

Training Manual Facilitator's Guide

*Multisectoral & Interagency Prevention
and Response to Gender-based Violence
in Populations Affected by Armed Conflict*

Gender-based Violence Global Technical Support Project
JSI Research & Training Institute/RHRC Consortium
Washington DC
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Training Manual Facilitator's Guide

Interagency & Multisectoral Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict

by Beth Vann

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**Global GBV Technical Support Project
JSI Research & Training Institute
RHRC Consortium**

The Global GBV Technical Support Project provides technical assistance and training to UN agencies, international and national nongovernmental organizations, host governments, and displaced communities. The project seeks to strengthen prevention and response to gender-based violence by facilitating the development of effective program strategies with populations affected by armed conflict. It is led by JSI Research and Training Institute in collaboration with the Reproductive Health Response in Conflict (RHRC) Consortium. The activities are financed by the United States Department of State under the authority of the Migration and Refugee Assistance Act of 1962, as amended.

The RHRC Consortium, formed in 1995, works to increase access to a range of quality, voluntary reproductive health services for populations affected by armed conflict. Each member brings unique strengths; collaboration has provided RHRC with numerous multidisciplinary skills and technical capabilities, as well as a broad field base. The members of the RHRC are the American Refugee Committee, CARE, Columbia University's Heilbrunn Center for Population and Family Health, International Rescue Committee, JSI Research and Training Institute, Marie Stopes International, and Women's Commission for Refugee Women and Children.

JSI Research and Training Institute is an affiliate of John Snow, Incorporated and provides a range of research and consulting services in the health care and service sectors. JSI, whose mission is to improve the health and well-being of people around the world, has worked in more than 80 countries. Its headquarters are in Boston, Massachusetts; other U.S. offices are in Washington, D.C., Concord, New Hampshire, and Denver, Colorado. JSI also maintains offices in more than 20 countries throughout the developing world.

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Training Manual: Facilitator's Guide, Interagency & Multisectoral Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict

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Terms and Abbreviations

GBV	gender-based violence
NGO	non-government organization
RHRC	Reproductive Health Response in Conflict Consortium (formerly known as Reproductive Health for Refugees Consortium)
SGBV	sexual and gender-based violence
SOV	survivor of violence
STI	sexually transmitted infection
UNHCR	United Nations High Commissioner for Refugees
VAW	violence against women
VOV	victim of violence

The phrases “displaced communities” and “populations affected by armed conflict” refer to refugees, internally displaced persons, and returnees. These persons may be living in established camps or settlements, or they may be dispersed in urban or rural settings.

Forward

The *Training Manual for Multisectoral and Interagency Prevention and Response to Gender-based Violence* is a draft training manual, the result of five years experience conducting, testing, and revising workshops and seminars for planning interventions to address gender-based violence (GBV) in displaced settings around the world. Since 1999, the Technical Advisor of the Global GBV Technical Support Project¹ has conducted training and planning workshops in the field with staff and volunteers from NGOs, UN agencies, host governments, and displaced communities. Field sites included countries in East, West, Southern, and Horn of Africa; Eastern Europe; and Central, South, and Southeast Asia. The training and planning includes pre-workshop assignments, 1–5 day workshops, and post-training follow up to support development of well coordinated multisectoral and interagency action for prevention as well as response to survivors and perpetrators.

Gender-based violence is a long standing, complex, global problem. It requires attention and effort from a wide range of actors. In populations affected by armed conflict, GBV is one among many protection concerns for the community and the organizations assisting the community. According to UNHCR's 2003 *Guidelines for Prevention and Response to SGBV Against Refugees, Returnees, and IDPs*, gender-based violence is a priority protection issue. The Guidelines describe specific actors, organizations, professions, and sectors that have responsibility for taking action to ensure appropriate survivor support, to deal with perpetrators, and to establish effective prevention strategies.

Although UNHCR's guidelines and other relevant publications² lay out guidelines, standards, and recommendations for GBV prevention and response, many humanitarian actors are not aware of their specific responsibilities and many have not been trained to carry them out. Additionally, effective GBV prevention and response requires good interagency planning, coordination, collaboration, and communication. In humanitarian settings, interagency coordination is one of the greatest challenges, and GBV coordination is no exception.

The Global GBV Technical Support Project works closely with UN agencies, NGOs, and others to fill training gaps and resolve issues of training, planning, and coordination. It is hoped that publication and dissemination of this Training Manual will help to strengthen these efforts and expand training and planning resources in the field.

This Training Manual is offered as a *draft* to be used in the field. The Global GBV Technical Support Project continues to refine the modules in this manual and add additional modules to the curriculum. A final and expanded version of the Training Manual will be published in the future. Comments and feedback about the training manual are welcome and encouraged. Please contact us by email at gbvresources@jsi.com

Overview of Training Curriculum

The curriculum in this Training Manual enables the trainer to conduct a two to three day training and planning workshop. The curriculum begins with training and discussion about the basic concepts and principles that will lead participants to a clear understanding of the meaning of the term “gender-based violence.” The curriculum continues with detailed information about

¹The Project is implemented by JSI Research and Training Institute (Washington DC) on behalf of the RHRC Consortium.

