to the family, it's your fault you were beaten because you didn't cook/clean properly, it's your fault you were raped because you were walking in the wrong part of the camp/at the wrong time, you should marry your rapist, etc.
- If there are any positive messages, stick these around the side of the image rather than covering Dana or Sofi. Explain that although positive reactions and messages exist, they are not the most common.
- Once the image is complete, ask participants how they feel about this exercise. What do they experience when they look at the images of Dana and Sofi?
  - You may hear examples like suffocation, claustrophobia, lack of space, lack of freedom, lack of power, lack of access and information to GBV and sexual and reproductive health services, etc.

- Explain the following: *Every woman and girl who might come to use safe spaces could be Dana and Sofi. She could be a survivor of GBV, but even if she is not, she comes to the safe spaces with a background and a lifetime of experiences of being a woman or girl in a world where her opportunities are limited and where she is expected to behave in a certain way and is punished if she does not.*

- When thinking about safe spaces and how to set up and manage them, keep Dana and Sofi in mind and do everything you can to create more space and opportunity for them (as you say this, you can remove some of the post-it notes from their faces and put them further out on the paper, creating an image of increased space).
- Complete the exercise by asking participants to stand and do a full-body shake and brush-off, as follows:
  - Ask participants to extend their left arm and brush it off with their right arm.
  - Repeat for the right arm, then the left leg and right leg.
  - Ask participants to shake their whole body (demonstrate this yourself at the same time).

Facilitator Notes

Responses:

- Train all WGSS staff on WGSS principles (empowerment, solidarity, accountability, inclusion and partnership), GBV Guiding Principles, concepts related to Women's and Girl's Participation and Empowerment and other relevant principles.

Key Takeaways:

- As WGSS staff, it is important to respond to, and try to counteract, the negative messages that Dana, Sofi and other women and girls like them have experienced in their lives.
- Highlight the five standard objectives of a WGSS:
  - Provide a vital entry point for female survivors of GBV to safely access information, specialized services and referrals to health, protection and other services;
  - Serve as a place where women and girls can access information, resources and support to reduce the risk of violence;
  - Facilitate women's and girls' access to knowledge, skills and services;
  - Support women's and girls' psychosocial well-being and create social networks to reduce isolation or seclusion and enhance integration into community life; and
  - Generate conditions for women's and girls' empowerment.

EXERCISE

3 Establishing a WGSS – Principles, Objectives and Services[34]

Preparation: Print copies of the Exercise 3 Handout and prepare PowerPoint or flipchart with the questions below.

Materials: Copies of both handouts.

Time: 1 hour.

Instructions:

- Ask participants to count off by two and divide into two groups. Clear tables and make use of extra rooms or other available space.
- Distribute the handouts for the two scenarios. Ask each group to read the handout that corresponds to their group number.
- Each group should select a note-taker and presenter. Provide at least 15 minutes for groups to discuss and answer the following questions for the distributed scenario:
  - In your group's scenario, does the WGSS:
    - Meet minimum requirements for facilities/infrastructure?
    - Meet minimum staffing requirements?
    - Meet the five standard objectives of WGSS?
    - Meet the needs of women and girls in the community?
  - What additional information do you need to guide WGSS implementation? What steps will you take to collect information and strengthen the programme?
- Lead a plenary debrief to draw out both common and different challenges.
- If time allows, ask groups to summarize WGSS challenges in their contexts and outline possible next steps.

[33] Adapted from International Medical Corps (IMC), *Managing Gender-based Violence Programmes in Emergencies Training Course: Curriculum Guide* (2020), pp. 242-248.

Exercise 3 Handout

Scenario: Group 1

You are a new programme manager for a GBV programme that has been operational for almost two years. The programme is responding to needs in a refugee camp with a growing population. The emergency is underfunded. Your organization received a one-year continuation for the GBV programme but future support is uncertain. Fifteen months ago, the programme constructed a single WGSS in the camp. Camp leadership designated the site for the WGSS. Although the WGSS compound is fairly large, it does not include a toilet and the WGSS itself is small.

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

Scenario: Group 2

You are a new programme manager for a GBV programme that has been operational for almost two years. The programme is in a medium-sized town, serving the host community and refugees who make up approximately one third of the population. Perceptions about ethnic affiliation and fears over strained resources contribute to tensions between the host and refugee populations. Your programme is fairly well funded, with at least three more years of secured funding.

Fifteen months ago, the GBV programme constructed a large WGSS near one end of town. The WGSS includes two large, open rooms/halls, two interior, private rooms (one with a separate entrance), a storage space, a children's room, a fenced-in courtyard, two toilets and a kitchen. The WGSS is staffed with members of the host community, as refugees are not permitted to work. WGSS staff include a WGSS manager, two WGSS facilitators, two outreach staff (one male; one female) and a GBV Caseworker.

During each of your visits, most of the staff were crocheting and chatting with the women in the WGSS. Based on dress, all of the women in the WGSS appeared to be from the host community. A staff member confirmed that a dedicated group of women tends to visit the WGSS almost every day. The staff explained how important the WGSS is for these women.

Facilitator Notes

Responses:

- Groups should identify a need to collect more information from the community, probably through some form of consultations and service mapping.
- Consult regularly with women, girls and other community members to understand key security risks in the communityand types of community support systems that existed for women and girls before the crisis.
- Ensure that the WGSS is safe and accessible and has adequate water and sanitation facilities, including by considering the surrounding area, lighting and potential threats. Provide childcare to facilitate participation by mothers.
- Hire at least three female staff and female community volunteers to operate the safe space. Train WGSS female staff and volunteers on GBV Guiding Principles and other relevant principles, policies and procedures, including a code of conduct.

Key Takeaways:

- Engage regularly with women, girls, men and boys from the affected community to explain WGSS activities, facilitate community acceptance and address barriers to women's and girls' attendance.
- Highlight the five standard objectives of a WGSS (p. 60):
- Provide a vital entry point for female survivors of GBV to safely access information, specialized services and referrals to health, protection and other services;
- Serve as a place where women and girls can access information, resources and support to reduce the risk of violence;
- Facilitate women's and girls' access to knowledge, skills and services;
- Support women's and girls' psychosocial well-being and create social networks to reduce isolation or seclusion and enhance integration into community life; and
- Generate conditions for women's and girls' empowerment.

EXERCISE

4 Answering Frequently Asked Questions[35]

Preparation: PowerPoint slide with questions below and/or develop handout of "Frequently Asked Questions" on Women's & Girls' Safe Spaces.

Materials: PowerPoint slide with questions and/or handouts.

Time: 55 minutes.

Instructions:

- The aim of this exercise is for groups to come up with a short answer to each of the common questions on WGSS listed below.
- Ask participants to count off by 5 and divide into 5 groups.
- Share the "Frequently Asked Questions" on WGSS to each of the groups.
- Distribute/assign "Frequently Asked Questions" to each group:
  - **Group 1:** Why only women and girls? Why don't we have safe spaces for men and boys?
  - **Group 2:** Can we put women and girls of different religions or cultures together in groups?
  - **Group 3:** How do we talk to the community about safe spaces? What do we call a "Women's and Girls' Safe Space" if the community won't accept the name?
  - **Group 4:** What are the risks for me as a WGSS staff member? What happens if a woman's family gets angry?
  - **Group 5:** What do I do if my staff have the same attitudes or prejudices as the community?
- Allow 20 minutes for group discussions.
- Lead a plenary debrief. Invite a rapporteur from each group to present their answer. It should take approximately 5 minutes for each group to present its answer.

[34] UNFPA, Establishing WGSS Training Manual – Facilitators Guide (2019), p. 95.

Facilitator Notes

Responses[35]:

- Group 1: Women's and girls' safe spaces are targeted towards these groups for a few different and connected reasons:
  - Women and girls experience high levels of violence in their everyday lives, as well as significant discrimination, limitation and lack of control and decision-making in their own lives and those of their families.
  - Men and boys also experience violence; however, the frequency and severity of the violence that women and girls experience is exacerbated by the subordinate position in which women and girls are placed in society, as well as their lack of power and status.
  - Moreover, women and girls do not have spaces in which they can feel protected and safe to express themselves, whereas many public spaces cater to the needs of men and boys (e.g. schools, community centres, public sports fields, etc.). This does not mean that services for men and boys are not important. Rather, it is an attempt to support women and girls to have greater access, closer to that of men and boys; that is, to ensure they have the same kinds of protection and opportunities as their male counterparts.

- Group 2: The answer to this question will vary with location, culture and religion. In some cases, women and/or girls may feel more comfortable with others who are similar to them in whatever criteria they judge to be important. In others, women and girls enjoy learning from and sharing with others who may be different. Always engage women and girls directly to learn their preferences and choices.

- Group 3: Specialized services and activities for women and girls can provoke discomfort and suspicion in communities. In many cases, it can be helpful to give WGSS a more generic name such as a 'women's community centre' or 'women's well-being centre' to promote community acceptance and ownership. This can also allow non-stigmatizing access to GBV services. However, community education around the importance and value of the WGSS is essential and acceptance will often grow with time. Engage key stakeholders early and often and ask their advice on how to proceed.

- Group 4: Involving key community stakeholders from the beginning of the WGSS process is essential to ensure security for staff and participants. Ensuring that community leaders, including religious leaders, understand the objectives and value of the safe space means that you have allies to turn to if a spouse or family member of a WGSS participant disagrees with her participation. It also reduces the general risk for staff members in working with women and girls.

- Group 5: Staff capacity-building can be a long and complex process. For many staff, working within a WGSS may be the first time they have engaged in a sustained and focused way with women's and girls' realities. Ideas about gender and the role of women in the world are deep-seated and take time to change. It is important to recognize that behaviour change is a long-term process. However, it is also true that individuals working in WGSS and GBV programmes generally have women-and-girl-centred attitudes and beliefs. Work with your management team to identify promising staff and establish capacity-strengthening plans.

[35] Ibid.

STANDARD

9 Safety and Risk Mitigation

GBV actors advocate for and support the integration of GBV risk mitigation and survivor support across humanitarian sectors.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

A few weeks ago, the nutrition workers in your setting started observing that some women stopped coming to the nutrition centres even though their children still need treatment. The nutrition staff also noticed that women are reluctant to stay with a child overnight for observation.

Your GBV programme joined the nutrition actors to conduct a Focus Group Discussion together to learn more about this change. The FGD revealed:

Husbands do not understand the importance of nutrition services, as most nutrition outreach targets women. As a result, men do not have adequate information about the importance of the services. Because of this, husbands do not want their wives to spend a lot of time at the nutrition centres, including overnight stays.

Many women do not have permission from their husbands to go to the nutrition centres, so they either stop going or risk IPV.

QUESTIONS

1. **What Key Actions would guide your GBV programme's next steps to increase women's safe access to the nutrition centres?**

2. **How could you work together with the nutrition sector to increase women's access to the nutrition centres while mitigating their risk of GBV?**

Facilitator Notes

Responses:

1. **What Key Actions would guide your GBV programme's next steps to increase women's safe access to the nutrition centres?**

- Use GBV assessment and the findings of safety audits, including those conducted by other sectors, to advocate with community leaders, government and humanitarian actors to mitigate the risks of GBV and improve safety and security for women and girls.
- Encourage uptake of recommendations contained in the IASC GBV Guidelines among all humanitarian actors. Provide technical support for actors to meet their responsibilities.
- In collaborating with the nutrition actors through a joint FGD, the GBV actor completed three additional Key Actions:
  - Conduct regular assessments and listening sessions with women and girls, considering age and diversity, to identify: (1) barriers to accessing humanitarian aid and services; (2) risks of GBV, including sexual exploitation and abuse; and (3) risk mitigation strategies.
  - Participate in multisectoral initial rapid assessments by joining assessment teams, contributing to the development of tools and questions, etc. to ensure attention to GBV and reinforce ethical data collection practices.
  - Take advantage of opportunities for joint programming/sector initiatives to prevent, mitigate and/or respond to GBV.

2. **How could you work together with the nutrition sector to increase women's access to the nutrition centres while mitigating their risk of GBV?**

- Use the FGD results to inform community outreach and other support to increase women's safe access to nutrition support and mitigate GBV risks.
- Support the nutrition programme to develop outreach messaging that targets men appropriately and shares the importance of nutrition programming for children.

Key Takeaways:

- All humanitarian sectors and actors are responsible for promoting women's and girls' safety and for reducing their risk of GBV.
- Risk mitigation focuses on reducing the risks of GBV and protecting those who have already experienced violence from further harm.
- GBV programme actors have a role in advocating for other humanitarian actors, authorities and community members to take action to proactively address risks.
- The overall and sector-specific response benefits from GBV programme actors and other protection actors collectively addressing identified risks and barriers to safe and equitable provision of humanitarian aid.

EXERCISE 2 Conducting Safety Audits

Preparation: Before facilitating this exercise, gauge participants' level of knowledge and experience in the 'humanitarian system', namely different sectors (e.g. Water and Sanitation (WASH), Shelter, etc.). If some of participants have less familiarity than others, ensure each group includes participants with varying degrees of experience.

Materials: Access to Guidance Note 1 in Standard 9: "Categories of risk to women and girls and mitigation strategies", *Minimum Standards*; access to IRC GBV Responders' website.

Time: 40 minutes.

Instructions:

- The aim of the exercise is to practice how to explain and encourage GBV risk mitigation to other sectors.
- Ask participants if they are familiar with conducting safety audits; invite brief explanations from participants with experience. Offer the following definition of a "safety audit" (p. 74):
  - A safety audit can be part of a situational assessment and analysis. It is an observational tool that helps to identify observable risks and gaps in the camp or site environment. It entails walking through the environment, if appropriate, and comparing conditions against a set of pre-selected indicators. It can be used on a regular basis (daily, weekly, etc.) so changes and new risks can be identified and risk mitigation efforts tracked.
- Show a sample safety audit format to review key sections and a sample assessment report based on a safety audit and other assessment tools.
- Divide participants into groups according to specific sectors in the context (e.g. Food Security, Health, Shelter, WASH, Camp Coordination and Camp Management (CCCM), etc.).
- Each group has somebody in the role of a GBV coordination group lead who will have 5 minutes to present the importance of GBV risk mitigation at another sector's upcoming cluster meeting (e.g. at the CCCM's next cluster meeting).
- The groups have 15 minutes to prepare advocacy messages for the assigned sector.

- Instruct participants to start by listing the key safety issues for women and girls in their context based on the sector assigned to the group. E.g. participants in the WASH sector group should consider risks to women and girls related to WASH. Participants may refer to Guidance Note 1 for ideas.
- After 5-7 minutes, each group should consider the following questions:
  - What preparation would support your team to conduct a safety audit?
  - What safeguarding measures could increase safety for staff and women and girls during the safety audit for the assigned sector?
- After 15 minutes of group work, ask each group to share their advocacy messages in plenary.
- Ask other participants to ask questions and provide feedback to the presenting group.

Facilitator Notes

Responses:

Although some responses will be sector specific, common responses include:

- Contribute to the development of tools and questions and conduct joint safety audits with the other sector;
- Provide GBV referral training for safety audit participants from other sectors to be equipped to refer women and girls throughout the audit, as needed;
- Facilitate training of trainers for sector coordination leads to roll out *the* IASC GBV Guidelines within their own sector;
- Provide guidance to other sectors on using the guidelines; and
- Promote safe and ethical use of data collected through the safety audit (see Standards 14: Collection and Use of Survivor Data and Standard 16: Assessment, Monitoring and Evaluation).

Key Takeaways:

- GBV risk mitigation is foundational to establishing and sustaining quality GBV programming and results in good programming.
- GBV-specialized actors play an advocacy and technical support role in supporting the integration of GBV risk mitigation efforts across humanitarian sectors.
- To adhere to Do No Harm and improve women's and girls' safety, GBV actors are tasked with advocating with other clusters and sectors for the inclusion of contextualized and relevant IASC GBV Guidelines Thematic Area Guidance and essential actions and encourage uptake of recommendations contained in the IASC GBV Guidelines among all humanitarian actors.
- GBV actors may facilitate trainings with effective follow-up coaching and action plans for all sector actors on GBV Guiding Principles, GBV referral pathways and how to engage with survivors respectfully and supportively.

EXERCISE

3 Risk Identification

Preparation: Print scenario handout.

Materials: Scenario handout for each group, flipchart, marker pens.

Time: 45 minutes.

Instructions:

- Explain that during this session you are going to focus on the risks that women and girls face in emergency contexts and on potential risks involved in accessing humanitarian assistance.
- Share the scenario handout (see below).
- Split participants into two groups; each group will focus on either Noor or Malika.
- Ask each group to identify the possible risks that Noor and Malika may face based on the scenario and their knowledge of women's and girls' experience in the implementation context (15 minutes). Ask participants to identify both:
  - Specific risks related to the GBV incident in the scenario; and
  - General, additional risks to either Noor or Malika if they were living in the participants' context.
- After identifying the risks, each group should categorize the risks into one of the four categories outlined on pgs. 72-73 of the Minimum Standards (15 minutes):
  - Living space and physical camp/site layout;
  - Unmet needs;
  - Service delivery; and
  - Information and participation.
- In plenary, each group should share their findings.
- If time allows, highlight both common and different risks between Noor and Malika.
- If you wish to extend this exercise, you may ask each group – or in plenary – to identify risk mitigation strategies for each of the risks identified.

Exercise 3 Handout

Noor, 24, lives in a refugee camp. Yesterday, she left the camp to collect firewood with two other women. Noor collected her wood quickly and returned to the camp ahead of the others. Four armed men met her on her way. One of the men yelled at her and then forced her to the ground. She could hear others laughing and two of the men raped her.

Noor went straight home when she returned to the camp. Her husband has travelled and she is staying with her young child, her sister Malika and her sister's children. Malika was worried about Noor's state when Noor returned home, but Noor wouldn't answer any questions. Malika visited one of the other women who accompanied Noor during firewood collection, but her family reported that she hadn't left bed since returning from the woods and appeared to be ill.

The next day, Malika sought out Faiza, a woman who volunteers for an organization providing support services for women in the camp. Faiza asked Malika to bring her sister to the organization's women's centre.

Facilitator Notes

Responses:

- Living space and physical camp/site layout:
  - Scenario:
    - Lack of safe and reliable access to energy in camps forcing women and girls to leave camp to collect firewood to meet their fuel needs; and
    - High insecurity due to limited police presence/protection actors.
  - General:
    - Lack of lighting in public spaces.
    - Communal shelter with multiple families/individuals living together and lack of privacy.
    - Living areas are close to stream and/or bush.
    - Latrines are far from living areas and close to bush/stream areas.
    - Water points are in isolated or distant locations.
    - Girls have to pass through bush areas and market to get to school.

- Unmet needs:
  - Scenario:
    - Lack of access to efficient cooking stoves, alternative fuels and sustainable energy solutions means women and girls need to travel long distances through unsafe locations to collect firewood.
  - General:
    - Lack of non-food items that can lead to exploitation in exchange for necessities.

- Service delivery:
  - Scenario:
    - Limited access to cooking fuel (often not provided by humanitarian agencies, despite providing refugees/IDPs with food items that need to be cooked).
    - Limited presence of protection actors/police in and around the camps to monitor and respond to security incidents.
  - General:
    - Distance to and location of service delivery.
    - Lack of consultation leads to latrines being located far from settlement, insufficient water points and lack of bathing facilities and menstrual hygiene materials.

- Information and participation:
  - Scenario:
    - Knowledge on how and which services to access for health, GBV case management and psychosocial support.
  - General:
    - Lack of consultation on ration type and amount leads to women and girls engaging in risky behaviour to supplement meals.

Risk mitigation strategies may include:

- Women and adolescent girls consulted and involved in dialogue and decision-making (see Standard 2: Women's and Girls' Participation and Empowerment).
- Special consideration should be given to ensuring that risks associated with fuel collection and other activities that involve movement in insecure or volatile areas are identified and properly addressed.
- Identification of alternative sources of energy from the onset of an emergency.
- Dignity kit assembly and distribution based on discussions with women and girls (see Standard 11: Dignity Kits, Cash and Voucher Assistance).

Key Takeaways:

- Women and girls can face risks of GBV at every age and across every aspect of their lives.
- Women and girls are the best source of information about these risks.
- GBV staff are not expected to have specialized knowledge of each humanitarian sector. Efforts to integrate GBV risk reduction strategies into different sectoral responses should be led by sector actors to ensure that any recommendations from GBV-specialized actors are relevant and feasible within the sectoral response.
- Risk mitigation focuses on reducing the risks of GBV, including sexual exploitation and abuse, that women and girls face in the emergency and post-emergency contexts and on protecting those who have already experienced violence from further harm.
- GBV programme actors have a role in advocating for other humanitarian actors, authorities and community members to take action to proactively address risks.
- The overall response benefits from GBV programme actors and other protection actors collectively addressing identified risks and barriers to safe and equitable provision of humanitarian aid.
- Humanitarian agencies can often reduce women's and girls' exposure to risk, especially sexual exploitation and abuse, by providing assistance to meet their basic needs.
- Humanitarian actors have the responsibility to pursue actions to mitigate these risks within their areas of operation. Risk mitigation strategies must be led by the relevant sector, with technical support from GBV specialists if needed and community involvement (see Standard 2: Women's and Girls' Participation and Empowerment).
- GBV-specialized actors must be aware of risks to women and girls to inform advocacy with the sectors responsible for mitigating these risks.

EXERCISE

4 Protection from Sexual Exploitation and Abuse[37]

Preparation: Find out about the relevant reporting systems and requirements in the local context before this session. You can ask local teams or get in touch with the relevant GBV sub-cluster or working group/coordination mechanism to find out how cases should be reported and what the investigation/response process looks like.

Time: 35 minutes.

Instructions:

- Divide the participants into groups.
- Share the following scenario:

John is a foreign field officer working in your context. He has noticed Farheen, a 17-year-old girl refugee living in the camp with her mother. John promises Farheen's mother that he will give Farheen a job as a volunteer with the organization he works with. After a week, Farheen's mother returns to John to ask about Farheen's starting date as a volunteer. John tells her Farheen will get the job if she will be his girlfriend. The mother tells Farheen she is lucky for this opportunity to become a foreigner's girlfriend.

- Ask the participants to discuss and respond to the following questions:
  - What are the key abuses in the scenario?
  - Who is being exploited and by whom?
  - As a GBV actor, what are the options in your context to support Farheen?
- Back in plenary, facilitate a discussion that highlights:
  - Information about local reporting mechanisms and procedures to emphasize the importance of understanding these to support women and girls.
  - Ask participants about any existing system in their context for women and girls to confidentially report a case? Do the participants have any concerns about how SEA incidents are addressed?

[36] Adapted from PSEA Network/Inter-Sector Coordination Group (ISCG) Bangladesh, *PSEA Training Materials: Cox's Bazar, Bangladesh* (2020), p. 12.

Facilitator Notes

Responses:

- John is suggesting a sexual relationship with a child. John might think that offering Farheen a job could help her, but he is using his power over Farheen and her mother for personal benefit. John's thoughts and intentions are irrelevant as he is abusing his power as an NGO worker.
- Sexual exploitation and abuse violates universally recognized international legal norms and standards and is prohibited conduct for humanitarian aid personnel.
- Explain and discuss the correct reporting procedure in the location, highlighting the following key points:
  - If you see something or hear something that makes you think there might be exploitation or abuse occurring, you must report it, even if you are not sure or do not have proof. Reporting of SEA is mandatory.
  - You must report the case to the designated focal point or your supervisor. Do not discuss any suspicions or allegations with your other colleagues or friends.
  - It is not your responsibility to investigate or prove a case before you report it.
  - Ensure that anyone who has experienced sexual exploitation or abuse has access to the appropriate services.

Key Takeaways:

- PSEA is an agency-wide responsibility requiring action from management, operations, human resources, programme sections and others. All sectors have a critical role to play in designing and implementing their interventions in ways that minimize risks of sexual exploitation and abuse and help to connect survivors of this and other forms of GBV to appropriate care.
- It is important to keep in mind that the investigation of and response to SEA will depend on the organizations involved and their procedures.
- Although GBV programme staff can play a role in advocating for PSEA measures, implementation of internal measures and the coordination of inter-agency processes to address sexual exploitation and abuse are outside the purview of the GBV sub-cluster or working group. They are the responsibility of the UN country team-assigned PSEA focal points (see Standard 15: GBV Coordination). This is important to ensure the independence, integrity and confidentiality of mandatory reporting mechanisms and investigation processes.
- GBV response service providers should be aware of community-based reporting mechanisms and investigation processes to ensure informed consent when supporting survivors of sexual abuse and exploitation (see Standard 6: Case Management).

EXERCISE

5 PSEA True & False

Preparation: An open space is required for this activity.

Materials: PowerPoint slides with statements below.

Time: 1 hour.

Instructions:

1. Depending on the number of participants and the size of the training room, this activity can be conducted in two ways. The instructions for Option A are below; please refer to 3 for Option B.

2. Option A:

- Clear the middle of the room to ensure sufficient space for participants to come together in the middle of the room. Participants should form a single queue facing the front of the room.
- Ask participants to pay close attention to each of the statements you read. If they find a statement to be TRUE, they should take a step to the RIGHT of their starting position; if they feel a statement is FALSE, they should take a step to the LEFT of their starting position. You can do a test run with a simple statement like "The colour of the sky is green". Each statement will be followed by movement and a brief discussion on the answer. Before the next statement is read out, ask your participants to return to their starting position.

3. Option B: If space is limited, read the statements to participants and ask participants to respond by a show of hands for statements they consider to be TRUE and a no-show of hands for statements considered to be FALSE.

The statements to read, in no particular order, are:

- *All forms of SEA against women are GBV.*
- *Survivors of SEA should access separate services from survivors of GBV.*
- *GBV programme staff do not need to know the reporting mechanisms and investigation processes related to SEA – they are after all only working with GBV survivors.*
- *SEA is rooted in structural abuses of power and authority.*
- *If paying for sex is legal in a country, humanitarian workers are allowed to pay or offer money for sex to women and girls.*

- *GBV programme leads should take on SEA responsibilities for the humanitarian response/ presence in the field sites they work in if these are not in place.*
- *PSEA is part of GBV risk mitigation – therefore, GBV specialists have an important role to play in supporting other sectors to integrate GBV risk mitigation into their work.*
- *A GBV coordination group isn't required to play an active role in relation to PSEA.*

Facilitator Notes

Responses:

1. All forms of SEA against women are GBV.

TRUE: Sexual exploitation and abuse against women is a form of gender-based violence.

Sexual exploitation is defined by the UN as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. As such, sexual exploitation is a broad term, which includes a number of acts described below, including transactional sex, solicitation of transactional sex and exploitative relationships.

Sexual abuse is defined as the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. All sexual activity with a child is sexual abuse. Physical intrusion is understood to mean sexual activity. **Sexual abuse is a broad term, which includes a number of acts described below, including rape, sexual assault, sex with a minor and sexual activity with a minor under the age of 18.**

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females. GBV includes acts that inflict **physical, sexual or mental harm or suffering, threats of such actions, coercion and other deprivations of liberty.** Around the world, GBV disproportionately affects women and girls because of their subordinate status to men and boys. As such, the term is most often used to highlight women's and girls' particular vulnerability to violence because of gender inequality.
Therefore, sexual exploitation and abuse is a form of gender-based violence.

2. Survivors of SEA should access separate services from survivors of GBV.

FALSE: Survivors of sexual exploitation and abuse are survivors of GBV and should be referred to existing GBV services; no parallel referral pathway should be established. The GBV response system is the appropriate referral system for women and girls to access support if they experience sexual exploitation and abuse perpetrated by humanitarian actors or other duty bearers.

In cases of SEA and child sexual abuse, child protection and GBV caseworkers should work together closely to ensure that young and adolescent girls and boys who are sexually assaulted receive appropriate gender- and age-sensitive case management support. They should both implement the Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings.

In contexts with both child protection and GBV programme actors providing case management services, it is recommended that service-level coordination agreements are established between organizations. See, for example, Standard 6: Case Management and Key Action: "Engage with child protection and protection caseworkers in joint trainings, coordination and mapping of response services, and establish joint referral pathways and Standard Operating Procecures that provide clear criteria for offering specialized support to adolescent girls and boys."

When both child protection and GBV response services are equipped to meet the needs of child survivors of sexual abuse, then young and adolescent girls and boys benefit from increased access to age- and gender-sensitive case management support services.

3. GBV programme staff do not need to know the reporting mechanisms and investigation processes related to SEA – they are after all only working with GBV survivors.

   FALSE: GBV response service providers should be aware of community-based reporting mechanisms and investigation processes to provide accurate information on reporting options to survivors and ensure informed consent when supporting survivors of sexual abuse and exploitation (see Standard 6: Case Management).

4. SEA is rooted in structural abuses of power and authority.

   TRUE: Refer to definition of SEA in Statement 1 and highlight the following terms: "an actual or attempted abuse of someone's position of vulnerability", "differential power or trust".

5. If paying for sex is legal in a country, humanitarian workers are allowed to pay or offer money for sex to women and girls.

   FALSE: Commercial sexual exploitation, or paying women and girls for sex, is prohibited, even if it is legal in the country.
   Please also note that mistaken belief regarding the age of a child is not a defence. Sexual activity with children (persons under the age of 18) is prohibited regardless of the local age of majority or age of consent.

6. GBV programme leads should take on SEA responsibilities for the humanitarian response/presence in the field sites they work in if these are not in place.

   FALSE: GBV programme actors' role is to: "Advocate with other protection actors and PSEA focal points for senior leaders in all agencies to establish PSEA inter-agency networks, focal points and clear referral and reporting procedures."

7. PSEA is part of GBV risk mitigation; therefore, GBV specialists have an important role to play in supporting other sectors to integrate GBV risk mitigation into their work

   TRUE: As with PSEA, GBV integration is never the sole responsibility of GBV specialists, but rather the responsibility of each sector and its personnel. Given their technical expertise, GBV specialists have an important role to play in supporting other sectors to integrate GBV risk mitigation into their work.

8. A GBV coordination group is not required to play an active role in relation to PSEA.

   FALSE: A GBV coordination group should play two primary roles regarding PSEA: (1) support field implementation of PSEA victim assistance protocols, and (2) support prevention of PSEA. The GBV sub-cluster/sector should ensure that all members understand and adopt PSEA policies. It should share the IASC core principles and discuss ways to promote best practices and the highest standards of PSEA policy and the Code of Conduct among its members. If organizations in the sub-cluster/sector do not have PSEA policies, the sub-cluster/sector should support them in developing these, for example by providing a sample code of conduct to adapt and adopt. These activities should occur in coordination with the inter-agency PSEA network, where it is present.

Key Takeaways:

- PSEA is an agency-wide responsibility requiring action from management, operations, human resources, programme sections and others.
- All sectors have a critical role to play in designing and implementing their interventions in ways that minimize risks of sexual exploitation and abuse and help to connect survivors of this and other forms of GBV to appropriate care.
- The involvement of humanitarian workers is a grave violation of our responsibility to do no harm and contradicts the principles upon which humanitarian action is based.
- There need to be clear, accessible and appropriate policies, standards and safeguards in place to address and respond to SEA and sexual harassment (SH). In addition, each organization is also responsible for ensuring all policies and standards are communicated to all their staff as well as partners, vendors, consultants and volunteers. Regular trainings are important to ensure that everyone understands their obligations to uphold a zero-tolerance approach to SEA and SH.

STANDARD

10 Justice and Legal Aid

Legal and justice sectors support GBV survivors to access safe and survivor-centred legal services that protect their rights and promote their access to justice.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO[38]

You are working in a village where impunity for perpetrators of GBV is common. GBV survivors do not seek justice or legal aid services due to stigma and fear of retaliation and because the village lacks a functioning police force or formal justice mechanism.

You are well-known in the community for GBV work, especially your initiatives to support survivors in accessing services and campaigns addressing the attitudes, beliefs and norms that are the root causes of GBV.

You are approached by a survivor who says that she trusts you and, because there is no functioning police presence and perpetrators are rarely arrested or detained, she requests that you assist her in resolving her husband's intimate partner violence against her through mediation.

QUESTIONS

1. **Which Key Actions could inform your decision on next steps?**
2. **How can you support the survivor in her pursuit of justice while also protecting her rights and ensuring that access to justice is consistent with international norms and standards?**

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[37] Adapted from UNFPA, *Facilitator's Guide: Understanding the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies* (2017), p. 24.

Facilitator Notes

Responses:

1. Which Key Actions could inform your decision on next steps?

- Listen to and address women's and girls' concerns related to justice, including physical access, financial access and other factors linked to social norms and gender dynamics.
- Advocate for a survivor-centred approach to justice that prioritizes the rights, needs, dignity and choices of the survivor, including the survivor's choice whether to access legal and/or justice services.
- Engage with women and girls and women's rights experts to assess the capacity of the formal and informal justice sectors to respond to incidents of GBV safely and ethically.
- Promote the availability of local legal aid organizations, staffed by personnel trained on the GBV Guiding Principles, to support survivors and promote their rights.
- Integrate legal aid services and appropriately trained justice actors into the general GBV referral system. Make information on rights, remedies and support available to the affected population.
- Raise awareness in communities on existing laws and policies that uphold women's and girls' rights and protections from GBV and ensure survivors' access to care.
- Partner with local women's groups to positively engage community leaders who enforce customary or informal legal systems that do not respect women's rights.
- Support the development of GBV Standard Operating Procedures and referral mechanisms to respond to GBV cases using a survivor-centred approach and include police, legal aid and other justice actors in the development and implementation of the procedures in line with IASC guidance (see Standard 15: GBV Coordination).

2. How can you support the survivor in her pursuit of justice while also protecting her rights and ensuring that access to justice is consistent with international norms and standards?

Refer to Guidance Note 3: Informal Justice and Alternative Dispute Mechanisms *in Standard 10: Justice and Legal Aid.*

Strategies for working with informal justice mechanisms to minimize risks to women and girls include:

- Working with women's rights or women's legal organizations to develop and strengthen informal justice mechanisms that respond to the needs of survivors;
- Engaging constructively with traditional leaders who are often "custodians of culture" and have the authority to positively influence a change in customs and traditions to reinforce women's rights;
- Taking measures to enhance women's participation and leadership in community or informal justice mechanisms;
- Strengthening the relationship or building positive links between formal and informal justice mechanisms; and
- Including an outlet for judicial review for women or others who feel that traditional justice mechanisms have discriminated against them.

Key Takeaways:

- GBV actors' role is to ensure that the justice process follows a survivor-centred approach within formal and informal justice systems.
- GBV-specialized actors should be aware of the risks to GBV survivors that are inherent to informal justice mechanisms. They should clearly communicate those risks to survivors while being non-judgmental and honouring survivors' wishes for a justice outcome.
- Informal justice mechanisms may pose safety risks to women and girls and allow gaps in accountability among male perpetrators. Specifically, mediation violates the survivor-centred approach and breaches the GBV Guiding Principles. In situations of intimate partner violence or other forms of so-called "private" violence, for example, both the perpetrator and the survivor may be perceived as equally at fault and both may be called upon to moderate their behaviour to resolve the issue. The survivor may also face increased violence at home following her participation in mediation.
- **Caseworkers should never mediate between a survivor and a perpetrator, even if a survivor requests this type of intervention.** This poses a great risk to the survivor, caseworkers and the organization. Organizations should have clear guidelines on how to respond to requests for mediation in a survivor-centred manner (see Standard 6: GBV Case Management).

EXERCISE

2 Defining "Justice"

Materials: Flipchart paper and markers.

Time: 50 minutes.

Instructions:

- Divide the participants into groups of 3-4 people. Ask each group to record their answers in a way that could be shared with the larger group at the end of the exercise.
- Ask each group to consider and respond to the following questions:
  - What is their definition of "justice" in general?
  - What are the different ways that GBV survivors may receive "justice" in the local context?
- After 15 minutes of small group discussion, return to plenary and have groups present their definitions of "justice"; highlight common themes among the groups' definitions.
- Compile a list of all of the options for "justice" that the groups shared as being possible in the context.
- Complete the exercise by discussing possible action steps to improve survivors' access to justice in the community.

Facilitator Notes

Responses:

1. Defining "justice":

- Justice is a fundamental philosophical, legal and moral principle. Justice is an ideal often considered fundamental for social life and civilization. Although justice is a principle of universal application, what is considered to be just varies widely across cultures.
- Access to justice for GBV survivors is part of the multisectoral response to GBV and is also a crucial aspect of GBV prevention; the justice sector has a powerful role to play in ending violence against women and girls.
- Access to justice is fundamental to the protection of women's rights and makes possible the realization of all other rights for women and girls, including the right to live free from violence, discrimination and inequality.

2. What are possible avenues to "justice" in the local context?

- In many displacement situations, particularly in camp settings, refugee life is governed by a complex justice system comprising multiple sources of law. This could include laws applicable in the country of asylum and in the country of origin. There may also be a variety of mechanisms, both formal and informal, to enforce laws and rules.
- General access to justice activities for GBV survivors may include: Formal justice mechanisms, informal justice mechanisms (e.g. mediation, arbitration, compensation, etc.).

Key Takeaways:

- In many contexts, justice systems do not serve survivors' needs and may perpetuate further harm.
- GBV programme actors can work with partners to coordinate, advocate and facilitate GBV survivors' access to justice and legal aid services.
- It is critical to invest in preparedness efforts to strengthen women's and girls' access to justice as part of broader women's rights efforts, as systems often fail to protect women and girls from violence, discrimination and inequality.

EXERCISE

3 Barriers to Legal Assistance for GBV Survivors

Materials: Flipchart, markers.

Time: 30 minutes.

Instructions:

- Divide the participants into groups of 3-4 people.
- Ask each group to make two columns on flipchart paper and label as follows:
  - Column 1: List barriers to justice and legal aid for GBV survivors ("Barriers to Legal Aid Access")
  - Column 2: List ways to overcome those barriers ("How to Overcome Barriers").
- Advise participants to consider the barriers and strategies in their specific context and based on programming experience.
- Allow 15-20 minutes for the groups to complete the two columns.
- Back in plenary and based on groups' sharing, compile a list of the main barriers to accessing legal aid in the setting and strategies for addressing those barriers.
- If desired and relevant, discuss possible options for improving the justice and legal aid response in the setting. Encourage participants to consider immediate action steps to improve GBV survivors' access to legal aid in the setting.

Facilitator Notes

Responses:

- In humanitarian contexts, barriers to effective legal protection for women and girls are even greater, including limits on access to justice and legal support due to displaced women's and girls' lack of legal status, overstretched and under-resourced host legal systems, lack of interpreters for displaced populations, lack of accessible legal advice and poor legal infrastructure.
- Legal aid for GBV survivors is typically underfunded, understaffed and of poor quality. Often the issue is systemic, with no GBV protocols in place and weak, non-existent or unimplemented and ignored legislation.

In general, the main barriers to accessing justice and legal aid include:

- Physical Barriers
  - Lack of locally available police or courts or legal aid services;
  - Lack of trained female police;
  - Lack of confidential space in police stations;
  - Decreased access due to disability;
  - High cost of legal representation.

- Social and Cultural Barriers
  - Fear of retribution by the perpetrator and/or his family;
  - Fear of being ostracized by one's own family;
  - Community and legal services' stigma and cultural beliefs around violence against women;
  - Fear of being blamed for the attack;
  - Survivor shaming.

- Structural Barriers
  - Economic and social dependence on husbands or other male family members;
  - Concerns about legal status in a foreign country;
  - The legal system in country does not recognise certain forms of GBV, e.g. rape while married, domestic violence, etc.;
  - Stigmatization (from police, court, legal aid providers, etc.);
  - Lack of trust in the legal system;
  - Low awareness of laws and rights;
  - Corruption;
  - Delays in gathering evidence by police or health providers or poor documentation and storage of evidence;
  - Discriminatory laws;
  - Impunity for perpetrators;
  - Lack of sensitivity or active bias from justice actors.