²See Additional Resources section at the back of this manual.

Forward

consequences of GBV and survivor support services needed. The curriculum also covers causes and contributing factors, which leads participants to an understanding of prevention and the ability to develop effective prevention strategies.

The two to three days training in this curriculum can be augmented by training available from other sources. And, the GBV Technical Support Project is developing additional training modules that teach more in depth knowledge about working with survivors, the links between HIV/AIDS and GBV, using Behavior Change Communication (BCC) strategies to address GBV, and other training topics to support training beyond the minimum levels included in this version of the Training Manual.

Acknowledgements

The games, activities, and exercises in this Training Manual have been developed and refined over a five year period. Many of the exercises were originally adapted and have since evolved from activities developed by others. These include: The *Games Trainers Play* series by Newstrom and Scannell; *RH Jeopardy* game by Susan Purdin; and the *Oxfam Gender Training Manual*.

Notes for Trainers

Workshop Purposes

The purpose of the training and planning workshop in this manual is to build the capacity of an interagency, multisectoral team to prevent and respond to gender-based violence. The workshop builds individual knowledge, understanding, and skills while building a sense of teamwork and collaboration.

Sample Objectives

Training: By the end of the workshop, participants will be able to

1. Describe the relationship between issues of gender and power, and gender-based violence; and define gender-based violence
2. Identify types of GBV occurring in the setting, causes and perpetuating factors
3. Describe the recommended standards for interagency, multisectoral prevention and response to GBV.
4. Identify strengths, gaps, and needs in the setting for prevention and response to GBV.

Planning: By the end of the workshop, participants will

5. Develop a plan for the next steps to build prevention and response to GBV for follow-up and continuing action after the workshop.

Participants

The training curriculum is designed for an interdisciplinary group of people who are—or would like to be—working together as an interagency GBV team. The curriculum can, however, be used with a group of same-sector staff and volunteers; for example, health providers, or psychosocial workers, or police/security workers.

Planning a Workshop

Trainer Qualifications

It is recommended that there be two trainers working as co-facilitators. It is strongly suggested that both trainers be knowledgeable about gender-based violence and recommended interventions. The trainers should also be knowledgeable about the specific GBV situation in the site where the workshop will be conducted.

Pre-workshop Activities

Experience has shown that advance involvement of participants builds individuals' commitment to the workshop and enhances outcomes.

Approximately six weeks in advance of the workshop, send a questionnaire to each participant. They are to complete the questionnaire and return it before the start of the workshop. At a minimum, the questions should include information about individuals' prior experiences and training on the topic.

Another useful pre-workshop activity is to send everyone a case study and require them to answer a series of questions. The case study should be a “typical” case of rape or domestic violence that highlights problems in interagency coordination, referral procedures, community (and helper) values that blame the victim, etc.

Notes for Trainers

Participant Materials

The workshop is designed to help participants learn about a few of the most relevant resource materials that they should have and use. Sufficient copies of at least the following should be at the workshop so that each participant has their own copy (ordering information is listed in the Additional Resources section of this manual).

Clinical Management of Survivors of Rape, WHO and UNHCR, 2002.

GBV Tools Manual for Program Design, Monitoring and Evaluation, RHRC Consortium, 2004.

Guidelines for the Prevention and Response of Sexual and Gender-Based Violence Against Refugees, Returnees, and Internally Displaced Persons, UNHCR 2003.

Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations, Beth Vann, RHRC Consortium, 2002.

Participants should become familiar with these four materials during the training. Throughout the workshop, participants should be instructed to open the relevant books, and underline or highlight text that corresponds to the topic.

Training Methods

A variety of training methods are used in each of the modules. Methods include small group work, individual work, games, exercises, lecture, and large group discussions. Trainers should take care to avoid lengthy lecture or large group discussions, always remembering that individual participants learn through different methods.

Venue and Training Room Layout

Take particular care in selecting a venue for the workshop. A residential program at a hotel or conference center is more effective for teambuilding, but may not be possible due to funding considerations.

Participants should sit in a semi-circle or horseshoe shape, preferable at tables, facing one another.

Workshop Agenda

The trainers will need to develop a workshop agenda, based on the number of training days. Each module builds on the other, and they are intended to go in order (Module 1, 2, 3, 4). A three-day workshop is recommended, with evening small group activities on Day One and Day Two. If necessary, the entire curriculum can be completed within two days by shortening some sessions.

Notes for Trainers

Module Layout

Each module begins with an overview and general information about purposes and length of time needed. Times throughout the modules are estimated—and can be shortened or lengthened depending on the trainer’s facilitation.

In each module, there are a number of individual sessions. Each session begins with information about purpose, objectives, preparation, and timing. The procedure for each session is laid out step by step, with discussion points indicated by a special bullet that looks like this: ♦

Handouts

Handouts are included at the back of each module and should be copied for participants in advance of the session.