Key Takeaways:

- GBV programmes should listen to and address women's and girls' concerns related to justice, including physical access, financial access and other factors linked to social norms and gender inequality.
- An assessment should identify the barriers that prevent survivors making choices (e.g. mandatory reporting in health clinics) in the context of access to justice and should include questions related to different types of violence (e.g. intimate partner violence, sexual assault, trafficking, female genital mutilation/cutting).
- GBV actors should promote the availability of local legal aid organizations, staffed by personnel trained on the GBV Guiding Principles, to support survivors and promote their rights.

EXERCISE
4 Legal Assistance and Do No Harm

Preparation: Put the scenario text on a PowerPoint slide.

Materials: Flipchart.

Time: 30 minutes.

Instructions:

- Share the following scenario on a PowerPoint or flipchart:

After years of occupation during a civil war, a city is finally liberated and NGOs reopen offices and start offering protection services again, including in GBV and legal assistance. As GBV case workers, you are supporting survivors who are willing to file legal claims against their perpetrators. With informed consent from a survivor, you approach an NGO specialising in legal assistance. Despite existing laws and open courts, the NGO's lawyers warn against offering legal assistance in cases of GBV, explaining that the survivor is at risk of being killed and that this also puts the lawyers' safety at risk.

- Facilitate discussion of the following questions:
  - If the survivor insists on filing a legal case, how could you balance the survivor-centred approach with the concept of Do No Harm? Which should be prioritized in this case?
- After some discussion, offer the next question:
  - Other NGOs who offer legal assistance tell you that they are willing to offer legal assistance to GBV cases and assure you that there is no problem. What do you do?

Facilitator Notes

Responses:

1. **If the survivor insists on filing a legal case, how could you balance the survivor-centred approach with the concept of Do No Harm? Which should be prioritized in this case?**

- The safety and security of the survivor, her children and other family members and those assisting her, must be the number one priority for all actors. In this scenario, the NGO staff should not support a case that could put survivors and their lives at risk.
- "Safety" is a core GBV Guiding Principle that underpins the survivor-centred approach.
- The concept of "do no harm" means that humanitarian organizations must strive to minimize the harm they may inadvertently be doing by being present and providing assistance. Such unintended negative consequences may be wide-ranging and complex. Humanitarian actors can reinforce the "do no harm" principle by following the GBV Guiding Principles.
- In this case, Do No Harm considerations are consistent with the survivor-centred approach because of the risks to both the survivor and the NGO staff.
- By implementing programmes according to the GBV Guiding Principles, GBV programme actors can minimize harm to women and girls (see Standard 1: GBV Guiding Principles).

2. **Other NGOs who offer legal assistance tell you that they are willing to offer legal assistance to GBV cases and assure you that there is no problem. What do you do?**

- As outlined above, the safety and security of the survivor, her children and other family members and those assisting her, must be the first priority for all actors.
- GBV actors should conduct regular assessments, safety audits and listening sessions with women and girls, considering age and diversity, to identify: (1) barriers to accessing legal assistance for GBV cases; (2) safety and security risks faced by survivors, NGO workers, their families and GBV service providers when filing legal claims against perpetrator; and (3) whether these NGOs adhere to GBV Guiding Principles when working with survivors. (See Standard 9: Safety and Risk Mitigation).
- The findings from these risk mitigation measures – rooted in a survivor-centred approach – should take precedence over any assurance provided by other NGOs.

Key Takeaways:

- Women and girls who disclose an incident of GBV or a history of abuse are often at high risk of further violence and reprisal from the perpetrator(s), people protecting the perpetrators, or members of their own families or community due to patriarchal notions of honour and other factors. Intimate partner violence and conflict-related/politically motivated sexual violence may present particularly complex safety risks for the survivor and those around her.
- Risk analyses are critical to ensuring that programming activities uphold the overarching humanitarian principle of "do no harm".

STANDARD

11 Dignity Kits, Cash and Voucher Assistance

Women and girls receive dignity kits, and/ or cash and voucher assistance to reduce GBV risk, and promote safety and dignity.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

Your organization is planning to distribute small cash disbursements to all households with children to meet women's and children's hygiene needs following an earthquake. Your organization has also received funding to field test a mobile cash transfer system in the region and the senior management team would like to run this pilot project in your location. In preparation for this, you validate the list of affected families that was prepared by the local authorities. You had prioritized women beneficiaries in this list; however, you have received feedback from Focus Group Discussions (FGD) that (1) many women are concerned that they will not be able to control the money received; and (2) a mobile-phone cash transfer system is inaccessible to some of the proposed beneficiaries.

QUESTIONS

1. **What are some of the relevant Key Actions you can rely on from Standard 11 in relation to Cash & Voucher Assistance (CVA)?**
2. **What mitigation strategies would you implement to improve protection outcomes for women beneficiaries?**

Facilitator Notes

Responses:

Relevant Key Actions:

- Assess the feasibility of safe CVA with women and girls, including a GBV risk and benefit analysis, and facilitate identification of GBV risks and potential mitigation strategies.
- Establish robust feedback mechanisms and support the monitoring of any risks posed by cash distribution and/or unintended harmful consequences, such as an increase in intimate partner violence, or the inability to use and control the distributed cash. Monitoring of sensitive questions should only be conducted by GBV specialists (see Standard 9: Safety and Risk Mitigation).
- Advocate for CVA that minimizes GBV risk and collaborate with cash actors, where relevant, to ensure GBV mainstreaming within CVA.
- Consider partnerships with cash actors or directly integrate CVA within GBV case management services to meet clients' protection needs as safe and appropriate.
- Develop Standard Operating Procedures, including an information-sharing protocol, between GBV and cash/sector actors if working together on CVA within GBV case management (see Guidance Note 3).
- Coordinate with appointed cash focal point(s) to adjust CVA approaches as needed (e.g. the delivery mechanism or the amount, duration or frequency of the transfer), to maximize protection benefits and minimize protection risks.

Mitigation Strategies:

- Consult with communities (women and men of different ages and in all their diversity) about targeting criteria.
- Meaningful communications with affected communities are necessary to test assumptions and ensure context-specific assessments, including of beneficiary preferences and GBV risks. For example, a mobile-phone-based cash transfer is inaccessible to and may exacerbate risk (e.g. shopkeepers and others who offer support but steal from the beneficiary) for women and girls who do not have mobile phones or do not know how to operate a mobile phone and/or read the screen (particularly elderly women and/or women and girls who have had less access to education).
- Conduct a GBV Risk Analysis for CVA, taking into account GBV-specific risks and mitigation mechanisms for different individuals and groups at risk.
- Include data protection protocols in agreements with service providers.
- Identify any additional safeguards that need to be put in place for safe access or identify alternative delivery mechanisms for the most marginalized of the target group if necessary.
- Consider potential additional barriers and discrimination based on age, gender, disability and other diverse characteristics to ensure safe access to CVA for all intended beneficiaries. Determine the transfer value, frequency and duration of CVA to ensure safe transfers to a diverse group of beneficiaries, including women, men, girls and boys with disabilities and/or non-conforming gender identities.

Key Takeaways:

- The ways in which cash and voucher assistance can facilitate access and reduce risks is contextual and a participatory assessment is critical before implementation. It is critical to engage with women and girls of different ages, women and girls with disabilities and women and girls with other diverse characteristics in early and regular consultations to feed into intervention design and adaptations.
- Routine monitoring is vital to identify and address issues that arise or were missed in the initial assessment. Create and make available multiple passive and active feedback mechanisms (e.g. follow-up with 10% of beneficiaries; establish a complaints line; send SMS messages) so that users, particularly women and girls, have opportunities to provide feedback on what is or is not working.
- Risk analysis and feedback loops are clear, necessary steps towards utilizing CVA. Because CVA can potentially create and increase existing risks, it is important to assess potential risks, benefits, mitigation strategies and the feasibility of different assistance approaches based on the context. Information on how to best use the resources distributed should accompany CVA.

EXERCISE

2 Dignity Kits and CVA Interventions in Emergencies

Materials: Scenario handout, flipchart paper and marker pens.

Time: 45 minutes.

Instructions:

- Divide participants into 3 groups.
- Distribute handouts with scenario and questions (ask a volunteer to read the scenario out loud).
- Ask participants to discuss the scenario in their small group and to come up with creative ways to address the questions in the handout.
- Allow 20 minutes for group discussions and invite participants to report back during plenary. Each group should take turns to present their points – encourage participants to reflect on linkages with other Minimum Standards when presenting their points.

Exercise 2 Handout

Scenario

There is an unprecedented influx of refugees from into Country Kaos. The influx has put a strain on existing infrastructure and services. NGOs working on the response have limited resources to adequately meet the needs of both refugees and host communities. Your organization has recently received limited funding to provide dignity kits and implement CVA interventions in the local community – the funding proposal was submitted and approved before the influx. In one of your pilot locations, the number of refugees has outnumbered the number of local residents. Your donor asks you to consider changing your target group and to provide only CVA to refugee women and girls as they've fled their country with hardly anything but the clothes on their backs. Two months ago, you had conducted Focus Group Discussions, including a participatory GBV Risk Analysis, with local women and girls, seeking their input on the design and delivery of the dignity kit and CVA interventions. You are afraid that your organization might face a backlash from local residents if you change your target group.

Questions:

- With limited resources and funding, what factors would you prioritize when determining your target group?
- What are the benefits and risks of providing only one type of support/intervention instead of a combination of both CVA and dignity kits in this context?
- List potential stakeholders you could work with and the steps you could take to improve protection outcomes for your beneficiaries.

Facilitator Notes

Responses:

- Possible factors to prioritize: immediate/acute needs; underserved/marginalized communities; geographical location; risks faced by different target groups (adolescent girls, older women, pregnant women, women and girls with disabilities; LGBTQI); availability, accessibility, acceptability and quality of existing services for local residents vs. refugees; 'do no harm'.
- Benefits/risks of one type of intervention vs. a combination of both:
  - It is important to speak to and consult with diverse women and girls to understand what they want and need – an intervention/combination of interventions should be guided by women and girls.
  - Dignity kits with contextually appropriate content could enhance their safety, facilitate basic hygiene, enable access to humanitarian services and promote their mobility and presence in public spaces.
  - The direct provision of cash to be spent in local markets can shift demand for goods and services towards the needs of recipients.
  - If only cash, there's a possibility of negative implications on menstrual hygiene management as women and girls may feel the money should be spent on their family or on other needs. This concern should be balanced with women's agency and choice to spend money as they see fit for their family.
  - GBV and SEA risks must be assessed and mitigated.
- Potential stakeholders: Engage local women's organizations, women's networks, women and girl leaders to communicate with beneficiaries in a safe and efficient manner; be proactive and inclusive when conducting consultations/engagement with different groups.
- Coordinate with other sectors and local/national authorities to determine what other support is being provided to host/refugee communities, which can affect social cohesion/ social tensions; similarly, consider linkages to national and/or longer-term programming to have a concrete exit strategy for CVA and kit distribution.

Key Takeaways:

- Coordination between cash and GBV programme actors is essential for prioritizing clients and developing systems and procedures that effectively meet the specific needs of diverse populations, including women and girls at increased risk of GBV, while preserving confidentiality and safety. Cash works best when it complements rather than replaces other types of assistance.
- CVA should be viewed as one modality of GBV response services and wider prevention and empowerment efforts. GBV programme actors in humanitarian settings must establish clear internal or inter-agency protocols to outline the roles and responsibilities of cash and GBV programme actors to ensure the availability of quality services and timely, confidential and accessible care for survivors.
- When identifying target groups to receive dignity kits, GBV and other humanitarian actors should consider the following criteria:
  - Immediate/acute needs, paying particular attention to underserved communities and women and adolescent girls at increased risk of GBV due to barriers to participation and access.
  - Adolescent girls face high risks of sexual exploitation and abuse when they are unable to meet their basic needs.
  - Entry points to provide sexual and reproductive health and GBV information, referrals and services.
  - Geographical location: identify a specific area, taking into account the number of affected people and presence of partners to help with distribution.
  - Coordination with partner agencies and national authorities (as feasible) on the content and distribution of dignity kits.
  - Specific individual criteria such as age, reproductive health status or other criteria as needed in the local context.

EXERCISE

3 Dignity Kit Procurement & Distribution

Preparation: Print exercise handout.

Materials: Scenario handouts, flipchart paper and marker pens.

Time: 45 minutes.

Instructions:

- Divide the participants into 3 groups.
- Distribute the scenario handouts to participants.
- Ask participants to discuss responses to the 3 questions in the handout in their groups and come up with options for responding to the scenario.
- After 15 minutes, return to plenary and ask each group to present their suggestions.

Exercise 3 Handout

Scenario

Your organization provides mobile GBV response services to internally displaced women and girls in and around three villages in PW State in Parado. Humanitarian access to PW State is an ongoing challenge, with the government introducing arbitrary restrictions at short notice, which has an impact on your programming on the ground and on the delivery of mobile services. The monsoon season is fast approaching and you want to pre-position dignity kits and distribute them to women and girls. It is difficult to organise FGDs with women and girls because access is a major issue and the government doesn't allow for any gatherings of more than 5 individuals at a time. Distribution of aid is also difficult – in the past, the army confiscated supplies from humanitarian envoys. The women and girls need the dignity kits before the monsoon hits the IDP villages.

Questions

1. How would you decide the content of the dignity kits? How would you consult women and girls without risking their/your safety?
2. How would you ensure safe distribution?
3. With whom would you coordinate?

Facilitator Notes

Responses:

- Although it is difficult to consult with the women and girls in the 3 villages directly, it may be possible to consult with other women and girls in and around the community to inform dignity kit content selection, including identifying the menstrual hygiene management practices women and girls prefer.
- Consider ways to consult with women in informal settings and outside of FGDs or a more organized process after assessing the risks in doing so (see Standard 16: Assessment, Monitoring and Evaluation).
- Engage with local women and/or women's organizations or networks to determine dignity kit content, assemble the dignity kits and support distribution.
- Coordinate with other humanitarian actors and sectors who may have greater access to the area and to ensure that dignity kits are responsive to the needs of women and girls.

Key Takeaways:

- Dignity kits are an intervention to mitigate risk for women and girls: Use dignity kit distributions to provide women and girls with information on GBV services and link survivors with response services and safe space activities if these services are available and of adequate quality.
- Assess the context and security risks to determine the best channels for dignity kit distribution.
- Dignity kit interventions should adhere to the following standards:
  - Responsive to the specific needs of women and girls in the affected community;
  - Procured and assembled locally, if possible, as this can be an opportunity to provide paid work for women in the affected community;
  - Content selected in consultation with women and girls;
  - Customized to meet the hygiene needs of affected populations, i.e., including culturally appropriate and context-specific items; and
  - Distribution coordinated with other humanitarian organizations.
- Ensure all the people distributing the dignity kits have signed a code of conduct, are aware of the risk of sexual exploitation and abuse and are knowledgeable and competent in handling disclosures of GBV, including sexual exploitation and abuse.
- Conduct post-distribution monitoring as part of an accountability process to assess women and girls' satisfaction with the kits and the distribution process and gather ways to improve your and other organizations' future distributions (see Standard 16: Assessment, Monitoring and Evaluation).
- Develop an exit strategy for dignity kit distribution by exploring options for income-generation (see Standard 12: Economic Empowerment and Livelihoods).

EXERCISE

4 Walk in Their Shoes

Preparation: Print copies of scenario handouts and character cards.

Materials: Scenario handouts, character cards, flipchart paper and marker pens.

Time: 1 hour.

Instructions:

- Divide participants into 3 groups and distribute the scenario handouts.
- Allow 5 minutes for participants to review and discuss the scenario in their groups.
- Distribute one (1) character card per group. See handout for character cards.
- Explain to participants that each of the character cards describes a specific individual who visits the women's centre. In their small groups, ask participants to reflect on: 1) potential barriers/challenges to accessing services in Biralo based on their respective character profiles; 2) potential interventions/actions to increase whether and how the CVA component could better meet the needs of three characters; and (3) whether the CVA component is a viable option in light of the contextual challenges.
- Allow 30 minutes for participants to write their responses on flipchart papers.
- Ask participants to present and share their thoughts during plenary. Invite participants to share examples from their own experiences.

Exercise 4 Handout

Scenario

Your organization provides mobile GBV case management services out of a women's centre in Biralo, a peri-urban area 15 kilometres from the border. Your case management team visits the centre in Biralo 3 times a week. The GBV response services include cash and voucher assistance (CVA) to women and girls from both the local and refugee communities. Due to the volatile security situation along the border, your mobile team faced ongoing challenges related to access restrictions.

Services, including health, livelihoods, cash and GBV, are limited in Biralo. Your CVA component is currently limited to: (1) voucher assistance to purchase provisions from select stores (authorized by local government) in the town centre and (2) cash transfers through prepaid ATM cards. Women and girls are often harassed in public spaces and feel unsafe going out on their own to access critical services. Recently, there have been reports on kidnapping and trafficking of children along the border area.

Exercise 4 Character Cards

Group 1: Ankhi is a 50-year-old widow living on her own in a one-bedroom house in a village in the outskirts of Biralo. Every Monday, she travels to Biralo town centre from her village by bus; the journey takes her anywhere between 30 minutes to 2 hours depending on the checkpoints. Ankhi visits the women's centre on Mondays and takes the first bus out of her village to ensure she doesn't miss her session with the GBV case worker. Ankhi is worried about running out of her savings and her late husband's meagre pension is not sufficient to meet her monthly expenses. She has been helping support her son, Adil, and his family. Adil lost his job due to the ongoing security situation. Ankhi is afraid to let Adil know that she won't be able to continue supporting him because he has a history of being violent towards Ankhi and his wife.

Group 2: Sheena is a 38 year old refugee woman who is a single parent to three children, aged 4, 8 and 10. Her husband left Sheena and their children shortly after moving the family to Biralo. Sheena has no idea of his whereabouts. The stigma of being a single mother in a female-headed household further increases Sheena's sense of alienation from her community. Her only solace is attending sessions and speaking to the GBV case worker at the women's centre in Biralo. As money is very tight, Sheena and her three children have to walk for up to an hour from their makeshift settlement to reach the women's centre in Biralo. Sheena feels extremely unsafe during these journeys because of verbal harassment by men from the local community. She is also worried about her children's safety but she has no other choice but to bring them with her to the women's centre.

Group 3: Romi is a 16 year old refugee girl living in Biralo. Romi is the eldest of 6 children. Her father, Memon, works as a daily wage labourer on construction sites around Biralo and her mother, Bulbul, is a seamstress. Romi wants to continue her studies but is afraid her parents might force her to marry a distant relative to ease the financial burden on her family. Memon wants to educate his sons and get his daughters married. Bulbul thinks Romi is too ambitious and fears her daughter's dreams of higher education will make it harder for her to find a husband. Romi wants to convince her parents to let her study and at the same time ease her family's financial woes. She attends sessions at the women's centre and has met many other adolescent girls who are facing similar dilemmas.

Facilitator Notes

Responses:

- Highlight the importance of understanding intersecting spectrums of exclusion, oppression and identity together with social, economic and political factors when unpacking barriers and challenges faced by diverse groups of women and girls.
- Highlight that the ways in which cash and voucher assistance can facilitate access and reduce risks is contextual and a participatory assessment is critical before implementation.
- Notice if participants focus on "high-tech" or creative approaches to provide CVA rather than considering whether a CVA intervention is appropriate in light of the contextual challenges.
- GBV case management should assess any financial needs that a survivor might have (e.g. that may hinder service access) and refer the client for cash assistance. Coordination between cash and GBV programme actors is essential to prioritizing clients and developing systems and procedures that effectively meet the specific needs of diverse populations, including women and girls at increased risk of GBV, while preserving confidentiality and safety.
- As part of a broader prevention programme, targeted cash transfers to families where poor children are at risk of commercial sexual exploitation, or where families may seek to place girls in child marriages, may keep girls in school.
- In the context of response, cash may be utilized as part of survivor care and assistance, and integrated in case management and livelihoods support (see Standard 12: Economic Empowerment and Livelihoods). For example, CVA can be given to purchase items, support rent or medical bills, or facilitate access to services (e.g. transportation costs).
- Since CVA can potentially create and increase existing risks, it is important to assess potential risks, benefits, mitigation strategies and the feasibility of different assistance approaches based on the context. Information on how to best use the resources distributed should accompany CVA.
- As part of the project set-up, GBV case management and cash actor protocols should be based in local infrastructures and systems, which determine the constraints or flexibility of cash transfers. This preparatory step ensures that clients receive referrals to services that are accessible, timely and do not cause further harm.