Notes for Trainers

MODULE 1: WORKSHOP OPENING

Overview

Opening sessions of a multi-day workshop should include, at a minimum, the sessions in this module. The type of opening sessions and trainer's style in facilitating these first sessions will set the tone or climate for the workshop. Participants will learn something about each other and about the trainers, and will begin to form trust in the trainers.

There are many different ways to conduct each of the sessions in this module. *The Oxfam Gender Training Manual* (see Additional Resources at the back of this training manual.) contains some excellent opening and introduction activities. The trainers should revise the sessions described in this module as necessary to match their own personal training styles and preferences. The activities in each session should also be selected based on information about the participants—to ensure relevance to participants' background and prior experiences. (This is another reason why advance information about participants is so important.)

Goals

1. To become acquainted with each other.
2. To begin developing trust in the trainers.
3. To set the climate for the entire workshop.
4. To clarify the workshop plan, including schedule and agenda.

Total Time 1–2 hours, depending on the size of the group and total length of workshop (longer introductions for longer workshops)

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MODULE 1: WORKSHOP OPENING

Session 1.1—Opening

Time

5–10 minutes

Procedure

Begin the workshop by greeting participants. Introduce yourself and any other workshop staff working with you. If the workshop is being hosted by an organization, someone from that organization should make a few remarks to open the workshop and welcome participants.

Session 1.2—Introductions

Time

15–60 minutes

Notes to Trainers

- ◆ For two-day workshops, time will be limited, so introductions should be short (15 minutes). Participants will learn more about each other as the workshop continues.
- ◆ For workshops three days or longer, introductions should take more time and involve more interactions between participants (45–60 minutes).

Procedure

Conduct some type of introduction activity so that all participants are aware of who is in the room—names, organizations, work sites, and general information about each other's work.

MODULE 1: WORKSHOP OPENING

Session 1.3—Have You Ever ...

Length	10 minutes
Overview	This is a quick and fun way to learn something relevant about participants and to avoid lengthy individual introductions if time is a concern.
Objectives	Participants and trainers will learn relevant facts about each other's experiences. This will help the trainer to facilitate participatory sessions that draw from participant experiences.
Preparation	Review advance information about participants; revise/expand questions accordingly.
Materials	Optional—noise makers or whistles, one for each participant
Session type	Activity

Procedure

1. Ask participants to raise their hands—or stomp their feet—or stand up—or bang their desktops—or blow the whistle—if they:
 - Have attended a gender training workshop before?
 - Have attended a GBV training workshop before?
 - Are working with survivors in your current job?
 - Have ever interviewed a rape survivor?
 - Have ever interviewed a child survivor of sexual abuse or rape?
 - Know someone personally who was raped?
 - Know someone personally who experienced domestic violence?
 - Are a trainer?
 - Have given training on gender or GBV before?

MODULE 1: WORKSHOP OPENING

Session 1.4–Expectations

Length	10–15 minutes
Overview	Understanding expectations will give trainers the opportunity to reassure participants that the trainers will strive to meet expectations, and to clarify any misconceptions about the workshop.
Objectives	To learn about participant expectations for the workshop. To clarify any misunderstandings—and state up front any expectations that may not be met during the workshop.
Preparation	None
Materials	Flip chart, markers
Session type	Activity

Procedure

1. Ask participants to take 2 minutes to write down two expectations they have for the workshop.
2. Ask participants to discuss these expectations with their neighbors for 2 minutes.
3. Reconvene the group and ask participants to share their expectations. Write these on the flipchart paper.
4. Explain whether or not this workshop will address each of the shared expectations. If it will not, explain why and how interested participants can gain access to such knowledge.
5. If there are other expectations of the workshop that were not mentioned by participants, explain these.

Session 1.5–Objectives

Time

5–10 minutes

Procedure

Immediately following the Expectations session, handout copies of the workshop objectives. Go through each objective, taking time to be sure participants understand the workshop purposes, objectives, and intended outcomes. Facilitate a discussion to clarify any questions or concerns.

Session 1.6–Agenda

Time

10–15 minutes

Procedure

1. Distribute the workshop agenda.
2. Review the daily schedule with the participants, making sure to note any overall themes for given days, etc.
3. Explain how the workshop sessions will build upon each other to achieve the workshop objectives.

MODULE 1: WORKSHOP OPENING

Session 1.7—Ground Rules

Time

10–15 minutes

Procedure

1. Explain that in order for the training to go well, participants will have to follow certain rules.
2. Write on the flipchart the following list of rules and explain each as you write it:
 - Turn off cell phones
 - Respect time—start on time, end on time
 - Be respectful of other participants and the facilitators
 - Talk loud enough for all to hear
 - Talk one at a time
 - Maintain confidentiality
 - Participate!
3. Ask participants if there are any other rules they would like to suggest. Discuss and agree. Write these on the flip chart.
4. Ask participants if they agree to abide by these ground rules.
5. Post the ground rule list on the wall in the training room.

Notes to Trainers

- ◆ Maintaining confidentiality is often an issue in GBV workshops. Participants want to share information about their experiences working with GBV survivors and their families.
- ◆ Any incidents or cases that participants want to discuss should be disguised in such a way to remove any potentially identifying information. For example, change the age of the survivor, location of the incident, some details about the incident – and never mention real names or locations.

MODULE 1: WORKSHOP OPENING

Session 1.8—Workshop Materials, Housekeeping

Time

15–20 minutes, depending on number of announcements

Procedure

Workshop Materials

1. Distribute workshop notebooks and materials. Alternatively, these can be handed out as participants enter the room at the start of training.
2. Conduct a quick orientation so that participants are aware of the materials in their packets.

Logistics and Housekeeping

3. Review the daily schedule—time for breaks and lunches.
4. Inform participants of locations of toilets, break area, etc.
5. If relevant: Review the workshop policies on seeking reimbursement for travel, how food and beverages will be handled (i.e., does the workshop provide these and pay for them directly, or does the participants pay for them and get reimbursed, etc.), and how accommodations will be paid. Set deadlines for receipt submission and announce when reimbursements will be distributed.
6. Explain who from the workshop staff will be handling logistics and direct participants to contact her/him directly outside of the sessions.
7. Explain that any housekeeping reminders will be posted on a paper in the back of the room. (Post a flip chart paper at the back of the room, near the entrance.)
8. Answer any questions.

Notes to Trainers

For multi-day residential workshops, it is strongly recommended that there be someone other than the trainers serving as a logistics and support person. Participants will have many logistical needs and questions throughout the workshop, and trainers should be focusing on workshop content, not logistical details.

If funding constraints do not allow for this extra staff person, then trainers should involve participants in helping with logistics. One idea is to ask for 2 volunteers each day to serve as a “host team,” to answer questions from participants and communicate any questions or problems they cannot answer to the trainers during a suitable break.

MODULE 1: WORKSHOP OPENING

Module 2: Introduction to GBV

Overview

This module provides information to lay the foundation for the entire training program. Step by step, each session builds participants' understanding of the key concepts and principles behind "gender-based violence" and "violence against women."

This module also contains optional exercises and activities that reinforce learning from the sessions and can be fun for participants.

Training Goals

1. To help participants understand and describe the key concepts and basic issues underpinning all forms of gender-based violence.
2. To increase participants' abilities to discuss the key concepts in ways that can be well understood by the community and by staff.

Key Learning Points

- Gender-based violence is violence that occurs based on gender roles, expectations, limitations, etc. GBV therefore largely affects females in most societies; males are also victims/survivors of GBV, but most gender discrimination occurs against females because they are disempowered in most societies as compared to their male counterparts.
- GBV involves the abuse of power
- GBV involves some type of force, including threats and coercion. Force is not always physical force. Using the word "violence" implies physical violence, but the meaning is broader than that.
- Acts of GBV are violations of fundamental human rights.

Total Time

1 hour and 45 minutes (plus 4 hours for optional sessions)

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Module 2: Introduction to GBV

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Notes to Facilitators

This module contains basic information that some participants may already know. This prior knowledge allows this module to be highly participatory, with much of the teaching coming from participants themselves. Many participants have probably studied some of the concepts and topics in this module. Probably very few, if any, have considered the concepts together in this way to form an understanding of the meanings behind the words “gender-based violence.”

The module contains a number of short topics using mainly large group lecture and discussion. To avoid participant boredom or confusion, be sure to keep the discussions lively and actively facilitate to maximize participation.

Module 2: Introduction to GBV

Session 2.1–Sex vs. Gender: What is the difference?

Length	15–30 minutes
Overview	This is a brief review of the concept of “gender,” which has a different meaning than the word “sex.” This session is designed for participants who have had prior gender training. (See Notes to Facilitator below.)
Learning Objectives	<ol style="list-style-type: none">1. Understand the different meanings of the English words “sex” and “gender”2. Explore social and cultural expectations for males and females, and illustrate the difference between those based on sex and those based on gender3. Reinforce the meaning of gender
Preparation	None
Materials	Flip chart Markers
Session type	Lecture, discussion, and activity

Notes to Facilitators

Participants’ understanding of the concept of gender is essential for all remaining modules in this training manual. The session as written here includes only one quick exercise at the end to verify and reinforce participants’ knowledge of the difference between sex and gender. This will not be sufficient discussion and analysis for participants who are learning about gender for the first time in this workshop.

You must determine whether your training group needs or could benefit from additional exercises for further analysis of the concept of gender. (See User’s Guide for discussion of pre-workshop activities to help you determine knowledge and experience of participants in advance of the workshop.) An excellent gender training resource is the *Oxfam Gender Training Manual*, published by Oxfam UK and Ireland (to order, go to Oxfam’s website). The Oxfam manual contains many training exercises with clear instructions for facilitators. You can select activities and exercises most appropriate for your training group.