Key Takeaways:

- The ways in which cash and voucher assistance can facilitate access and reduce risks is contextual and a participatory assessment is critical before implementation. This means engaging women and girls of different ages, women and girls with disabilities, and women and girls with other diverse characteristics in early and regular consultations to feed into intervention design and adaptations.
- Assess the feasibility of safe CVA with women and girls, including a GBV risk and benefit analysis, and facilitate identification of GBV risks and potential mitigation strategies. A strong gender analysis and programme design based on "do no harm" are generally the best ways to prevent increased risks to women and girls; these are more important than the type of modality.

- Ensure risk analysis and feedback loops are clear. As CVA can potentially increase existing risks and create new ones, it is important to assess potential risks, benefits, mitigation strategies and the feasibility of different assistance approaches based on the context. Information on how to best use the resources distributed should accompany CVA.
- Support the monitoring of any risks posed by cash distribution and/or unintended harmful consequences, such as an increase in intimate partner violence, or the inability to use and control cash distributed (see Standard 9: Safety and Risk Mitigation).
- Advocate for CVA that minimizes GBV risk and collaborate with cash actors, where relevant, to ensure GBV mainstreaming within CVA.
- Develop partnerships with cash actors to integrate CVA within GBV case management services to meet clients' protection needs as safe and appropriate.
- Coordinate with appointed cash focal point(s) to adjust CVA approaches as needed (e.g. the delivery mechanism or the amount, duration or frequency of the transfer), to maximize protection benefits and minimize protection risks.

STANDARD

12 Economic Empowerment and Livelihoods

Women and adolescent girls access economic support as part of a multisectoral response.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

In camps for displaced people in the north region of Country Vesuvus, a local NGO is partnering with your organization – a UN agency – in a livelihoods programme that provides training to displaced women in the region. Women are trained on embroidery, which is a typical kind of work women are expected to do from inside the home.

The programme originally only targeted displaced women. However, as a result of the women's civic participation, they experienced a backlash in the form of verbal abuse from men in the displaced community as well as tension with the host community.

To address these issues, the NGO partner decided to change the programme to target GBV survivors from both the host community and displaced community. When these changes were introduced, the women stopped attending the training. You set up a meeting with the NGO to improve the programme.

QUESTIONS

1. **What Key Actions from Standard 12 could you rely on to improve the programme?**
2. **How can the programme be altered to adhere to the GBV Guiding Principles?**

Facilitator Notes

Responses:

1. What Key Actions from Standard 12 could you rely on to improve the programme?

- Conduct a gender analysis to identify: (1) potential harm/risks that may arise from the participation of women and older adolescent girls (ages 15 to 19) in economic activities, as well as measures to mitigate those risks; (2) potential barriers women and adolescent girls might face in accessing and participating in economic recovery and/or livelihoods interventions; and (3) household power dynamics around asset management, financial decision-making and control and use of income.
- Map livelihood and reintegration support programmes that target women and older adolescent girls and include relevant livelihood services/initiatives in GBV standard operating procedures and referral systems.
- Support gender- and risk-sensitive livelihood needs assessments and market analyses.
- Support livelihood programmes to incorporate relevant GBV prevention and risk mitigation strategies into policies, standards and guidelines.
- Promote women and older adolescent girls within the affected population as staff and leaders in livelihood programming.

2. How can the programme be altered to adhere to the GBV Guiding Principles?

- Safety: Importance of risk analyses and engaging directly with women and girls, to ensure, among other things, that programming activities uphold the overarching humanitarian principle of "do no harm".
- Confidentiality: GBV survivors should not be the sole participants of a specific livelihood intervention/any programme – this can increase stigma and compromise confidentiality, safety and security. One approach is to work with communities to identify the women and adolescent girls who are most at risk of violence.
- Respect: Respect for the choices, rights and dignity of women and girls in all their diversity. They should be primary actors in all aspects of service delivery and no decisions (i.e. content and type of trainings) should be made without consulting them (Standard 2: Women's and Girls' Participation & Empowerment).
- Non-discrimination: Interventions need to be informed by an intersectional analysis: who is being left out? Are the trainings accessible to all regardless of age, disability, race, skin colour, religion, nationality, ethnicity, sexual orientation, gender identity, HIV status, social class, political affiliation or any other characteristic?

Key Takeaways:

- Introducing livelihood programmes in humanitarian contexts without taking gender and cultural norms into account can create a backlash and heighten the risk of violence against women and girls. Engaging the community, including male household members, to support women's participation in livelihoods programming is an important step to mitigate risk.
- Women and adolescent girls should not be excluded from economic activities because of potential risks, but rather engaged directly in designing programmes that address and mitigate these risks. It is important to apply a "do no harm" approach to reduce the possibility that livelihood programmes further exacerbate protection risks for women and adolescent girls, or isolate or further stigmatize GBV survivors.
- Livelihood programming for women and older adolescent girls should not:
  - Reinforce women's traditional roles;
  - Add burdens by increasing workloads;
  - Fuel conflict and violence within the household or community by changing gender norms and/or shifting the balance of control over assets between men and women;
  - Heighten women's and girls' risk of experiencing violence.

EXERCISE

2 Economic Empowerment & Women's Safety

Preparation: Write 'Factors' on one flipchart paper and 'Actions & Considerations' on another. Paste both flipchart papers on the wall, next to each other.

Materials: PowerPoint slides with scenario information, flipchart paper, post-its, marker pens, and at least 4 cut-outs (each) of the following signage "Agree", "Disagree", and "Maybe".

Time: 1 hour.

Instructions:

1. Divide participants into groups of 4. Distribute post-its and marker pens. Each group will also receive a set of three signs: Agree, Disagree and Maybe.
2. Present the following scenario via a PowerPoint to the participants or through the Exercise 2 Handout
3. Ask a volunteer to assist you with time-keeping. Ask participants to listen carefully to the 5 statements you will be reading out. After each statement, participants will have 90 seconds to discuss in their groups and when the time is up, the time-keeper will say: And your answer…! Each group will need to put up one of the three signs: "Agree", "Disagree", "Maybe" as their answer to each of the statement.
4. After each statement is read out and groups have answered, keep a tab on the group's answers. After all five statements have been shared, lead a 10-minute discussion on the groups' responses and invite participants to share their thoughts and observations. Ask participants to highlight any challenges to arrive at a consensus in their respective groups.
5. Wrap up the discussion and ask participants to spend 5 minutes writing down their responses to the following questions on post-its. After they are done, invite them to stick their post-its on the relevant flipchart and to spend time reading responses from others:

Statements:

a. *Economic empowerment programmes targeting women and adolescent girls should not be implemented because they are not worth the risk of increased violence.*
b. *Engaging conservative male household members and religious leaders to support GBV survivors' participation in livelihoods programming could mitigate risk.*
c. *Participants in economic empowerment programmes should be trained to conceal their participation to avert possible harm and backlash from families and communities.*
d. *Economic empowerment programmes add to women's time burden so should not be a priority intervention for them.*
e. *Information about economic empowerment programmes targeting women and adolescent girls should be widely disseminated in the community.*

Questions:

- *What factors may have increased Marie's risk of IPV?*
- *What actions and considerations could have made the training safer for Marie's participation?*

Exercise 2 Handout

Scenario

Marie, age 33, is a refugee in a camp where women and girls do not have access to essential services. An organization provides income-generation trainings for women and adolescent girls at a women's centre. Marie decided to join a three-month vocational training at the women's centre to learn to bake to help support her family's basic needs. Knowing that her husband will disapprove of her involvement in the training, Marie decides not to share it with him. In the past, whenever Marie has broached the topic of earning an income with her husband, he turns violent. To avoid being caught by her husband, she makes sure she returns home in time to prepare the family's meal. On the days her husband is at home, she does not go to the women's centre.

During the third week of the training, Marie's husband returned home early, while she was still at the women's centre. When he learned where she was, Marie's husband went to the women's centre, threatened the staff and began to beat Marie in public. The staff were confused about what had happened; other camp members blamed Marie for her actions. Marie stopped attending the training and she felt ashamed in the community.

Facilitator Notes

Responses:

Statements (a) and (d):

- Introducing livelihood programmes in humanitarian contexts without taking gender and cultural norms into account can create a backlash and heighten the risk of violence against women and girls.
- Yet, women and adolescent girls should not be excluded from economic activities because of potential risks, but rather engaged directly in designing programmes that address and mitigate these risks.
- Livelihood programmes must consider the barriers that women and older adolescent girls often face due to unpaid work in their households and communities, which result in time poverty and no time or space for self-care.
- At a minimum, programmes should be adapted to accommodate women's schedules and responsibilities by consulting them on the best timing, duration and location for services; offering transportation or stipends when appropriate; and providing adequate childcare either on site or near service locations. For a more transformative approach, programmes should engage key stakeholders, including community leaders and policymakers, private sector employers and male household members, in discussions around unpaid work and harmful gender norms, towards encouraging more equitable policies and behaviours.
- Highlight the following Key Action:
    - Conduct a gender analysis to identify: (1) potential harm/risks that may arise from the participation of women and older adolescent girls (ages 15 to 19, as appropriate) in economic activities, as well as measures to mitigate those risks; (2) potential barriers women and adolescent girls might face in accessing and participating in economic recovery and/or livelihoods interventions; and (3) household power dynamics around asset management, financial decision-making and control and use of income.

Statement (b):

- The statement explicitly mentions GBV survivors. Important to highlight that any communications/outreach related to livelihood interventions should not further isolate or stigmatize GBV survivors. GBV survivors should not be the sole participants of a specific livelihood programme, as this can increase stigma and compromise confidentiality, safety and security.
- Introducing livelihood programmes in humanitarian contexts without taking gender and cultural norms into account can create a backlash and heighten the risk of violence against women and girls. Therefore, engaging "gatekeepers" (e.g. community and religious leaders or others who may inhibit or enable women's and girls' access) is crucial for facilitating the participation of women and girls in economic empowerment and/or livelihood programmes.

Statements (c) and (e):

- Safety, security and community acceptance of the project are critical, as they promote women's safety and community ownership.
- Refer to Marie's scenario and highlight that the staff were surprised/confused about what had happened. This could potentially mean at least two things: (1) Information related to the vocational training may not have been shared with the community; and (2) GBV risk assessment may not have been carried out.
- This omission, in the long-term, has the potential to sow distrust within the wider community and increase risks of violence.

Key Takeaways:

- Any programme intervention that could lead to disclosures of violence from women and girls and/or increase women's and girls' risk of violence must first ensure GBV responses services are available in the community.
- Livelihood interventions must consider risks to women and older adolescent girls before, during and after the programme in order to mitigate potential harm to participants. It is important to apply a "do no harm" approach to reduce the possibility that livelihood programmes further exacerbate protection risks for women and adolescent girls, or isolate or further stigmatize GBV survivors.
- Livelihood programmes, like all interventions, must be designed to be gender- and risk-sensitive.
- Introducing livelihood programmes in humanitarian contexts without taking gender and cultural norms into account can create a backlash and heighten the risk of violence against women and girls.
- Engaging male and female decision-makers and community members can mitigate backlash by facilitating wider community understanding and support for women's participation in livelihoods programming is an important step to mitigate risk.
- Women and adolescent girls should not be excluded from economic activities because of potential risks, but rather engaged directly in designing programmes that address and mitigate these risks.
- GBV programmes should actively monitor both positive and negative unintended consequences of programming; for example, by visiting a small number of programme participants every few months to ask about any unexpected outcomes of their participation in the programme or any other feedback they would like to share.

EXERCISE

3 Troubleshooting

Preparation: Print scenario or make a PowerPoint slide with the scenario.

Materials: Scenario print-outs, markers, and flipchart paper.

Time: 45 minutes.

Instructions:

- Divide participants into 4 groups.
- Distribute markers, flipchart paper and copies of the Scenario Handout.
- Ask participants to discuss the scenario in their respective groups and to identify key actions they would have taken at different stages of programme design, implementation and monitoring to improve the project. Encourage participants to consider Key Actions from Standard 12 and other Standards.
- Allow participants to spend 20 minutes working in their small groups and remind them to record their answers on flipchart papers.
- Invite participants to share their answers and report back in plenary.

Exercise 3 Handout

Scenario

Your civil society organization (CSO), headquartered in the capital city, is supporting and partnering with a local women-led organization on GBV and gender equality programming in Northern Region. Towards the end of the grant period of another GBV project, your Finance Manager alerted you to a significant amount of unspent funds that need to be used within 4 months. The goal of this project is to provide women and older adolescent girls with safe avenues for generating income.

In a meeting with representatives from the local women-led organization from Region X, you asked them if they'd like additional financial support. The representatives highlighted a gap in income-generating activities aimed at women and older adolescent girls in their programme location. You consulted with your CSO's Livelihoods Focal Point (based at your organizational headquarters) to find out if this would be an effective intervention and you were given a firm assurance that programmes focussed on knitting, tailoring and embroidery are well-received by women, older adolescent girls and the wider community because they are considered to be 'respectful' activities.

Because of the tight timeline, you acted decisively and your CSO approved the release of funds to the local women-led organization to implement an economic empowerment project focused on training women and older adolescent girls on knitting, tailoring and embroidery.

Ten months into the project, you visit Northern Region to monitor progress. The women and older adolescent girls you spoke with shared that they are not making an income. Upon further analysis of the situation, you found that:

- Most of the women and older adolescent girls wanted to learn other skills, such as animal husbandry;
- There is no demand for the products the women and older adolescent girls are creating;
- Women and older adolescent girls do not have a way to get their products to the nearest market;
- Even when they are able to sell their products, the price only covers the cost of the material and nothing else; and
- Even when they do manage to set up stalls in the market, they are subjected to intimidation and harassment from other vendors.

Facilitator Notes

Responses:

Key Actions to improve the programme design, implementation and monitoring:

Standard 12:

- Conduct a gender analysis to identify: (1) potential harm/risks that may arise from the participation of women and older adolescent girls (ages 15 to 19, as appropriate) in economic activities, as well as measures to mitigate those risks; (2) potential barriers women and adolescent girls might face in accessing and participating in economic recovery and/or livelihoods interventions; and (3) household power dynamics around asset management, financial decision-making and control and use of income.
- Map livelihood and reintegration support programmes that target women and older adolescent girls and include relevant livelihood services/initiatives in GBV standard operating procedures and referral systems.
- Support gender- and risk-sensitive livelihood needs assessments and market analyses.
- Support livelihood programmes to incorporate relevant GBV prevention and risk mitigation strategies.
- Promote women and older adolescent girls within the affected population as staff and leaders in livelihood programming.

Standard 2: Women's and Girls' Participation and Empowerment:

- Consult quarterly (at a minimum) with women and girls on GBV risks and constraints to their participation in and access to aid delivery, services, etc. (e.g. timing, locations, safety of activities, etc.); develop strategies to address these risks and provide feedback to those consulted and the wider community.
- Liaise closely with livelihoods actors to engage women and adolescent girls in economic empowerment activities such as vocational training, microenterprises, financial management and natural resource management.

Standard 13: Transforming Systems and Social Norms:

- Establish accountability mechanisms to ensure prevention programming is led and guided by women's and girls' interests and needs, including by facilitating regular listening sessions with women and girls from the community to seek feedback on the harmful and helpful effects of GBV prevention programme activities.

Key Takeaways:

- Economic empowerment programmes must be informed by a gender-sensitive market assessment that identifies safe and viable work opportunities for women and older adolescent girls. Knowledge and skills-building activities should be adapted based on updated market information to support sustainable and profitable livelihoods.
- It is important to apply a "do no harm" approach to reduce the possibility that livelihood programmes further exacerbate protection risks for women and adolescent girls, or isolate or further stigmatize GBV survivors.
- Livelihood interventions must consider risks to women and older adolescent girls before, during and after the programme in order to mitigate potential harm to participants.
- Livelihood programming for women and older adolescent girls should not:
  - Reinforce women's traditional roles;
  - Add burdens by increasing workloads;
  - Fuel conflict and violence within the household or community by changing gender norms and/or shifting the balance of control over assets between men and women; or
  - Heighten women's and girls' risk of experiencing violence.

STANDARD
13 Transforming Systems and Social Norms

GBV programming addresses harmful social norms and systemic gender inequality in a manner that is accountable to women and girls.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

You were just deployed as a GBV Programme Manager to the largest refugee complex in the world. More than half of the refugees are women. The refugee complex is composed of multiple camps. Conditions in the camps are harsh and the population is exposed to various protection risks. Women and girls are discouraged from participating in camp activities so they are mostly confined to their shelters with limited access to services and opportunities. Women and girls who do participate in activities are considered "dishonourable" and face varying degrees of social backlash from community elders, religious leaders and family members.

You are tasked with implementing GBV prevention activities intended to transform harmful gender and social norms to mitigate the risk of GBV for adolescent girls. You are given a list of key stakeholders to speak with and realise they are all senior male officials from the host community. You decide to use the Minimum Standards to develop and present a detailed work plan for establishing prevention programming.

QUESTIONS

1. **Which Key Actions are most relevant for your work plan?**
2. **What steps will you take to ensure your programming is accountable to adolescent girls?**

Facilitator Notes

Responses:

1. **Which Key Actions are most relevant for your work plan?**

- To appropriately contextualize and target GBV prevention programming, conduct a gender and power analysis of local systems and norms to identify how they sustain gender inequality and GBV.
- Facilitate women's and girls' leadership in prevention programming and ensure prevention programming is safe and responsive to the needs of women and girls.
- Engage female and male community leaders, religious institutions and other opinion leaders to support social change and GBV prevention activities and ensure their accountability to women and girls.
- Establish accountability mechanisms to ensure that prevention programming is led and guided by women's and girls' interests and needs, including by facilitating regular listening sessions with women and girls from the community to seek feedback on the harmful and helpful effects of GBV prevention programme activities.
- Work with local women's movements and women's rights activists to understand gaps in legal protections against GBV and participate in joint action to promote systemic change to achieve women's and girls' equal rights under the law.
- Identify partners and develop strategies to engage men and boys in efforts to prevent and respond to GBV and to transform harmful social norms that perpetuate gender inequality in ways that are accountable to, and led by, women and girls.

2. **What steps will you take to ensure your programming is accountable to adolescent girls?**

- The first step in being accountable to adolescent girls is to recognise adolescent girls as a distinct group with unique needs and perspectives.
- To strengthen accountability to adolescent girls, programming and funding targeting adolescent girls should be long-term, flexible and intentional, instead of being treated as an add-on component to existing programmes targeting women and children.
- Adolescent girls often fall through the gaps of humanitarian interventions because they are either too young for women's services or too old for child-friendly programmes. This recognition should lead to a dedicated, comprehensive, gender- and age-sensitive strategy that addresses GBV as a key aspect of adolescent girls' lives in humanitarian settings.
- To ensure programming is driven by adolescent girls' needs and voices, a proactive approach should be taken to creating opportunities for adolescent girls to participate from the very beginning of an intervention and for them to provide feedback throughout implementation. The design, delivery and funding of the programme must be flexible enough to adapt to adolescent girls' feedback.
- Staff implementing adolescent girl programming should have GBV knowledge and skills and are trained on working with adolescent girls.

Key Takeaways:

- The root causes of GBV relate to the social norms and structures that promote, condone and/or overlook gender-based discrimination and unequal power.
- Women's and girl's participation is based on gender equality. Promoting gender equality includes challenging discriminatory social and gender norms, even in times of emergency.
- Humanitarian situations can provide opportunities to build positive social and cultural norms that challenge practices of GBV.
- Promoting positive social norms can prevent GBV by challenging norms that support violence and a culture of impunity, which in turn can also improve responses to GBV by reducing victim blaming and the social stigma that survivors experience.

EXERCISE
2

Engaging Men and Boys to Prevent GBV

Materials: Flipchart paper, post-its and markers.

Time: 1 hour.