Procedure

1. On the flip chart, write the word “sex” on the left side and “gender” on the right side.
2. Ask participants to explain the meaning of these two words. Write their responses under the appropriate heading.
3. Ask what the two words mean in their mother tongue (in groups that include people who speak English as a second language). Are there separate words that specifically mean sex and gender in the local language?
4. Explain the definitions of sex and gender, including the Key Discussion Points below.
5. Write on another blank flipchart “Social/cultural expectations” and divide the sheet into two columns: one for Men/Boys and one for Women/Girls.
6. Ask participants to tell you some social/cultural expectations for men and boys in their society.
7. Repeat Step 6 for women and girls.

Module 2: Introduction to GBV

8. For each expectation noted, discuss with participants if this expectation is based on sex or gender. For example, the expectation for women to have children is based on sex but the expectation for women to do the cooking for a family is based on gender.
9. Explain to participants that you are almost ready to close this session. First, you want to verify that everyone is clear about the differences between sex and gender. Read a few of the following examples (or write your own statements) and ask participants to indicate whether the statement is based on sex or gender¹.
 - Women give birth to babies, men don't (S)
 - Little girls are gentle, boys are tough (G)
 - Women can breastfeed babies, men can bottle-feed babies (S)
 - Most building-site workers in Britain are men (G)
 - Men's voices break at puberty, women's do not (G)
 - According to UN statistics, women do 67% of the world's work, yet their earnings for it amount to only 10% of the world's income (G)

Key Discussion Points

- ◆ Sex
 - Refers to the physical/biological differences between males and females
 - Determined by biology
 - Does not change (without surgical intervention)
- ◆ Gender
 - Refers to the social differences between males and females
 - Determined by social factors—history, culture, tradition, societal norms, religion
 - “Gender” in any given society involves the socialization for boys and girls, men and women that determines roles, responsibilities, opportunities, privileges, limitations, and expectations
 - Gender definitions can change
- ◆ Gender is a neutral term, neither good nor bad, right nor wrong
- ◆ For some, the word “gender” has become associated with women's issues and women's programs, feminists, and for some people gender has become a negative word that connotes exclusion or hatred of men. In fact, “gender” refers to both males and females.
- ◆ The term “gender” is widely used in humanitarian aid programs. Surprisingly and unfortunately, many humanitarian workers do not understand its meaning.
- ◆ Gender is an English word; the meaning has changed over time. Twenty years ago, “gender” had the same definition as “sex.” The word does not translate easily into other languages. For each language, we must find a way to describe the concept of gender in ways that can be understood, not simply use the English word “gender.”

It is useful to ask a few participants to translate “sex” and “gender” into local languages. Try to get the group to agree to use these translated definitions when talking about gender. Emphasize that inserting the English word “gender” into discussions in other languages is not an effective way to teach the concept of gender.

¹From The Oxfam Gender Training Manual, Oxfam UK, 1994, Activity 16, The Gender Game.

Module 2: Introduction to GBV

Session 2.2—Power, Use of Force, Consent

Length	45 minutes
Overview	This session explores the meaning of three important concepts behind the term “gender-based violence.” The three concepts are combined in this session, but they are introduced and discussed one by one, to continue building participant understanding carefully, step-by-step. Two case examples are used for group discussion to reinforce learning about these concepts.
Learning Objectives	<ol style="list-style-type: none">1. Identify the relationship between abuse of power and GBV.2. Understand that the term “violence” in the context of GBV means using some type of force, which may or may not include physical force.3. Understand the meaning of “informed consent” and its relationship to GBV.
Preparation	None
Materials	Flip chart Markers
Session type	Lecture/discussion, individual activity, group activity

Procedure

Power (5 minutes)

1. On the flip chart, write the word POWER.
2. Ask the group “what gives someone power?” and write their answers on the flipchart.
3. Discuss various types of power—ask for some examples (without names) of people who have power in the world, in the community.
4. Explain that GBV is about abusing power. Whether the power is “real” or perceived, the victim of the abuse believes the power is real.
5. Tape the Power flip chart to the wall nearby, where it can be seen and referred to later in the session.

Use of Force (5–10 minutes)

6. On a new blank flipchart, write the word VIOLENCE.
7. Ask each participant to take a piece of paper and write two words or phrases to describe what we mean by ‘violence’ when we’re talking about gender-based violence. This is an individual activity, not group work. Allow a few moments for everyone to write their two words.
8. Go around the room, one by one, asking each person to give ONE word/phrase they wrote. Put the words on the flip chart. Keep going around the room until you have everyone’s words on the flipchart.
 - This should be a very quick exercise; ask participants not to repeat things from their lists that others have already said.
 - Participants usually give a combination of examples of types of violence as well as some definitions of the word “violence.” Write all on the flip chart.
9. Stand back from the flip chart and facilitate a short discussion to call out the key discussion points. Clarify any confusing points; cross out any words or phrases that participants agree do not belong on the list.

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10. At the top of the flip chart, write USE OF FORCE next to VIOLENCE. Should look like this

VIOLENCE / USE OF FORCE

11. Summarize by explaining that violence in this context involves the use of some type of force, real or implied – and this is a key element in defining what we mean when we say “gender-based violence.”
12. Tape the Violence flip chart on the wall near the Power flip chart, where they both can be seen and referred to later in the session.

Informed Consent (5 minutes)

13. On a new blank flipchart, write the word CONSENT.
14. Ask participants what consent means to them. Write their responses on the flipchart. Discuss their responses and be sure to stress the two necessary components of consent: that it is informed and voluntary.
15. Summarize the session by pointing to all three flip charts—POWER, VIOLENCE/USE OF FORCE, CONSENT. Quickly review the main points of each of these key concepts.

Activity 2.3 (20 minutes)

Read the following examples to participants. Then ask each question and discuss before moving on to the next.

- In a very traditional and patriarchal family, the father of a 19 year old girl tells her that he has arranged for her to marry a certain man. The girl does not know the man very well, he is much older than she is, but she agrees to the marriage.

Do you think this kind of situation could happen?

Did she give her informed consent to this marriage?

Was there any force used in this incident?

Who is more powerful in this example – father or daughter?

What kind of power does this father have?

What kind of power does the daughter have?

How does power relate to choice in this example?

- A refugee woman with 3 children approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community; she is seeking refuge at a town on the other side of the checkpoint. The soldier asks the woman for some money to pay the fee; then he will let her through the checkpoint (there is no fee – he is asking for a bribe). The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees.

Do you think this kind of situation could happen?

Did she give her informed consent for sex? (No; this was rape)

Was there any force used in this incident?

Who is more powerful in this example—soldier or woman?

What kind of power does this soldier have?

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What kind of power does this woman have?
How does power relate to choice in this example?

Key Discussion Points



Power

- Perpetrators can have “real” or “perceived” power. Some examples of different types of power and powerful people:
 - Social—peer pressure, bullying, leader, teacher, parents
 - Economic—the perpetrator controls money or access to goods/services/money/favors; sometimes husband or father
 - Political—elected leaders, discriminatory laws, President of the United States
 - Physical—strength, size, use of weapons, controlling access or security; soldiers, police, robbers, gangs
 - Gender-based (social)—males are usually in a more powerful position than females
 - Age-related—often, the young and elderly people have the least power
- Power is directly related to choice. The more power one has, there are more choices available. The less power one has, fewer choices are available. Unempowered people have fewer choices and are therefore more vulnerable to abuse.
- Gender-based violence involves the abuse of power. Unequal power relationships are exploited or abused.
- Do all people with power abuse their power? (No.)



Violence—Use of Force

- “Force” might be physical, emotional, social or economic in nature. It may also involve coercion or pressure. Force also includes intimidation, threats, persecution, or other forms of psychological or social pressure. The target of such violence is compelled to behave as expected or to do what is being requested, for fear of real and harmful consequences.
- Violence consists of the use of physical force or other means of coercion such as threat, inducement or promise of a benefit to obtain something from a weaker or more vulnerable person.
- Using violence involves forcing someone to do something against her/his will—use of force.



Consent

- Consent means saying “yes,” agreeing to something. Informed consent means making an informed choice freely and voluntarily by persons in an equal power relationship.
- Acts of gender-based violence occur without informed consent. Even if she says “yes,” this is not true consent because it was said under duress—the perpetrator(s) used some kind of force to get her to say yes.
- Children (under age 18) are deemed unable to give informed consent for acts such as female genital cutting (FGC), marriage, sexual relations, etc.

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Session 2.3–Human Rights

Length	10 minutes
Overview	All acts of GBV are violations of fundamental human rights. This session briefly explores human rights in the context of GBV, which is another basic concept or principle that will lead participants to a clear understanding of the meaning of “gender-based violence.”
Learning Objectives	To understand the relationship between human rights and GBV
Preparation	None—OR—Among the participants in your training group, there may be a UNHCR protection officer or human rights worker or lawyer. Before this session, ask these participants to be prepared to give very short (2–3 minutes), informal information about human rights to the larger group during this session.
Materials	Flip charts Markers
Session type	Lecture/discussion

Procedure

1. Write “Human Rights” on the flip chart. Ask participants who has human rights and write their responses on the paper. Discuss the concept that everyone has human rights.
2. Ask the respondents who or what grants human rights. Discuss the concept that nobody has to give these rights to you because you have them automatically from birth.
AND/OR—Ask the Protection officer or lawyer in the group to give information about human rights.
3. Ask participants for examples of human rights and write their responses on the paper.
4. Ask how these concepts apply to refugees and IDPs in camps.
5. Discuss.