Instructions:

- Tape two flipcharts paper next to each other on the wall. Write "Dos" on one flip chart and "Don'ts" on the other.
- Ask participants to think about how boys and men have been engaged vis-a-vis GBV prevention activities/programming in their context/settings and whether these interventions were accountable to women and girls. Ask participants to share 2 – 3 brief examples.
- Examples may include: social and behaviour change programming targeting men and boys to transform harmful gender norms; a programme recruiting male volunteers to advocate for joint decision-making around reproductive health; training and awareness-raising for policemen on GBV prevention and response. Allow 15 minutes for discussion.
- Highlight (based on the examples shared) that organizations have adopted various strategies and used different entry points to engage men and boys in GBV prevention. The term 'male engagement' covers a wide range of processes and activities – these include working with them as allies, partners and activists.
- Divide participants into two groups: the Dos and the Don'ts. Distribute post-its, pens to participants.
- Ask participants in the Dos group to write (on post-its) actions, principles and interventions that actors engaging men in GBV prevention efforts **should implement to ensure accountability to women and girls.** Participants should stick the post-its on the relevant flip chart.
- Ask participants in the Don'ts group to write (on post-its) actions, principles and interventions that male engagement actors **should avoid to ensure accountability to women and girls.** Participants should stick the post-its on the relevant flip chart.
- After 20 minutes, invite participants to look at the post-its on both flipcharts and ask participants if they have encountered more Dos than Don'ts (and vice versa) in their work.
- Ask participants to identify actions, principles and interventions at the individual and systemic levels. You may call upon two volunteers to group the post-its into two different levels.
- Invite participants to share their thoughts on why engaging men and boys in GBV prevention requires transformation at both the individual and systemic levels and how to do it in a way that is accountable to women and girls.

Facilitator Notes

Responses:

Do's

- Engage female and male community leaders, religious institutions and other opinion leaders to support social change and GBV prevention activities, and ensure their accountability to women and girls.
- Listen to the demands and advice of diverse women and girls when undertaking male engagement efforts.
- Identify partners and develop strategies to engage men and boys in efforts to prevent and respond to GBV, and to transform harmful social norms that perpetuate gender inequality in ways that are accountable to, and led by, women and girls.
- Establish accountability mechanisms to ensure prevention programming is led and guided by women's and girls' interests and needs.
- Work within existing community structures but do not replicate existing structures if they support gender hierarchies.

Don'ts

- Allow men's concerns and priorities to overshadow those of women and girls. Such approaches may regress rather than enhance women's status and agency.
- Replicate existing community structures that support gender hierarchies.
- Engage with men and boys if the anticipated result is not improved safety and equality of women and girls.

Key Takeaways:

- Programming that is accountable to women and girls supports men's and boys' critical reflection on the power and privileges they enjoy and helps them to give up their "privileges" to dismantle patriarchy.
- Approaches that fail to centre on women and girls may reproduce the dynamics of patriarchy, where women and girls are not agents of their own well-being and men's concerns and priorities overshadow those of women and girls.

EXERCISE 3 Power and Vulnerability[39]

Preparation: This activity requires an open space where participants can stand side by side. Print enough copies of the character cards for participants (see Handout, below). Adapt cards as needed.

Materials: Copies of character cards and tape.

Time: 1 hour.

Instructions:

- Move participants to an area where they can all line up across the room or space and ask them to line them up in one row next to each other (standing side-by-side).
- Give each participant a character card. If the group is mixed, hand out women's cards to men and men's cards to women.
- Distribute tape and ask participants to tape the character card to themselves where others can see it.
- *See Character Cards Handout, below.*
- Explain that you will read a series of statements. If the statement is TRUE for the character on the card, that participant may take one step forward.
- Encourage women to challenge men who step forward inappropriately (as their women characters) and challenge this yourself. This discussion can be powerful for men in understanding the challenges women face and for women to experience a taste of men's privilege.
- These statements are about access to and control over resources and decision-making:
  - *I control the money that I earn.*
  - *My work is paid and generally well-regarded.*
  - *I can travel around the camp/settlement/community easily.*
  - *I do not fear for my safety if I move around after dark.*
  - *I have leisure time.*
  - *I am among the first to speak in meetings.*
  - *My children have my family's name.*
  - *I am not generally afraid of being sexually assaulted or raped.*

[38] Adapted from "Module 2: Power and GBV" in Gender-based Violence Information Management System (GBVIMS) Steering Committee , *Interagency Gender-based Violence Case Management Training: Facilitator's Guide* (2017), p.26.

- *My spouse (or someone else) looks after my children.*
- *I can wear any clothes I like without fear of sexual assault.*
- *I am of the same sex as the police, community leaders and religious leaders.*
- *I have had the opportunity to be educated.*
- *I decide when to have sexual relations with my partner.*
- *I can get access to services without being forced to engage in sexual acts.*
- *I have priority in the use of family resources like bicycles, motorcycles or cars.*
- *I do not have to account to my partner for where I have been or how I spend my time.*
- *I am generally listened to by the leaders in my community.*
- *I can determine when and how many children I have.*
- *I can leave my spouse if he/she threatens my safety.*
- *If a crime is committed against me, the police will listen to my case.*
- *I can go to the police and not be worried about being threatened with arrest or violence.*
- *I can travel anywhere I like without an escort.*

- Lead a debrief using the following discussion questions:
  - *What do we see at the end of this exercise? Who is in front? Who is behind?*
  - *What did it feel like to move forward? What did it feel like to stay behind?*
  - *What differences did you notice between women and between men? What does this difference mean to you?*
  - *What does this exercise show you in terms of harmful social norms and systemic gender inequality?*

Exercise 3

Character Cards

Female, adult, refugee/IDP	Male, adult, refugee/IDP
Female, adolescent	Male, adolescent
Male, adult, religious leader	Male, adult, blind
Female, adult, blind	Male, adult, doctor
Female, adult, doctor	Male, adult, disabled
Female, adult, disabled	Female, adolescent, orphan
Female, adolescent, student	Male, adolescent, student
Female, adult, widow	Male, adult, unmarried

Facilitator Notes

Responses:

- To appropriately contextualize and target GBV prevention programming, it is necessary to conduct a gender and power analysis of local systems and norms to identify how they sustain gender inequality and GBV
- As in this exercise, it is important to understand the social and cultural context in an emergency setting (including power dynamics in relation to access and control over resources and decision making); however, culture should also be viewed as dynamic, subject to many influences over time, and therefore subject to change.

Key Takeaways:

- Gender inequality is compounded by a number of contributing factors. Intersecting factors of oppression, such as age, race, class, gender identity, sexual orientation and disability further harm and disempower women and girls.
- GBV prevention requires working along a spectrum, ranging from immediate risk mitigation in the acute emergency to longer term social norms and systemic change.

EXERCISE

4 What Would You Do?

Preparation: Prepare handout or PowerPoint slide with the brief scenario.

Materials: Handouts/PPT slides with scenario and questions.

Time: 50 minutes.

Instructions:

- Read/show the following the scenario to your group:

You are a new programme manager for an existing NGO that serves IDPs in conflict-affected regions in the Western Region of the country. The IDPs live in small settlements, mostly organized by a religious group. From your initial discussions with the programme team, you understand that IPV and early and forced marriage are widespread problems. Women and girls also face risks of rape, particularly if they travel outside of settlements, and there are reported risks of trafficking.

The programme team describes their regular activities, including regular "awareness-raising" work. Through public presentations, posters and small group discussions, they have worked to inform community members about GBV, including what it is, causes/contributing factors, consequences, etc. The programme posters portray women being beaten by men, with text about preventing GBV. While observing one of their activities, you hear two staff members discussing why it is justified for men to use 'light' forms of violence against women and girls if they disobey the men in the family and to keep them under control.

- Lead a discussion with the following questions:
  - Do you feel the current work carried out by the programme team is positive?
  - Which aspects do you find problematic? Why are they problematic?
  - What steps might you take to review activities/develop new programme activities?
  - What steps might you take to address/respond to the comments made by the two staff members?

Facilitator Notes

Responses:

- Invest in female and male staff and volunteer attitudes, knowledge and behaviour change before starting programming with the community on GBV prevention and gender equality.
- Build the skills of staff and community activists engaged in GBV prevention work.
- Use social and behaviour change communication strategies (see Guidance Note 3) to enhance the effectiveness and sustainability of service delivery and build individual and community-level acceptance of positive gender and social norms.
- Regarding the staff's current attitudes, note that Standard 3: Staff Care and Support, outlines the "Competencies for GBV Programme Managers and Coordinators Working in Humanitarian Contexts". These competencies include:
  - Understands and applies a survivor-centred approach, including the GBV Guiding Principles.
  - Believes in gender equality and applies, promotes and integrates gender analysis into humanitarian programming.
  - Demonstrates knowledge of current GBV prevention theory, and identifies and applies appropriate GBV prevention and behaviour change strategies at different stages of the humanitarian response.

Key Takeaways:

- Although community outreach and awareness-raising are necessary to increase timely and safe access to services and mitigate risks of GBV, awareness-raising is insufficient to affect social norms change.
- To transform harmful social norms, GBV programming must: (1) shift social expectations, not just individual attitudes; (2) publicize the changes; and (3) catalyse and reinforce new norms and behaviours.
- Transformative programming must be undertaken carefully and requires gauging community acceptance before engaging in conversations on deep-rooted issues.

Exercise 4 Handout

You are a new programme manager for an existing NGO that serves IDPs in conflict-affected regions in the Western Region of the country. The IDPs live in small settlements, mostly organized by a religious group. From your initial discussions with the programme team, you understand that IPV and early and forced marriage are widespread problems. Women and girls also face risks of rape, particularly if they travel outside of settlements, and there are reported risks of trafficking.

The programme team describes their regular activities, including regular "awareness-raising" work. Through public presentations, posters and small group discussions, they have worked to inform community members about GBV, including what it is, causes/contributing factors, consequences, etc. The programme posters portray women being beaten by men, with text about preventing GBV. While observing one of their activities, you hear two staff members discussing why it is justified for men to use 'light' forms of violence against women and girls if they disobey the men in the family and to keep them under control.

- Do you feel the current work carried out by the programme team is positive?
- Which aspects do you find problematic? Why are they problematic?
- What steps might you take to review activities/develop new programme activities?
- What steps might you take to address/respond to the comments made by the two staff members?

STANDARD

14 Collection and Use of Survivor Data

Survivor data are managed with survivors' full informed consent for the purpose of improving service delivery and are collected, stored, analysed and shared safely and ethically.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO[40]

It is your first week as a GBV Programme Manager. You are working with an implementing partner (IP) to map the referral pathway for GBV survivors.

When you walk into the IP's office, you notice stacks of files on staff's desks that have women's names written in bold letters. You ask the caseworker how specific cases are referred and she explains they primarily use e-mail to share survivor information, as there are no forms in place. You are concerned about the security of survivor data, because rebel groups have recently forced entry into health posts in the region and have been known to take everything.

QUESTIONS

1. **What Key Actions would support the IP to improve the safe and ethical collection and management of survivor data?**

[39] Adapted from UNFPA, *Facilitator's Guide: Understanding the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies* (2017), p. 14.

Facilitator Notes

1. **What Key Actions would support the IP to improve the safe and ethical collection and management of survivor data?**

- Train relevant staff (e.g. GBV caseworkers) on safe and ethical data-collection, storage, analysis and sharing, including coding systems and safe filling.
- Procure all items necessary for safe and ethical storage of survivor and incident data, including but not limited to a lockable cabinet, encrypted computer, etc.
- Identify a safe and ethical information management system in line with globally recognized standards on survivor data management and dedicate financial and human resources to ensure safe and ethical data-collection, analysis and use. If GBV service providers are considering rolling out the Gender-based Violence Information Management System (GBVIMS) or Primero/GBVIMS+, contact the GBVIMS Steering Committee to determine suitability and eligibility.
- Ensure that a data evacuation plan is in place allocating roles and responsibilities in case of emergency.
- Develop internal protocols to determine how individual-level identifiable data (for referrals) and aggregate-level non-identifiable data (for reporting) will be shared within your organization and with others.

Key Takeaways:

- The primary purpose of data-collection is to support the quality of service delivery. Service provision, including survivors' immediate well-being, comes first. Data-collection is a secondary priority that supports service provision.
- The sensitive nature of survivor data and the potential harm that can result from misuse make it necessary for service providers to store data in a manner that maximizes protection for the survivor, the community and those collecting the data.
- Data should only be collected with survivors' informed consent. Service providers must always assess whether the benefits of data-collection outweigh the risks.
- At the individual level, identifiable information on survivors may be shared with their informed consent for referrals among service providers. Forms and protocols should be in place at the organization and inter-agency level (i.e. GBV sub-cluster/working group standard operating procedures) to ensure that referrals are made safely and confidentially.
- The sensitivity of GBV information requires that clear guidelines and information-sharing agreements are in place to ensure that safe and ethical data-sharing can take place among organizations. These agreements, referred to as information-sharing protocols, aim at sharing aggregate-level non-identifiable data.

EXERCISE

2 Spot the "Red Flags"

Materials: Handouts of scenario with questions, PowerPoint slides with questions, red or pink coloured post its, flipchart paper, and marker pens.

Time: 45 minutes to 1 hour.

Instructions:

- Divide participants into 4 small groups. Ask two volunteer note-takers to step forward and stick two flipchart papers on the wall/whiteboard. Explain to your volunteer note-takers that the flipcharts will be for 'red flags' pertaining to the scenario that will be identified by participants during the plenary debrief.
- Distribute the red or pink coloured post-its, marker pens, and handouts of the scenario.
- Explain to participants that the purpose of this exercise is to identify 'red flags' in this scenario. Explain that 'red flags' are usually indicators or signals suggesting a potential problem or issue. Based on the scenario at hand, participants are required to spot potential problem areas related to the collection and use of survivor data.
- Ask participants to read and discuss the scenario in their small groups and write down 'red flags' they've spotted on the red-coloured post-its. Allocate 15 minutes for this part of the exercise.
- Alert groups when they have 2 minutes left and to wrap up their group discussion.
- In the plenary, ask groups to share one 'red flag' each and encourage the following groups to not repeat the previous group's 'red flags'. Groups will take turns and the note-taker will write down all the 'red flags' on the flipchart paper. Allocate 15 minutes for this part of the exercise.
- Ask the note-takers to collect the post-its from each group and arrange them according to the relevant bullet points on the flip-chart. This will help participants to visually understand that some 'red flags' are commonly understood while others may not have crossed their minds.
- Lead a 20-minute discussion on the ways in which Standard 14 of the Minimum Standards provides guidance on the 'red flags' that have been identified.

Exercise 2 Handout

The international organization Doctors for Healthy Families (DHF) deploys mobile teams to areas of displaced populations to provide primary health services to families and vaccinations for children.

There have been anecdotal reports of GBV in one of the regions where there are acute clashes between government and non-government armed actors. Given the organization's role in the health sector, and also the lack of GBV-specific services in the region, DHF has been approached by a human rights monitoring organization to help gather evidence to prove that conflict-related sexual violence perpetrated by non-state actors is a problem in that region.

To respond to this information gap, DHF develops a short questionnaire for doctors and nurses to administer to patients that come in for health services, asking about whether they have experienced conflict-related sexual violence in the past 6 months. Knowing that GBV can affect men and boys as well, DHF administers the questionnaire to all patients that access health services.

Facilitator Notes

Responses:

- Possible 'red flags':
  - Lack of GBV-specific services in the area, yet data is (potentially) being gathered from survivors.
  - Data is being sought out solely for the purpose of protection or human rights monitoring.
  - There are no informed consent procedures.
  - There is no indication of an information-sharing protocol (ISP) in place or how data will be kept safe and anonymous.
  - Hard to ascertain if the health facilities staff have been trained on GBV Guiding Principles/ have knowledge of survivor-centred response to GBV disclosure.
  - Questionnaire may lead to forced disclosures.
  - No one should attempt to identify survivors of GBV; any reporting of GBV incidents must be initiated by survivors.
  - Because we know there is a lack of GBV-specific services in the area, it is uncertain how/ where health staff will refer survivors to access services.
  - No information available on SOPs related to responding to GBV disclosures and referrals.
  - Safety of all survivors/those accessing health facilities as well as service providers if the questionnaire is leaked to armed actors/authorities/perpetrators.
  - Potential stigma and backlash following disclosure.

- Relevant Key Actions to consider:
  - Develop internal protocols to determine how individual-level identifiable data (for referrals) and aggregate-level non-identifiable data (for reporting) will be shared within your organization and with others.
  - Develop an information-sharing protocol to share aggregate-level, non-identifiable data for compilation to inform programming, advocacy and reporting.
  - Train relevant staff (e.g. GBV caseworkers) on safe and ethical data-collection, storage, analysis and sharing, including coding systems and safe filling.
  - Ensure that a data evacuation plan is in place allocating roles and responsibilities in case of emergency.
  - Highlight DHF's option not to collect data as an "action" in addition to the Key Actions listed above.

Key Takeaways:

- Highlight the following Minimum Requirements for GBV Survivor Data Management:
  - Services (e.g. health or psychosocial support) must be available to GBV survivors if data are to be gathered from them.
  - Survivor/incident data must be collected in a way that limits identification, and, if shared for analytical/reporting purposes, must be non-identifiable.
  - Survivor/incident data can only be shared with the informed consent of the client.
  - Identifiable case information (i.e. referral forms or, in situations of a case transfer, relevant portions of the case file) are only shared within the context of a referral and with the consent of the survivor.
  - Client data must be protected at all times and only shared with those who are authorized.
  - Before data are shared, an agreement must be established in collaboration with service providers to determine how data will be shared, protected, used and for what purpose.
- The primary concern of service providers should be the immediate well-being of survivors; in other words, service provision comes first. Data-collection, therefore, is a secondary priority that plays a supporting role to service provision.
- Seeking out or recording identifiable information about survivors solely for the purpose of protection or human rights monitoring does not align with safe and ethical practices.

EXERCISE

3 True or False?

Preparation: Prepare PowerPoint slides with questions.

Materials: PPT slides with questions (optional – the questions can be read out from a handout/laptop if this is more convenient during the session).

Time: 45 minutes.

Instructions:

- Explain to participants that a series of questions will be presented (either through PPT slides – one question per slide)/read. If their answer is 'True' for a specific question, they need to stand up; they should remain seated if their answer is 'False'.
- This exercise is meant to be fast-paced and fun. Call on participants to share a brief explanation for their respective answers. Ensure different participants are called on throughout the exercise.
- At the end of the exercise, draw participants' attention to the relevant Key Actions in Standard 14.

True & False Statements:

- Consent forms signed by the survivor can be kept in my office drawers. (F)
- As a caseworker, I have the authority to pass client's information to a 3rd party when needed. (F)
- As a caseworker, I am not responsible for "finding" survivors for journalists or communications actors to interview even if for a donor. (T)
- Paper documentation for several incidents affecting the same survivor can be stored in the same file. (F)
- Photography at a Women & Girls' Safe Space (WGSS) is allowed as long as the journalist seeks informed consent from the WGSS Manager. (F)
- The name of the survivor should never be on the outside of the paper files. (T)
- During electronic transfer, GBV files should be encrypted, password-protected and erased immediately after transfer. (T)
- My GBV colleagues should be able to freely access the case management paper files in the office. (F)
- To provide hope to survivors across the world and to secure more funding for GBV programming, facilitating individual interviews between journalists and GBV survivors is recommended. (F)

- My donor is allowed to see individual case files. (F)
- To ensure data protection, we should not create backups of electronic files. (F)
- Identifiable case information is only shared within the context of a referral and with the consent of the survivor. (T)
- In an emergency, GBV case management files should not be moved (kept in a lockable cabinet at the office). (F)
- Individual, non-identifiable data is combined data about many incidents that do not identify any individual. (F)
- Incidence data captures all GBV incidents in one area. (F)
- The primary concern of service providers – before, during and after data-collection – should be the immediate well-being of survivors. (T)

Facilitator Notes

Responses:

- Highlight the following Key Actions:
  - Train communications, media staff and external media on reporting on GBV in emergencies, the survivor-centred approach and on how and why to ensure safe and ethical reporting on GBV issues.
  - Develop policies and train the media and communications team on using available GBV programming data in a safe and ethical way.
  - Develop internal protocols to determine how individual-level identifiable data (for referrals) and aggregate-level non-identifiable data (for reporting) will be shared within your organization and with others.
  - Develop an information-sharing protocol to share aggregate-level, non-identifiable data for compilation to inform programming, advocacy and reporting.
  - Ensure that a data evacuation plan is in place allocating roles and responsibilities in case of emergency.
  - Train relevant staff (e.g. GBV caseworkers) on safe and ethical data-collection, storage, analysis and sharing, including coding systems and safe filling.
  - Regularly assess the quality and effectiveness of GBV data management systems and evaluate the need to strengthen them to adhere to global safety and security standards.