Key Discussion Points

- ◆ Human rights are universal, inalienable, indivisible, interconnected and interdependent.
- ◆ Everyone is entitled to all the rights and freedoms, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
- ◆ Prevention of and response to gender-based violence is directly linked to the protection of human rights.
- ◆ Acts of gender-based violence violate a number of human rights principles enshrined in international human rights instruments. These include, amongst others:
 - the right to life, liberty and security of person,
 - the right to the highest attainable standard of physical and mental health
 - the right to freedom from torture or cruel, inhuman, or degrading treatment or punishment
 - the right to freedom of opinion and expression, to education, to social security and to personal development

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In many countries, refugees are not permitted to leave camps and/or work. This means that host governments sometimes deny refugees some of their basic human rights as defined in some instruments -- specifically, the rights of freedom of movement, freedom to work. Often in these situations, host governments will cite security and governance concerns as overriding human rights concerns for some people. What do you think of this?

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Session 2.4—Survivors and Perpetrators

Length	15 minutes
Overview	At least two people are involved in any act of GBV: the person who commits the act and the person to whom it is committed. This session identifies these two persons as the Perpetrator and the Survivor. The words we use with survivors make an important impression. If we call them victims, we reinforce their powerlessness and weakness. If we call them survivors, we are celebrating their strength and supporting their continuing recovery.
Learning Objectives	<ol style="list-style-type: none">1. To understand the difference between a “survivor” and a “victim” and the importance of using these words and choosing which to use and when.2. To understand the meaning of the term “perpetrator.”
Preparation	None.
Materials	Flip charts Markers
Session type	Lecture/discussion

Procedure

1. Write SURVIVOR and VICTIM on the flip chart.
2. Ask the group to explain the difference between these two terms. Discuss.
 - What comes to mind when you hear the word “victim”? “Survivor”?
 - What does a survivor look like? What does a victim look like?
 - The words we use communicate a message to people who are listening. Survivor is the preferred term for those who have lived through a GBV incident.
 - Who might be especially at risk of becoming a victim or a survivor?
3. On a blank flipchart, write the word PERPETRATOR.
4. Explain that a perpetrator is a person who commits an act of GBV. There might be only one perpetrator, or there might be more.
5. Ask the group to list types of people who can be perpetrators—no names, just types of people. Write responses on the flip chart. Continue to ask until you have a long list (at least 10 of types of people).
6. Close the session by emphasizing to the group that in any act of GBV, there is a survivor and a perpetrator. Therefore, all of our actions in prevention must address potential survivors and potential perpetrators. And all of our actions in response need to address both the survivor and the perpetrator, when the perpetrator is known.

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Key Discussion Points

- ◆ Survivor is the preferred term for a person who has lived through an incident of gender-based violence.
- ◆ It is useful to visually demonstrate with your body language what a victim looks like and what a survivor looks like:
 - The word “victim” conjures an image of someone who is weak, sick, small, hunched over, crying, clothed in rags, unable to function in the world. It is a sad, disempowering word.
 - The word “survivor” conjures an image of someone who stands straight and tall, uses eye contact, walks with confidence, lives life to the fullest. It is a powerful, empowering word.
- ◆ Survivors/victims can include:
 - Children, especially Unaccompanied Minors (UAMs), fostered children
 - Women because they are usually second class, culturally considered inferior
 - Unaccompanied females, without male protection
 - Single women, female headed households
 - Mentally and/or physically disabled females and males
 - Economically disempowered people
 - Junior staff males and females, students, less privileged community members
 - Minority groups; e.g., ethnic, religious
 - Asylum seekers, internally displaced persons
- ◆ A perpetrator is a person, group, or institution that inflicts, supports, or condones violence or other abuse against a person or group of persons. Characteristics of perpetrators:
 - Persons with real or perceived power
 - Persons in decision making positions
 - Persons in authority
- ◆ Categories or groups of people who are potential perpetrators:
 - Intimate partners (husbands, boyfriends)
 - Influential community members (teachers, leaders, politicians)
 - Security forces, soldiers, peacekeepers
 - Humanitarian aid workers (international, national, refugee staff)
 - Strangers
 - Members of the community
 - Relatives (brothers, uncles, parents, aunts, sisters, etc.)
 - Anyone who is in a position of power
- ◆ For any incident of GBV, there is a survivor and a perpetrator. Therefore, all our actions in prevention and response need to address both the survivor and the perpetrator.

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Session 2.5—Defining Gender-based Violence

Length	10 minutes
Overview	This session brings together the concepts and principles discussed in sessions 2.1–2.4 to enable participants to clearly understand the meaning of the term “gender-based violence.” Official definitions adopted by organizations are interesting to note, but what is most important is each individual participant’s own understanding of the key concepts and principles and that those concepts are the basis for the term “gender-based violence.”
Learning Objectives	<ol style="list-style-type: none">1. Combine new knowledge and understanding of the key concepts to form a useful definition of the term “gender-based violence”2. Be aware that definitions of GBV have been developed, accepted, and are used by various relevant organizations
Preparation	If participants do not have copies of the UNHCR SGBV Guidelines in this workshop, it may be useful to prepare handouts with the UNHCR definitions (see Key Discussion Points below).
Materials	Flip charts Markers
Session type	Lecture/discussion

Procedure

1. Remind the group of the concepts covered in the previous flipchart. List them on a flipchart, leaving space between them to write more words later in the session:

GENDER
POWER
VIOLENCE/USE OF FORCE
INFORMED CONSENT
HUMAN RIGHTS

2. Ask the group to put those terms/concepts together to describe the meaning of “gender-based violence.” Discuss, writing a few key words on the flip chart under each concept (see key discussion points below).
3. Official definitions of gender-based violence (also called “sexual and gender-based violence”) can be found in the 2003 UNHCR Guidelines for Prevention and Response to SGBV. Refer participants to the appropriate page in their copies of the UNHCR Guidelines; or use handout you prepared.