Key Takeaways:

- The primary concern of service providers should be the immediate well-being of survivors; in other words, service provision comes first. Data-collection, therefore, is a secondary priority that plays a supporting role to service provision.
- Incidence data do not capture all GBV incidents in an area but only those where survivors chose to report cases and had access to GBV service providers. To obtain a more representative understanding of the GBV situation in a given context, other sources of information must be included in the analysis.
- It is not recommended to report GBV case numbers, as these can be easily misinterpreted, and doing so can compromise confidentiality, particularly in situations where numbers of cases or service providers are low. Moreover, this information is not useful and can be misleading as it undermines the extent to which GBV is happening.
- Any type of survivor data should only be collected in the context of service provision and only when reported directly by the survivor or their caregiver in the presence of the survivor. It is not appropriate, for example, to seek out or record identifiable information about survivors solely for the purpose of protection or human rights monitoring.
- Due to the potential repercussions on the safety, security and psychological well-being of the survivor, facilitating individual interviews between journalists and GBV survivors is not recommended. Equally, effective stories may be produced by speaking to local or international organizations working with GBV survivors.
- It is unethical to photograph GBV survivors without their explicit consent. Photographs should only be taken inside service areas with the prior consent of the women and girls who use those spaces and with full consideration of possible unintended negative consequences, such as undue attention from the community or stigmatization of women who use the centre currently or in the future. Survivors' faces should not be shown directly.

EXERCISE

4 Drafting E-Mails with Survivor Data

Preparation: Prepare and distribute handout.

Materials: PowerPoint slides/handouts with scenario and questions, flipchart paper and markers.

Time: 1 hour.

Instructions:

- Divide participants into three groups (Group 1-3) and refer to Standard 14.
- Distribute handouts with the scenario and questions for each group.
- Ask groups to read the scenario and their assigned questions carefully. Groups need to come up with their draft e-mail outlines in response to the questions. Ask groups to capture bullet points/outline on the flipchart paper. Encourage participants to refer to the Standard 14 handout for inspiration. Groups can also come up with their own twists – if they'd like to add 'new information' to the context, they are welcome to do so!
- Each group will have 25 minutes to complete this task. Signal to groups when they have 5 minutes left and ask groups to nominate a rapporteur who will read out the e-mail to the wider group.
- Invite each rapporteur to read their group's draft 'e-mails'. Ask participants if they've faced a similar situation at work and if they feel comfortable sharing this with the wider group.
- Choose 1-2 participants to share their stories (depending on time) and highlight the ways in which they can use the language in the chapter to help them articulate responses to such requests in the future.

Exercise 4 Handout

Scenario

Kazumi, the Director of Women International Network (WIN) e-mails Hussain, the Information Manager for Peace for Women (NGO providing GBV services to survivors), to verify the contents of some reports she received through her colleagues attending the GBV Sub-Cluster meeting in one of the conflict-affected regions. WIN provides multi-year funding to Peace for Women for GBV prevention and response activities.

Kazumi has also copied in Matthew, a US journalist based in Washington, D.C. and explains to Hussain that Matthew would like to report on the magnitude of GBV in the region where Peace for Women is providing services.

She would like Hussain to confirm the total number of women and children who have experienced GBV since the beginning of the crisis. Kazumi also wants to know who the most frequent perpetrators are. She wants this information to be disaggregated by villages.

In her e-mail, Kazumi tells Matthew to feel free to reach out to Hussain with further questions. Matthew writes to Hussain, separately and asks if he can interview a few survivors and service providers for an article his news agency wants to publish. Hussain thinks it is a good idea to share the information since he wants to advocate for GBV services and mobilize donor funding for a new project targeting adolescent girls.

Questions:

- Group 1: You are the GBV Manager for Peace for Women. Hussain reaches out to you for suggestions on how to respond to Kazumi and Matthew. What would you suggest to him?
- Group 2: What should Hussain reply to Kazumi, the Director of WIN?
- Group 3: What should Hussain reply to Matthew, the journalist?

Facilitator Notes

Responses:

- Given the creative nature of this exercise, encourage participants to use language from the Minimum Standards to inform the content development/direction of their draft e-mails.
- Note that GBV programme actors should not be pressured to share data outside of the information-sharing protocol or other inter-agency protocols.
- Underscore that it is inappropriate to ask for or share a survivor's data unless, in addition to service provision, proper and agreed protocols are in place and unless informed consent conversations with a survivor make clear how her data will be used, by whom and for what purposes.
- Conclude that due to the potential repercussions on the safety, security and psychological well-being of the survivor, facilitating individual interviews between journalists and GBV survivors is not recommended.
- Highlight the importance of the following Key Actions when participants are approached with similar programming/operational requests from internal and external stakeholders:
  - Train communications, media staff and external media on reporting on GBV in emergencies, the survivor-centred approach and on how and why to ensure safe and ethical reporting on GBV issues.
  - Develop policies and train the media and communications team on using available GBV programming data in a safe and ethical way.
  - Develop internal protocols to determine how individual-level identifiable data (for referrals) and aggregate-level non-identifiable data (for reporting) will be shared within your organization and with others.
  - Develop an information-sharing protocol to share aggregate-level, non-identifiable data for compilation to inform programming, advocacy and reporting.

Key Takeaways:

- It is important to explain the distinction between prevalence data and incidence data. Prevalence data represent the rate and frequency of GBV in a given population. In general, it is not possible to obtain GBV prevalence data in humanitarian settings. Incidence data do not capture all GBV incidents in an area but only those where survivors chose to report cases and had access to GBV service providers. It is well known that most survivors will never report, so incident data must be considered the 'tip of the iceberg'.
- There are many limitations in interpreting survivor data in isolation from other data. In order to obtain a more representative understanding of the GBV situation in a given context, other sources of information must be included in the analysis.
- It is not recommended to report GBV case numbers, as these can be easily misinterpreted and doing so can compromise confidentiality, particularly in situations where numbers of cases or service providers are low. Moreover, this information is not useful and can be misleading as it undermines the extent to which GBV is happening. Trend data, like that generated by GBVIMS, are produced at inter-agency level and can inform decision-making on programming and advocacy based on trends over time. This is also always produced with significant qualitative information to help a reader understand the data responsibly.

- Before data are shared, an agreement must be established in collaboration with service providers to determine how data will be shared, protected, used and for what purpose.
- Data-sharing at inter-agency level should only happen if data-gathering organizations are using the same information management system and have an information-sharing protocol in place with rules on how data should be shared.
- Aggregate-level data is the combined data about many incidents that do not identify any individual.
- When communications staff within organizations or journalists wish to speak to survivors, it is important that they are trained to cover GBV with respect for the safety and confidentiality of survivors. It is important to weigh up the risks and benefits of sharing information.

STANDARD

15 GBV Coordination

Coordination results in timely, concrete action to mitigate risks and prevent and respond to GBV.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

A sectarian conflict recently broke out in Levana Province and 200,000 people have been internally displaced. Some of the affected population have fled to churches, mosques and schools; others have created collective settlements, many in peri-urban areas. Organized site planning and other coordination efforts are getting underway.

The country has been a focus of development efforts for decades, but this conflict is new and little emergency preparedness has taken place. No schools are currently open, leaving school-age children idle during the daytime. The health system is overwhelmed and several clinics were destroyed in the fighting; some medical staff have fled. A small coalition of former parliamentarians and women from faith-based and women-led organizations have joined together as Levana Women for Peace. A formal cluster system has been activated; while a lead person for the GBV coordination group has been deployed, she is waiting for a visa. As you have been in country for 2 years in a GBV programming role, UNFPA has asked you to play this role until her arrival.

QUESTIONS

1. **What four Key Actions would you prioritize at the start of this emergency to fulfil Standard 15?**
2. **What steps would you take to support meaningful participation of diverse GBV programme actors, including local and national organizations and government entities?**

Facilitator Notes

Responses:

1. What four Key Actions would you prioritize at the start of this emergency to fulfil Standard 15?

- Four Key Actions:
  - Map available GBV services and establish or update the Who Does What, When, Where, for Whom (5Ws) matrix. Ensure all members of the Sub-cluster/Sub working Group know who can deliver which GBV response services in which crisis locations to ensure coverage of service and avoid duplication of service delivery.
  - Establish and regularly update a referral pathway to promote survivors' access to services with relevant partners (see Standard 7: Referral Systems). If referral pathways are already in place and updated, initiate the process to establish or revise GBV standard operating procedures (SOPs) that are aligned with international standards and include PSEA victim assistance protocols.
  - Lead, contribute to and/or disseminate multi-sectoral assessments and GBV-specific assessments where feasible and analyse assessment data to prioritize and lead the development of a GBV sub-cluster/working group strategy, response plan and work plan.
  - Contribute to capacity-strengthening activities to build knowledge about the humanitarian response to GBV, including the GBV Guiding Principles, by providing technical expertise to relevant actors, including local organizations, women's groups and government, on preventing and responding to GBV.

2. What steps would you take to support meaningful participation of diverse GBV programme actors, including local and national organizations and government entities?

- Lead agency role:
  - The aim of GBV coordination is to facilitate rapid implementation of GBV programming, including liaising and coordinating with other clusters/organizations, providing training and awareness-raising and supporting strategic planning and monitoring and evaluation.
  - UNFPA is the IASC-mandated lead of the GBV Area of Responsibility (AoR) within the Global Protection Cluster. In non-clustered and refugee contexts, UNHCR provides coordination leadership and is structured around sectors and working groups.
  - At the country level, UNFPA leads GBV sub-clusters, often in partnership with a government ministry or non-governmental organization.

- First steps:
  - The GBV coordinator must understand the benefits of meaningful participation in order to build inclusive and localized membership. The GBV coordinator may need to pursue particular agencies, organizations or individuals, especially in the early stages of building a sub-cluster, while assessing potential challenges associated with including specific groups. An analysis of possible members should be conducted in consultation with key actors, both bilaterally and as groups to consider benefits and risks and agree on membership criteria.[40] (See Handbook for Coordinating Gender-based Violence Interventions in Emergencies for tips on meaningful participation and section 4.2, "Encouraging Inclusive Membership", pgs. 138-142.).
  - Map existing stakeholders, networks, groups and organizations to identify service delivery agencies and other actors who address GBV; consult with these entities about establishing new, or supporting current emergency GBV coordination mechanisms; update as new actors arrive.
  - Develop and endorse a clear sub-cluster/sector terms of reference and review. Ensure that the terms of reference are shared with new members.
  - Facilitate GBV coordination meetings in an accessible and accountable manner to support meaningful participation of diverse GBV programme actors, including local and national organizations and government entities.
  - Participate in the Protection Coordination Group and other relevant inter-cluster/sector working groups.

Key Takeaways:

- Coordination ensures a more predictable, accountable and effective response to GBV in emergencies.
- Coordination requires a collective inter-agency and multisectoral effort for an effective process of engaging all relevant actors to achieve a common goal.
- At the global level, UNFPA has a specific mandate to lead the GBV Area of Responsibility (AoR) in emergencies.
- At the country level, this means working in partnership with national and local authorities and humanitarian actors to lead GBV coordination mechanisms; establish and strengthen national systems; and ensure accessible, confidential and appropriate services for survivors.
- In non-clustered and refugee contexts, all coordination, including for GBV, is under UNHCR leadership and structured around sectors and working groups.
- Collective and sustained action is necessary to ensure protection and safety of women and girls in emergencies.

[40] Global Protection Cluster (GPC) Gender-based Violence Area of Responsibility (GBV AoR), Handbook for Coordinating GBV Interventions in Humanitarian Settings (2019), p. 140.

EXERCISE

2 Understanding GBV Coordination[42]

Preparation: Write the questions below on flip charts.

Materials: Flipchart paper, marker pens and tape.

Time: 40 minutes.

Instructions:

- This exercise aims to create a forum to discuss core coordination tasks and challenges in a specific context.
- Divide participants into three groups that include participants with diverse backgrounds and levels of experience. Ask participants to spend 20 minutes answering the following questions:
  - What kinds of coordination groups/systems/mechanisms exist in your context?
  - What do you understand as the key roles/functions of the GBV coordination group?
  - What role do you play within these groups/systems/mechanisms? Do you do anything to contribute to supporting women and girls within/through these coordination systems?
  - What do you find challenging about coordination?

Return to plenary for share-outs and discussion.

[41] Adapted from International Rescue Committee (IRC), *GBV Emergency Preparedness and Response Facilitator's Guide* (2019), pp. 71-72.

Facilitator Notes

Responses:

- The Key Actions for Standard 15: GBV Coordination are divided into three categories: GBV Sub-cluster/Sector Lead Coordination Agency; GBV Sub-cluster/Sector Coordination Team Together with Sub-cluster/Sector Members and GBV Sub-cluster/Sector Members. Note that GBV Sub-cluster/Sector Members appear in two categories.
- Common responses for GBV Sub-cluster/Sector Members may include:
  - Map existing stakeholders, networks, groups and organizations to identify service delivery agencies and other actors who address GBV; consult with these entities about establishing new, or supporting current, emergency GBV coordination mechanisms.
  - Participate actively in inter-agency, multisectoral GBV coordination mechanisms.
  - Support the functioning of the referral pathway to promote survivors' access to services.
  - Contribute to capacity-strengthening activities to build knowledge about the humanitarian response to GBV, including the GBV Guiding Principles, by providing technical expertise to relevant actors, including local organizations, women's groups and government, on preventing and responding to GBV.
  - Regularly update and share information on context-specific GBV risks, and regularly report to the GBV coordination mechanism on service coverage and priorities for action.
  - Provide other clusters and sectors with information on risk mitigation actions as set out in the IASC GBV Guidelines.

Key Takeaways:

Share the following points, particularly if they were not raised during the feedback and discussion:

- A key coordination task for GBV coordination group members is to "Engage regularly with women and girls to monitor their understanding of access points in the referral pathway and any harmful unintended consequences (e.g. breaches of the GBV Guiding Principles of confidentiality, safety, respect and non-discrimination).
- Coordination can, and should, happen at all levels – from formal to informal, local to regional to national to international.
- Formal coordination mechanisms and communication channels are important and should be used to inform assessments, activities and plans developed by the GBV coordination group so that there is a common understanding and coordinate gaps in programming across the system.
- Even where formal coordination groups do not exist, 'coordination' itself can and should still happen – organizations or agencies in the same area can still meet bilaterally or convene meetings amongst each other.
- Coordination systems can support actors to understand what is happening and where, where the gaps are and where your organization can intervene most effectively. It also helps to avoid duplicating others' efforts. Importantly, coordination systems are a good forum for raising issues that you want other organizations/coordination groups to address; for example, if organizations are not responding to the needs of women and girls, or lack of responsiveness to gaps in risk mitigation interventions that increase risk of GBV for women and girls.

EXERCISE

3 Red String Activity[43]

Preparation: This activity requires a large space where participants can move around. Prepare 11 name tags with job titles. The name tags should be easy to read from a distance.

Materials: Flipchart paper, name tags, markers, and a ball of red yarn or string (or other bright colour) at least 40 m (or 100 ft) long.

Time: 1 hour.

Instructions:

- **Note:** Let the activity speak for itself, unfolding before participants' eyes. Do not describe it or explain its purposes before completing the activity.
- Create name tags with job titles (use actual job titles used in the setting) of approximately 8 people who are likely to interact with a survivor during the response process in the setting where most participants work.
- Suggested name tags: Police Officer, Doctor, Mother, Block Leader, GBV Case Worker, Midwife, Community PSS Worker, Women's Health Camp Focal Point.
- Ask for volunteers and distribute the name tags to the appropriate number of people. Tell them that they will play the role of the person noted on their name tag.
- Seat the volunteers in a circle with their chairs fairly close together. Ask the remaining participants to stand outside the circle so that they can easily see the activity.
- Explain that the ball of yarn represents a 20 year old woman who was raped in adolescence.
- Standing outside the circle, give the ball to Mother and explain that the girl has told her mother about the incident. Instruct the Mother to hold the end of the string firmly, not to let go and to throw the ball to the person you tell her to throw it to.
- You will then tell the story of what happens to this girl. Each time an Actor is involved, the ball of string is tossed across the circle to that actor. Each actor who receives the ball will wrap it around a finger and then toss it to the next Actor as instructed.

[42] Adapted from Reproductive Health Response in Conflict (RHRC) Consortium, Training Manual & Facilitator's Guide: Interagency & Multisectoral Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict (2004), p. 3-21-3-22.

- An example of how you might tell the story follows:
  - Mother takes girl to Block Leader.
  - Block Leader refers the girl to Women's Health Camp Focal Point (WHCP).
  - WHCP helps, but the girl needs a better health intervention and WHCP refers girl to the Midwife.
  - Midwife asks the girl a few questions and calls in the Doctor.
  - Doctor administers treatment and sends girl back to Midwife.
  - Midwife refers the girl to the Community PSS Worker.
  - Community PSS Worker provides emotional support and contacts the GBV Case Worker upon the girl's request to be linked to a GBV case provider.
  - GBV Case Worker talks with the girl and discovers the girl wants to involve the police; the GBV Case Worker explains the process to the girl and accompanies her to meet with the Police.
  - Police asks the girl a few questions and contacts the Doctor.
  - Doctor asks to see the girl again because she forgot to examine something and need to add a few more notes to the case file.
  - The Mother asks the survivor additional questions.
  - The survivor goes to talk with the Block Leader because she is confused about the process.
  - The Block Leader contacts the Police to find out the status of the case.
- Stop the game when every Actor has taken part in at least 2 communication exchanges regarding the case.
- There will be a large red web in the centre of the circle, with each Actor holding parts of the string.
- Pause to look at the web. Ask some questions to generate discussion:
  - What do you see in the middle of this circle?
  - Was all of this helpful for the survivor? Traumatic?
  - Might a situation like this happen here?
  - What could have been done to avoid making this web of string?
- Ask the Observers: How many times did the girl have to repeat her story?
- Actors: How many times did you talk with this survivor—or with others about her? Do you remember the details?
- Ask everyone to return to their seats. Actors should let go of the string and let it drop to the floor. Leave the red stringy chaotic mass sitting on the floor for all to see during the remainder of this session.
- What is the role of GBV coordination in this instance? How could you facilitate better coordination in this context? What Key Actions would have reduced the number of times the survivor told her story?

Facilitator Notes

Responses:

- Highlight the following Key Actions that are relevant to this activity:
  - Ensure all members of the sub-cluster/sub-sector know who can deliver which GBV response services in which of the crisis locations to ensure coverage of services and avoid duplication of service delivery (e.g.completing a Who Does What, When, Where, for Whom (5Ws) matrix).
  - Establish and regularly update a referral pathway to promote survivors' access to services with relevant partners (see Standard 7: Referral Systems).
  - Establish linkages with other key sectors/working groups, e.g.protection, child protection, health, livelihoods, education, mental health and psychosocial support, etc.
  - Engage regularly with women and girls to monitor their understanding of access points in the referral pathway and any harmful unintended consequences (e.g.breaches of the GBV Guiding Principles of confidentiality, safety, respect and non-discrimination)
  - Support a functional referral pathway to promote survivors' access to services.

Key Takeaways:

- *Clarify that this exercise relates to individual case management for survivors. A GBV Case Manager/Worker would coordinate a survivor's access to services through the case management process, not the GBV Coordination Group.*
- GBV survivors often have to interact with a vast number of contacts that are often not well-trained and or coordinated. This can be very daunting and confusing to the survivor and may discourage incident reporting or negatively impact on the survivor.
- Coordination helps by ensuring that clear SOPs and referral pathways are in place to minimize harmful impacts. It is important to set up a coherent response coordination system that has clear referral pathways and entry points for survivors to access support.
- Although, in this case, the survivor disclosed directly to the GBV Case Manager/Worker, she could have also disclosed at a health clinic, to a block or other community leader, etc., underscoring the need for clear referral systems and strong coordination.
- Individual case details should never be discussed during GBV coordination meetings. The role of GBV coordination in relation to case management is to map services, establish and regularly update clear referral pathways and SOPs. The GBV Coordination Group may create a GBV case management working group or taskforce with specialized programme members of the group to contextualize tools and guidance and establish safety standards, including data protection protocols around GBV case management in line with the Minimum Standards.

EXERCISE

4

The 3 "Cs": Coordination, Communication and Collaboration

Materials: Blank sheets of standard-sized office paper and marker pens.

Time: 25 minutes.

Instructions:

- Divide participants into groups of 3 or 4.
- Give each group one blank sheet of paper (A4 size) and one marker.
- Instruct the groups:
  - Place the paper on your table. Stand so that each group member is near the paper.
  - Take the cap off the marker and each group member should hold it – together. 3 or 4 people should be holding the marker.
  - When you tell them to Start, they have 30 seconds to draw a House, Dog, and Tree, and follow these rules:
    - Do not lift the pen from the paper.
    - No talking.
    - Everyone must keep their hand on the pen.
- Wait until everyone is quiet. Tell them to START. Monitor for sound and remind everyone there is No Talking, if necessary.
- After 30 seconds, tell them to STOP.
- One by one, ask each group to hold up their picture for all to see.
- Ask the groups who was in charge of the marker and discuss what worked and didn't work in each group.

- Bring out the following discussion points:
  - *If the picture actually looks like a house, dog, and tree, usually that means that one person was controlling the pen and the others were passively following the leader. While this kind of strong leadership usually achieves results, the other members of the group become passive and lose interest.*
  - *If the picture looks chaotic, shaky, inconsistent, this is a demonstration of true collaboration of a new group. It takes time to learn how others think, believe, and behave. Drawing a good quality house, dog, and tree among a variety of people occurs over time and requires practice, discussion, communication, failures, and lessons.*
  - *The house-dog-tree represents inter-agency and multisectoral GBV prevention and response systems. Inter-agency work is learning to work together. It requires good communication, possible disagreement, and time.*
- Ask participants to reflect and share a few Key Actions for Standard 15 that relate specifically to (1) GBV Coordination Lead Agency(ies) and (2) all GBV programme actors.
- Discuss (1) why there is a distinction between Lead Agencies and GBV programme actors; and (2) what contributes to an efficient and effective GBV coordination system.

Facilitator Notes

Responses:

Key Actions for GBV Sub-cluster/Sector Lead Coordination Agency:

- Deploy a GBV coordinator within 72 hours of a humanitarian system-wide scale-up activation.
- Resource and recruit dedicated GBV coordinators to co-lead GBV coordination mechanisms with appropriate GBV-specialized information management and programming expertise.

Key Actions for all GBV Sub Cluster/Sector Members:

- Engage regularly with women and girls to monitor their understanding of access points in the referral pathway and any harmful unintended consequences (e.g.breaches of the GBV Guiding Principles of confidentiality, safety, respect and non-discrimination).
- Participate actively in inter-agency, multisectoral GBV coordination mechanisms.
- Support the functioning of the referral pathway to promote survivors' access to services.
- Support the establishment of, and participate in a system for, safe and ethical management of reported GBV incident data.
- Contribute to capacity-strengthening activities to build knowledge about the humanitarian response to GBV, including the GBV Guiding Principles, by providing technical expertise to relevant actors, including local organizations, women's groups and government, on preventing and responding to GBV.
- Regularly update and share information on context-specific GBV risks and regularly report to the GBV coordination mechanism on service coverage and priorities for action. Provide other clusters and sectors with information on risk mitigation actions as set out in the IASC GBV Guidelines.

Distinction between Lead Agencies and GBV programme actors:

- Most of the Key Actions in Standard 15 are relevant to all organizations that are active in a particular context and have a duty to ensure their actions are coordinated with those of other actors. A few Key Actions relate specifically to the GBV coordination lead(s) – the organizations or government departments that are mandated or have agreed to lead the coordination function. This distinction aims to enhance clarity around accountability.

What contributes to an efficient and effective coordination system:

- An efficient and effective coordination forum requires active engagement, accountability, good communication and commitment among all GBV programme actors.

Key Takeaways:

- GBV coordination can, and should, happen at all levels – from formal to informal, local to regional and national to international. Even where formal coordination bodies do not exist, "coordination" itself can still happen – organizations or agencies in the same area can meet bilaterally or convene meetings.
- Effective coordination with health and child protection actors to ensure the provision of clinical care to GBV survivors and collaborative support to young and adolescent girl and boy survivors of sexual abuse is particularly important (see Standard 6: GBV Case Management).

STANDARD

16 Assessment, Monitoring & Evaluation

Information collected ethically and safely is used to improve the quality of GBV programmes and accountability to women and girls.

Contents

EXERCISE

1 Scenario

Instructions:

Participants should work in groups to read and answer the questions posed for the scenario. Participants should identify Key Actions according to the Minimum Standards to address the programming challenge and note the interlinkages among standards. The response to the scenario may draw from multiple standards. Participants should also use the GBV Guiding Principles and approaches discussed in the Introduction and Standard 1: GBV Guiding Principles to address the questions.

SCENARIO

You work for a national women's rights NGO, Women's Action Network (WAN), that is well-established in Northern Region. Last month, a large number of people began fleeing violence due to the civil war in neighbouring Country Q, seeking refuge in Northern Region.

It takes 7 hours by road to reach this area from your base. WAN has been asked to serve as the GBV implementing partner in the region because of its established presence there. After 4 weeks, you have been granted access and permission to visit the new camps.

You know from news reports that people are still arriving at the camps and conditions are dire. You are in charge of setting up WAN's GBV programming in the camps.

However, you do not have staff for the new location and, due to language differences, you need to ensure your team is able to communicate in the camp inhabitants' dialect. To develop an accurate understanding of the protection risks and needs of refugee women and girls, your supervisor tasks you with conducting an assessment.

QUESTIONS

1. **What Key Actions could you rely on to fulfil Standard 16?**
2. **What are some of the risks and challenges of GBV data-collection in humanitarian settings?**

Facilitator Notes

Responses:

1. What Key Actions could you rely on to fulfil Standard 16?

- Before collecting new data, review and analyse existing secondary data (e.g. household surveys, aggregated service data, legal framework, academic and media reports, etc.), to inform decision-making.
- Undertake mapping of GBV response services (e.g. existing quality and scale of multisectoral services, national legal and policy frameworks) to inform GBV-specialized programming priorities and coordination with child protection, health and other key response actors.
- Select members of a data-gathering team carefully and ensure they receive relevant and sufficient specialized training and ongoing support. Give careful consideration to the composition of the data-collection team (sex, age, language, etc.).
- Work with and through community structures and groups such as religious groups, youth groups, health facilities, community-based organizations and local NGOs to gather data; use multifunctional teams, including local partners, to make initial contact when the affected population might be scattered in an urban or remote area.
- Train the data-collection team on participatory approaches, GBV Guiding Principles and WHO ethical considerations for GBV data-collection and monitor the level of survivor-centred, gender-equitable attitudes of the team throughout training and implementation.
- Make specific efforts to reach marginalized groups of women and girls and partner with child protection and disability actors to hold age- and disability-responsive consultations.
- Ensure that initial assessment reports – which can influence funding priorities for the entire response – include non-identifying information on the types of GBV occurring, risks, assessment of the quality and scale of existing multisectoral services, barriers to women's and girls' access to services, and clear recommendations informed by women and girls based on these findings.

2. What are some of the risks and challenges of GBV data-collection in humanitarian settings?

- Potential to cause harm to beneficiaries, including in creating safety risks for survivors and other women and girls;
- Shortage of qualified, female enumerators/data collectors;
- Insecurity, including the risk of retaliation by perpetrators and/or the community;
- Lack of harmonized GBV-related data-collection tools and data-collection methods;
- Lack of or weak data protection mechanisms to ensure the safety, security, confidentiality and anonymity of case information;
- Lack of GBV response services;
- Limitations on the mobility of typically marginalized segments of the female population (e.g. older women and adolescent girls or women and girls with disabilities);
- Restricted humanitarian access to the affected population, especially women and girls;
- Limited time to establish trust and rapport with affected populations; and
- Difficulty in establishing adequate interview settings that ensure basic privacy.

Key Takeaways:

- An assessment is not required before implementing GBV prevention and response programming in the acute phase of a humanitarian response.
- In acute emergencies, the primary focus of information-gathering should be assessing service availability and quality and determining risks of GBV and barriers to accessing services (see Guidance Note 1).
- All humanitarian actors should assume GBV is happening to women and girls and should prioritize appropriate response services and prevention and risk mitigation actions.
- A credible and thoughtful assessment is a highly valuable tool for internal and external advocacy efforts and can increase funding and action to address GBV in emergencies. Good assessments produce good interventions.
- Participatory assessments, when conducted safely and ethically, may also have the effect of opening up a safe space for affected populations to talk about GBV and may lead some survivors to disclose an incident of violence. Basic response services should be in place prior to the assessment and the assessment team should be briefed on how to respond to reports of GBV or other protection issues arising during the course of the assessment, including by providing information to survivors on how to access care. The assessment may be an intervention itself.
- GBV survivors should not be sought out or targeted as a specific group during assessments.
- Efforts must be made to safely engage marginalized groups of women and girls to ensure their participation in data-collection (see Standard 2: Women's and Girls' Participation and Empowerment).

EXERCISE **2**

The Purpose of a GBV-Specific Assessment[44]

Preparation: Ask specific participants to be prepared to share their experiences with GBV specific assessments.

Materials: Flipchart paper and markers.

Time: 40 minutes.

Instructions:

- Open the session by asking the participants why it's important to gather information prior to starting a GBV response at the onset of an emergency.
- Ask participants: "Do we need to conduct an assessment to 'prove' that GBV is happening in the emergency context?" Discuss.
- Note that while these guidelines are internationally recognized and accepted, many NGOs and coordinating agencies will continue to press for incidence data to justify interventions – to address this, you will need to continue to advocate, explaining that this data is both unnecessary and impossible to get without quality service provision.
- Ask & discuss: if GBV assessments do not aim to find out if GBV is happening in the given context, then what is their objective? What might GBV assessments aim to do? Explain that rather than proving the existence of GBV in a given context, GBV rapid assessments aim to gather more information about the following:
  - *What is happening?*
  - *What is the problem and what are the priorities?*
  - *What type of violence is occurring? Why is it happening? Do women and girls have other needs that are not being met?*
  - *What interventions will best address the problem?*
  - *What is already being done to address the problem and who is doing it?*
  - *What could and should we do to complement these efforts?*
  - *What is our capacity to implement these interventions?*
  - *What resources are available?*

[43] Adapted from International Rescue Committee (IRC), GBV Emergency Preparedness and Response Facilitator's Guide (2019), pp. 28-31.

- Invite participants to share a few quick examples of how GBV-specific assessments were conducted in their context. Encourage participants to use the above outline when sharing their answers.
- Ask participants what they think the safety or ethical issues might be when gathering information about GBV at the onset of a crisis and why.
- Explain that the World Health Organization has developed a set of ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (noting that although they were developed specifically for sexual violence, these rules can and should be applied more broadly to GBV in general).

Facilitator Notes

Responses:

- Explain that we should always assume a) that GBV is occurring in all contexts and that it is being exacerbated by an emergency, and b) that given the sensitive and taboo nature of GBV, we should assume that we will never get accurate data about the incidence of violence until quality, confidential services are established.
- Before collecting new data, review and analyse existing secondary data (e.g. household surveys, aggregated service data, legal framework, academic and media reports, etc.), to inform decision-making.
- Assess GBV information gaps/needs, and weigh the risks, costs and benefits of data-collection and analysis.
- Ensure that initial assessment reports – which can influence funding priorities for the entire response – include non-identifying information on the types of GBV occurring, risks, assessment of the quality and scale of existing multisectoral services, barriers to women's and girls' access to services and clear recommendations informed by women and girls based on these findings.
- Establish mechanisms, protocols and methods to ensure women and girls provide inputs throughout all phases of the data-gathering cycle. Establish routine monitoring and evaluation systems that address the inputs, outputs and outcomes of GBV-specialized programming.
- Collaborate with women and girls, women's organizations, CSOs and other local actors to share recommendations and learning in a manner that does not cause harm.

Key Takeaways:

- GBV assessments are not about determining whether GBV is occurring, but rather about better understanding the context, dynamics of violence and the existing services to determine what kind of services and activities are appropriate and feasible. Moreover, a strong contextual understanding of the dynamics of violence is vital to ensuring that response services – and risk mitigation activities – do not inadvertently expose survivors to further harm, such as exacerbating tensions between ethnic or religious groups.
- **Review the WHO's Ethical Guidelines:**
  1. The benefits of documenting sexual violence must be greater than the risks to survivors and communities.
  2. Information gathering and documentation must be performed in the manner that causes the least risk to survivors/participants, is methodologically sound and builds on current experience and good practices.
  3. Ensure the availability of minimum services for survivor support before asking any questions about sexual violence in a community.
  4. The safety and security of survivors, respondents, participants, the community and the information-collection team is paramount and requires monitoring and attention in emergency settings.
  5. Protect the confidentiality of all survivors, respondents and participants.

6. Each survivor/respondent/participant must give her/his informed consent before participating in the data-gathering activity.
7. All team members must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional policies, practices, and safeguards must be put into place if children – anyone under the age of 18 – are to be involved in information-gathering.

EXERCISE

3 Supporting Adolescent Girls with Disabilities

Preparation: Print handout with questions and scenario.

Materials: Poster with questions listed (1 copy per group), print-outs of scenarios (1 copy per group) post-it notes, and pens/markers.

Time: 1 hour.

Instructions:

- Split participants into groups of 4 or 5 (depending on number of participants). Distribute handout with questions and scenario – one copy each per group. Distribute post-it notes and pens/markers.
- Ask a volunteer to read out the scenario in the handout.
- Instruct each person individually to think about their responses to the questions in the handout and silently write their thoughts on post-it notes.
- Each person will place their post-it notes under the relevant questions on the table.
- Talk through post-it notes as a group. Did individuals answer similarly? Differently?
- Invite the small groups back to plenary so that each group can share what was discussed.

Exercise 3 Handout

Scenario

Your programme has been doing GBV awareness-raising in the IDP camps lately in collaboration with other sectors from Nutrition, WASH and Shelter. You were invited to sit in a Focus Group Discussion (FGD) conducted by colleagues working on shelter and site improvement in the camps. The FGD aimed to understand the needs and challenges faced by adolescent girls with disabilities and their caregivers. It was the first time that you've seen such high participation levels from this target group.

During the course of the FGD, a few caregivers shared negative comments about the recent GBV awareness-raising activities that were carried out in collaboration with your programme. You notice the adolescent girls remained silent and did not share their views on this topic. You begin to wonder if you are doing the right activities at the right places and times to respond to this group's needs. You wonder whether you've been wasting your efforts and resources.

Questions:

1. What **risks and benefits** do you think are associated with gathering information from adolescent girls with disabilities and their caregivers on this topic?
2. What **methodology** would you use to collect this information?
3. What **referral services** do you think need to be identified before starting information-gathering?
4. What **safety and security** considerations need to be made?
5. How is the **confidentiality** of individuals who participate being protected?
6. How will you collect **informed consent?**
7. Who will be a part of **the information-gathering team** and how will they be trained?

Facilitator Notes

Responses:

- It is not recommended to engage young girls and boys in assessments due to the risks involved, including when conducted by GBV actors. However, GBV actors should be equipped to engage adolescent girls using approaches that are tailored for this group. (See, e.g. Girl Shine: Advancing The Field).
- During the plenary discussion, it is important to highlight specific considerations when working with women and girls with disabilities and their caregivers. Highlight the following points from the GBV Disability Toolkit (pgs. 8-9) during the discussion:
  - Careful consideration should be applied when talking with female and male caregivers, as they may be perpetrators of violence, which will limit the participation of survivors being consulted while their caregiver is present, or may expose survivors to further risk.
  - Emphasize that participation is voluntary. Women and girls with disabilities and their caregivers can choose not to participate or can withdraw at any point during the consultations. Watch for signs that persons with communication difficulties are not comfortable participating in an activity (e.g. becoming distressed or agitated or starting crying), particularly when you are talking with their caregiver.
  - For interested participants under the age of 18 years (e.g. adolescent girls with disabilities and their siblings), consent should also be sought from their parent or guardians. Processes of seeking consent should follow the principles and guidance in the WHO Guidelines, in accordance with age and developmental levels. Some adults with intellectual disabilities may choose to have a trusted caregiver, family member or friend participate with them in the consent process and/or the consultation. They should be asked in private and in advance if this is the case.
  - It may take time for persons with disabilities, particularly women and girls, to share their perspectives with you. They may have never participated in an activity like this before and may not be used to people asking for their opinions. It may also take them time to feel safe and comfortable. If this is the case, try talking with them through a series of meetings, using different approaches, such as participatory activities, group discussions or more private interviews.
  - Make sure that caregivers are included in the assessment. They should be consulted separately about their own experiences and needs.

Key Takeaways:

- Collecting data on any subject from populations at greater risk must be undertaken with care. All information collected must be used to design and improve interventions or to advocate for improved action for women and girls; collecting information that will not be used is unethical and wasteful.
- Whenever possible, work directly with members of the community, particularly women and girls and women's groups, to analyse and contextualize the collected data. Bring back the results of data-collection activities to the affected communities in locally meaningful and understandable ways.

- Participatory assessments, when conducted safely and ethically, may also have the effect of opening up a safe space for affected populations to talk about GBV and may lead some survivors to disclose an incident of violence.
- Basic response services should be in place prior to the assessment and the assessment team should be briefed on how to respond to reports of GBV or other protection issues arising during the course of the assessment, including by providing information to survivors on how to access care. The assessment may be an intervention itself.

EXERCISE

4 GBV Data Collection Team

Preparation: Print 3-4 copies of the main scenario and PowerPoint slides or flipcharts with questions.

Materials: Printed copy of scenario (1 copy per group), coloured pens/markers, flipchart paper and post-it notes.

Time: 30 minutes.

Instructions:

- Divide participants into groups of 3-4. Distribute posters with character profiles and hard copies of the scenario; prepare one copy of each per group. Distribute flipchart paper, post-it notes and pens/markers.
- Ask a volunteer to read out loud the scenario handout.
- After the volunteer has finished reading the scenario, ask participants to discuss the questions in the handout. Alternatively, you can project these on a PPT slide or have them written out on a flipchart.
- Groups have 15 minutes to write their answers on post-it notes and paste these on the flipchart paper.
- After 15 minutes, ask groups to wrap up discussions and invite volunteers to present their answers to the wider group.

Exercise 4 Handout

Scenario

A year ago, there was a massive influx of people, fleeing a civil war, from the border region of Country A into Country B. During the early days of the emergency, it was reported that an estimated 250,000 people fled to Country B and settled in makeshift camps along the border. Around 65% of those living in the camps are women and girls. Media reports highlighted the widespread and systemic use of sexual violence against women and girls by the warring parties in Country A. With support from the international community, Country B has activated a multisectoral humanitarian relief operation to respond to this emergency. Six months into the crisis, basic services are in place yet many challenges remain. These include:

a) Limited coverage of services and presence of humanitarian actors due to arbitrary access restrictions;
b) Language barriers due to severe shortage of staff who are able to speak dialect QT – this is native to Country A and spoken widely by people living in the camps;
c) High levels of mistrust between people from Country A and service providers from Country B; and
d) Fear of retaliation and stigma associated with disclosures of GBV – during community consultations, male religious and community leaders categorically state that GBV is not an issue.

Your organization is one of the few GBV-specialized agencies to receive approval to implement programming in some of the makeshift camps. To ensure your programming priorities are evidence-based, you've been tasked to hire and train a GBV data-collection team to collect data on the availability, utilization and effectiveness of services in the camps to respond to GBV.

Questions:

1. What Key Actions would you prioritize when embarking on a GBV data-collection exercise?
2. Based on the scenario, what are some of the potential challenges your data-collection team may face? How would you address these? List one challenge and solution per post-it note.

Facilitator Notes

Responses:

1. Key Actions:

- Before collecting new data, review and analyse existing secondary data (e.g. household surveys, aggregated service data, legal framework, academic and media reports, etc.), to inform decision-making.
- Assess GBV information gaps/needs, and weigh the risks, costs and benefits of data-collection and analysis.
- Undertake mapping on GBV response services (e.g. existing quality and scale of multisectoral services, national legal and policy frameworks).
- Identify the best methods for reaching women, girls, boys and men in separate groups for routine data-collection and targeted participatory assessments.
- Select members of a data-gathering team carefully and ensure they receive relevant and sufficient specialized training and ongoing support. Give careful consideration to the composition of the data-collection team (sex, age, language, etc.). A majority female data-gathering team is recommended to facilitate the participation of women and girls. Assess the team for supportive attitudes and values towards marginalized women and girls and GBV survivors.
- Work with and through community structures and groups such as religious groups, youth groups, health facilities, community-based organizations and local NGOs to gather data; use multifunctional teams, including local partners, to make initial contact when the affected population might be scattered in an urban or remote area.
- Train the data-collection team on participatory approaches, GBV Guiding Principles (see Standard 1) and WHO ethical considerations for GBV data-collection and monitor the level of survivor-centred, gender-equitable attitudes of the team throughout training and implementation.
- Make specific efforts to reach marginalized groups of women and girls and partner with child protection and disability actors to hold age and disability responsive consultations.
- Map informal meeting places and networks through which a wider assessment can be conducted.

2. GBV data-collection in humanitarian settings involves many challenges and risks, including:

- Potential to cause harm to beneficiaries, among other things by creating safety risks for survivors and other women and girls;
- Shortage of qualified, female enumerators/data collectors;
- Stigma faced by survivors who report GBV incidents;
- Insecurity, including the risk of retaliation by perpetrators and/or the community;
- Impunity of perpetrators;
- Lack of harmonized GBV-related data-collection tools and data-collection methods;
- Lack of or weak data protection mechanisms to ensure the safety, security, confidentiality and anonymity of case information;
- Lack of service infrastructure;

- Lack of effective and quality case management services for GBV survivors;
- Limitations on the mobility of typically marginalized segments of the female population (e.g. older women and adolescent girls or women and girls with disabilities);
- Restricted humanitarian access to the affected population, especially women and girls;
- Limited time to establish trust and rapport with affected populations; and
- Difficulty in establishing adequate interview settings that ensure basic privacy.

Key Takeaways:

- Methods of data-collection and information-gathering should be both quantitative and qualitative to provide a more comprehensive understanding of the nature and scope of GBV.
- Quantitative methods typically include surveys, questionnaires and statistics. Qualitative methods comprise interviews, focus group discussions and safety audits or observations. Qualitative methods can provide contextual information on risks faced by women and girls, perpetration of different types of GBV, harmful consequences for survivors and shifts in social and gender norms as a result of the humanitarian crisis.
- In all methods employed to collect data, it is essential that the participation of all relevant community groups is promoted and facilitated, with a specific focus on including women and girls. Community participation in data-collection should be encouraged with caution in situations where this poses potential security risks or increases the risk of GBV.
- Given the highly sensitive and potentially life-threatening nature of GBV, any type of qualitative or quantitative assessment or survey must follow robust ethical and safety considerations, accepted international standards and "do no harm" principles. A failure to do so places women and girls, GBV survivors and staff at risk.

FACILITATOR'S GUIDE

PART II

Applying the Minimum Standards: The Contextualization Tool

Contextualizing the Minimum Standards

The **Contextualization Tool** outlines a **process** for applying the Minimum Standards to participants' local setting. The Contextualization Tool aims to support GBV implementing organizations and partners to assess and improve GBV programming components that are currently being implemented in their specific context toward achieving the GBV Minimum Standards. The GBV Minimum Standards contextualization process may be an intervention in itself as it supports reflection, planning, and collaboration among team members, organizations and partners.

Contextualization is the process of collectively: (1) assessing the extent to which GBV programming components are being implemented according to a GBV Minimum Standard in a particular context; and (2) identifying which Key Actions for each Minimum Standard, and/or additional actions, must be prioritized, initiated, adapted, sustained, strengthened or better coordinated to achieve the Minimum Standard in a specific context. The contextualization process may also include identifying appropriate partners and other resources, including women's organizations[44], with whom to coordinate to achieve the Minimum Standard.

All of the Minimum Standards contain a non-exhaustive list of Key Actions to: (1) achieve the Standard; and (2) contextualize implementation. Although the Standards are applicable in all settings, all Key Actions may not apply to all settings or to all stages of a humanitarian response.[45] Each Minimum Standard represents common agreement on what needs to be achieved for each specific programmatic element to be of adequate quality and avoid doing harm.

Contextualizing the GBV Minimum Standards is important because the contextualization process will result in GBV programming that is survivor-centred, of adequate quality and responsive to the evolving needs of diverse women and girls in that specific context. It is also an important process toward building a stronger community of practitioners, activists and policy-makers who are invested in the development and delivery of quality, accountable GBV response and prevention services.[46]

The contextualization process can also serve as a useful team-building and capacity-strengthening activity, where implementing actors cultivate ownership and inform the process of fulfilling the GBV Minimum Standards. Contextualisation can support managers and coordinators to listen and learn from implementing team members and women's organizations, who hold critical context-specific knowledge and understanding of GBV programming and the realities, challenges and opportunities in each location.

All of the Minimum Standards are based on international humanitarian and human rights frameworks which apply even in a crisis. Therefore, it is important for contextualization not to lower the Standards in a difficult context, or alter the rights-based foundations on which the Minimum Standards are based. Instead, contextualization should support identification of

[44] Women's organizations include national, regional and local civil society entities, including women-led and women-focused organizations, women's rights organizations and feminist movements.
[45] GBV Minimum Standards, p. xv.
[46] GBV Minimum Standards, p. xv.

gaps and inspire GBV actors to implement programmes that reflect good practice and do not cause further harm.

Based on an analysis of the context, including the potential for harm or shortfalls in the quality of certain services, it may be necessary to place strategic focus on some Minimum Standards over others. In some circumstances, local factors (e.g. security, access, etc.) may make realization of the Minimum Standards and critical Key Actions unattainable in the short term. It is critical to reflect on the realities of the local context and identify strategies for change in order to address challenges and realize the Minimum Standards.

It may not be possible to achieve a particular Minimum Standard if other Standards are not yet achieved. For example, if a programme does not meet certain Minimum Standards, like Standard 1: GBV Guiding Principles, there may be a need to shift priorities to ensure that programming adheres to the GBV Guiding Principles and does not cause harm. As another example, Standard 13: Transforming Systems and Social Norms, requires that response services be available and accessible before engaging in prevention programming. In other words, it is not possible to fully achieve Standard 13 unless response services are in place. In this case, a programme may decide to prioritize contextualizing the GBV Minimum Standards that focus on response services, safety and risk mitigation, before focusing on prevention programming. The final step of the contextualization process, focused on planning, is an opportunity to outline actions toward fulfilling each Standard.

Purpose of the Contextualization Tool

The purpose of the Contextualization Tool is to support GBV implementing organizations, including government partners where appropriate, in assessing and improving GBV programming components that are currently being implemented in the specific setting toward achieving the Minimum Standards.

The Contextualization Tool takes participants through four key steps to answer the following questions:

1. To what extent is the Minimum Standard currently being implemented?
2. What Key Actions are necessary to achieve the Standard?
3. What tools and resources can accelerate implementation?
4. Who will do what and by when (based on identified activities or Key Actions)?

The process should entail a substantive reflection by GBV actors to evaluate achievement of the Minimum Standards in their context. It is critical to note that additional tools are not required to navigate the four steps described below.

The Contextualization Process: Four Steps

The four steps of the contextualization process are outlined in the following table:

	Contextualization Step	Explanation
1.	To what extent is the Minimum Standard currently being implemented?	ASSESS current implementation of a Minimum Standard. How is the Standard implemented in context? What is your programme doing well with regard to this Standard? Is the Standard equally applied and/or accessible for all affected persons (adolescent girls, older women, women and girls with disabilities, or those with diverse sexual orientations and gender identities)? Are there women and girls who are being excluded?
2.	What Key Actions are necessary to achieve the Standard?	IDENTIFY what priority actions are necessary – either from the Key Actions contained in the Minimum Standard, and/or additional actions – to achieve the Standard. Note that some actions may need to be initiated, while other actions may need to be adapted to better fit the social and cultural context; other actions may need to be sustained, strengthened or better coordinated.
3.	What tools and resources can accelerate implementation?	COORDINATE. Identify who and what resources are available to support achievement of the Minimum Standard. Who are appropriate partners, including women's organizations with whom to coordinate? Are there tools and resources that will help to implement the Standard? What is needed to maintain adequate quality for services that are already in place?
4.	Who will do what and by when (based on identified activities or Key Actions)?	PLAN. Prioritize, agree and plan action steps to support achievement of the Minimum Standard and promote accountability. Based on the activities and actions identified, plan for next steps within an organization, among implementing agencies, and/or within the GBV coordination group, if applicable.

The Contextualization Process

The Contextualization Tool is set up as follows:

1. The four steps – Assess, Identify, Coordinate and Plan – define the columns in the tool. The four steps are framed as questions to reflect and generate discussion.

2. Each of the 16 rows represents one of the Minimum Standards and includes a non-exhaustive list of questions for each Standard. These 3-4 broad questions should support reflection on achievement of the Standard in a specific context. *Facilitators are encouraged to use the questions that seem most relevant to the context and to add additional questions.*

Facilitating the Contextualization Process

1. Remind participants which Minimum Standard(s) are targeted for contextualization in this session. It may be useful to explain why the targeted Minimum Standard(s) were chosen, i.e. the programming components are at the core of your agency's programming or, if in a coordination or group setting, why the targeted Minimum Standards need to be prioritized in the implementation area.

2. Designate a participant or co-facilitator to complete the Action Planning form (format provided below) to document the session. Alternatively, write each heading on a flip chart and document the discussion and agreements during the session.

Action Planning Format:

Minimum Standard	Prioritized Actions	Critical Contributors (new or existing)	Lead (person or organization)	Resources or Tools to Improve Implementation	Next Steps	Due Date
Standard Number/ Name						

3. Refer to the column headings outlining the four contextualization steps: Assess, Identify, Coordinate and Plan. Explain the steps according to the above table.

4. Note that the objective of the contextualization session is to stimulate strategic thinking on:
   - Current implementation of the Standard in a specific context;
   - The Key Actions necessary to achieve the Standard in the specific context;
   - The main resources (partners, tools, etc.) available to support achievement of the Standard; and
   - Actions points to promote achievement of the Standard in the context.

5. For each Standard, refer to the *Inter-Agency Minimum Standards on Gender-Based Violence in Emergencies Programming* by specifying pages or sections. In the tool below, find the row that correlates to the Minimum Standard(s) that are the focus of the session.

6. For each Standard, discuss and answer the most relevant questions listed for each step. Reminder: The questions in the tool are not an exhaustive list and do not address *all dimensions* of each Standard.

7. Promote space for discussion of challenges and constructive approaches toward improving application of the GBV Minimum Standards in the local context.

8. To ensure accountability, revisit the table of prioritized actions and next steps in a follow-up meeting or subsequent sessions.

Although some aspects of the contextualization process may be challenging, additional tools should not be necessary to answer the questions for each Standard.

Contextualization Tool

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 1: GBV Guiding Principles			
• How is the Standard applied in your specific country/ emergency context? • Which of the GBV Guiding Principles are well understood, and widely applied? • Which of the GBV Guiding Principles are less well understood, and less widely applied?	• What actions are you already taking to ensure application? • What further Key Actions could you take to ensure better application?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 2: Women's and Girls' Participation and Empowerment			
• How is the Standard applied in your specific country/ emergency context? • What constraints have you noted in regard to the participation of women and girls, particularly those most excluded and marginalized? • What have you been doing to mitigate constraints to their participation? • How are you monitoring any possible negative consequences/adverse impacts of the initiative on women and girls?	• What further action can you take to maximize women and girls' participation? • What will you do to ensure that women and girls inform the design of GBV programming? • How can you implement programming that addresses power imbalances explicitly?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 3: Staff Care and Support			
• How is the Standard applied in your specific country/ emergency context? • Does your office have anything in place for 1) staff capacity, 2) safety and 3) well-being? • How can your office improve its policies and practices in order to meet the Minimum Standard? • What areas are most in need of improvement?	• What further action can you and/or your office take to improve staff care and support? • What measures can be put in place to provide sufficient technical and psychosocial support for staff?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 4: Health Care for GBV Survivors			
• How is the Standard applied in your specific country/ emergency context? • Are GBV survivors able to access: (1) quality, (2) confidential, (3) age-appropriate and (4) compassionate health-care services? • What are some of the barriers to ensuring the standard is fully met?	• What Key Actions can you take to maximize women's, girls' and their community's participation and decision-making in health care? • How can you work with health-care actors and providers to identify and address gaps in service delivery to survivors of GBV?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial to working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 5: Psychosocial Support			
• How is the Standard applied in your specific country/ emergency context? • Are GBV survivors able to access (1) survivor-centred and (2) age-appropriate psychosocial support services that build community resilience, and support positive coping mechanisms? • What are some of the barriers in ensuring the Standard is fully achieved?	• What Key Actions can you take to ensure that women and girls participate in the design of services that promote their psychosocial well-being. • What actions can you take to ensure that psychosocial support within your programmes are delivered in line with the Standard?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial to working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 6: GBV Case Management			
• How is the Standard applied in your specific country/ emergency context? • Which types of coordinated support within the Standard (medical treatment, psychosocial care, safety and protection, legal, education/ livelihood, and/or other protection services) are being implemented well? • What are some of the barriers to ensuring the Standard is fully met?	• What Key Actions can you take to ensure that GBV caseworkers are equipped with the knowledge, resources and tools they need to meet the Standard? • What actions can you take to ensure that Case Management services are delivered in line with the Standard, including ensuring access and support to all GBV survivors?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 7: Referral Systems			
• How is the Standard applied in your specific country/ emergency context? • Does the current referral system provide quality multi-sectoral services, through a well-established referral system that support survivors' timely, safe and confidential access to services? • What are some of the barriers to ensuring the Standard is fully met?	• What actions can you take to ensure that referral systems safely connect women, girls and other at-risk groups to appropriate multi-sector GBV prevention and response services?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 8: Women's and Girls' Safe Spaces			
• To date, how has the Standard been applied in your specific country/emergency context? • Do the WGSS currently meet all 5 standard objectives? Are some better met than others? • What are some of the barriers to ensuring the Standard is being met?	• What Key Actions can you take to ensure that all 5 standard objectives of WGSS are being met? • How could you ensure that community groups, particularly women and girls, are participating in the design and delivery of WGSS services?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 9: Safety and Risk Mitigation			
• How is the Standard applied in your specific country/ emergency context? • What are all the ways in which you are promoting women's and girls' safety and reducing their GBV risk? • Are there specific sectors that could improve risk mitigation and/or women's and girls' participation? • What are some of the barriers to making progress?	• What Key Actions could you take to ensure that you are meeting the Standard? • How can you ensure that GBV risk assessments and the development of safety strategies involve women and girls? • What can you do to promote the uptake of the *IASC GBV Guidelines* in other clusters/ sectors?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 10: Justice and Legal Aid			
• How is the Standard applied in your specific country/ emergency context? • Do current systems (1) allow and support survivors to determine what constitutes justice, and (2) protect their safety and dignity? Do the systems respond to survivor's decisions, and are they non-discriminatory, fair and transparent? • What are some of the barriers to attaining the Standard?	• What Key Actions could you take to ensure that you are meeting the Standard? • What can you do to ensure you and other actors are promoting a survivor-centred approach, that prioritizes respect and dignity of survivors? • What are you doing to ensure women's organizations and groups are leading in the achievement of this Standard?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 11: Dignity Kits, Cash and Voucher Assistance			
• How is the Standard applied in your specific country/ emergency context? • Are Dignity Kits and Cash and Voucher Assistance programmes designed to meet the needs of women and girls? Is distribution fair, transparent and wide-reaching? How did you determine this? • What are some of the barriers to attaining the Standard?	• What Key Actions could you take to ensure that you are meeting the Standard? • What can you do to assess, minimize, monitor and address GBV risk in CVA programmes?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 12: Economic Empowerment and Livelihoods			
• How is the Standard applied in your specific country/ emergency context? • How are you ensuring that you and other livelihood actors are delivering economic empowerment programmes that consider and respond to the potential harms/risks of women's participation? • What are you doing to ensure that women participate in the process of assessing risks, mapping needs and developing appropriate and responsive programmes? • What are some of the barriers to attaining the Standard?	• What Key Actions could you take to ensure that you and other actors are meeting the Standard? • How can you support better coordination and collaboration between GBV and livelihoods sectors/clusters? • What can you do to address the underlying power structures that exclude women from economic opportunities?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 13: Transforming Systems and Social Norms			
• How is the Standard applied in your specific country/ emergency context? • Which aspects of GBV programming explicitly analyse and address harmful social norms and systemic gender inequality, and are they accountable to women and girls? • What are the limiting factors in prioritizing and implementing programmes that help to transform systems and norms?	• What Key Actions could you take to ensure that you and other actors are meeting the Standard? • What would you do during the preparedness, response and recovery stages? • How will you ensure that women and girls are leaders in initiatives that address transforming systems and norms?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 14: Collection and Use of Survivor Data			
• How is the Standard applied in your specific country/ emergency context? • Consider this in regard to (1) GBV-IMS and Other Systems (e.g. MARA), (2) Information-Sharing Protocols; (3) National GBV data systems; and (4) Reporting and communications on GBV. • Which aspects of the 5 main activities (data-collection, informed consent, data storage, data analysis and data-sharing) meet the Minimum Standard? • What are some of the barriers to attaining the Minimum Standard?	• What Key Actions could you take to ensure that you are meeting the Minimum Standard? • What can you do to promote safe and ethical information management, storage and use? • How could you ensure that other actors are also meeting the Minimum Standard? • How would you ensure that staff (and particularly those involved with communications and media) employ a survivor-centred approach in dealing with data?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 15: GBV Coordination			
• How is the Standard applied in your specific country/ emergency context? • How well do you think that your organization and the GBV sub-cluster/sector or working group are implementing their six core functions? • What are some of the barriers to performing the six core functions/attaining the Minimum Standard?	• What Key Actions could you take to ensure that you are meeting the Minimum Standard? • How can you assess if the sector is working together in coordination of results in timely, concrete action to mitigate risks, and prevent and respond to GBV? • What kinds of training/ resources/leadership could you provide to other actors in GBV coordination? • How would you address problem areas in GBV coordination, collectively with other actors?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

ASSESS	IDENTIFY	COORDINATE	PLAN
To what extent is the Minimum Standard currently being implemented?	**What Key Actions are necessary to achieve the Standard?**	**Who are the main actors that will need to work together to achieve the Standard? What tools and resources can accelerate implementation?**	**Who will do what and by when (based on activities or Key Actions)?**
STANDARD 16: Assessment, Monitoring and Evaluation			
• How is the Standard applied in your specific country/ emergency context? • Does your data-collection process include participatory approaches and alignment with the WHO ethical considerations? • What mechanisms are established to ensure regular input from all women and girls?	• What Key Actions could you take to ensure that you are meeting the Minimum Standard? • Do your routine data-collection and monitoring methods prioritize safety for women and girls? • How could your data-collection efforts be more participatory? • Do your routine data-collection activities empower local communities and generate data that the communities could use?	• Who will work together to achieve these Key Actions? • What other available resources, such as tools or training, will be beneficial for working together to achieve the Standard?	• How will you know you have achieved the identified Key Actions (who is responsible for reporting back, by which date, and how will you measure success)?

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