Key Discussion Points

- ◆ Putting concepts together to explain the meaning of “gender-based violence”:

Gender—gender-based violence, violence that occurs based on gender roles, expectations, limitations, etc. GBV therefore affects females in most societies; males are also victims/survivors of GBV, but most gender discrimination occurs against females because they are disempowered in most societies as compared to their male counterparts.

Power—GBV involves the **abuse of power**

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Violence/Use of force—GBV involves **some type of force**, including threats and coercion. Force is not always physical force. Using the word “violence” implies physical violence, but the meaning is broader than that.

Informed Consent—Acts of GBV are characterized by the **lack of informed consent**

Human rights—Acts of GBV are **violations of fundamental human rights**.



The U.N. General Assembly defined gender-based violence and violence against women in its Declaration on the Elimination of Violence Against Women in 1994. UNHCR headquarters developed the following definitions based on that Declaration.

Expanded Definition of Sexual and Gender-based Violence used by UNHCR and implementing partners, based on Articles 1 and 2 of the United Nations General Assembly Declaration on the Elimination of Violence against Women (1993):

...any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women because of being women and men because of being men, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring **in public or in private life**.

...shall be understood to encompass, but not be limited to the following:

1. Physical, sexual and psychological violence occurring **in the family**, including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation
2. Physical, sexual and psychological violence occurring **within the general community**, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution
3. Physical, sexual and psychological violence **perpetrated or condoned by the State and institutions**, wherever it occurs.

Definition of Gender

Gender refers to those characteristics of men and women that are socially determined, in contrast to those that are biologically determined. Gender informs the different roles, status and power assigned to women and men in society. Gender roles are learned, and can therefore be changed.

Definition of Violence against Women and Girls

“...Violence against women encompasses, but is not limited to, the following....physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution².”

²Article 2 of the Declaration on the Elimination of Violence against Women (General Assembly resolution 48/104)

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Definition of Gender-Based Violence

Gender-based violence is violence that is directed against a person the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty...³. While women, men, boys and girls can be victims of gender-based violence, women and girls are the primary victims.

Definition of Sexual Exploitation

Any abuse, harm or suffering done to a person who is in a position of trust, vulnerability or differential power for sexual purposes. Sexual exploitation includes, but is not limited to, profiting monetarily, socially or politically from another person. Acts of sexual exploitation often occur under coercive or deceptive circumstances or where the victim/survivor does not have the power or capacity to give consent or to make decisions to end the exploitation⁴

³Eleventh Session of the CEDAW Committee: Recommendation 19, paragraph 6

⁴IASC Task Force on Sexual Exploitation.

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Session 2.6—The Acronyms We Use

Length	5 minutes
Overview	This session is an opportunity to have some fun with the humanitarian community's use of acronyms and at the same time clarify for participants that the various acronyms used for violence against women/children are all referring to the same set of issues and problems.
Learning Objectives	<ol style="list-style-type: none">1. Identify and define terms often used to describe gender-based violence2. Understand that the variances in acronyms used by different organizations is an illustration of the wide range of issues involved in conceptualizing and addressing violence against women and children.
Preparation	None
Materials	Flip charts Markers
Session type	Lecture

Procedure

1. Write the following acronyms on the flipchart and ask participants what each stands for:

VOV
SOV
SGBV
GBV
VAW

Help them if they need help:

Victim of Violence
Survivor of Violence
Sexual and Gender-based Violence
Gender-based Violence
Violence Against Women

2. Explain that different acronyms are used by different organizations—for different reasons, often for purposes of political or social statements. Give some examples (see Key Discussion Points).
3. Explain that in this workshop, it doesn't matter which acronym you use—they are all referring to essentially the same set of problems and issues. Your organization may have a preferred term, and that is fine. You may have your own personal preference. But in this workshop and in the world, people will probably use various terms including GBV, SGBV, and VAW—and we will all be talking about the same thing.

Key Discussion Points

- ◆ Early programs to address sexual violence in displaced populations were called VOV projects. Later, the term Survivor replaced Victim and they became SOV projects.

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- ◆ Some people prefer the use of GBV instead of SGBV because adding “sexual” in the phrase implies that somehow GBV itself does not include sexual violence (which is not accurate).
- ◆ Some people prefer VAW because it clearly emphasizes the needs and vulnerabilities of females, making clear exactly what/who we are talking about. Other people feel strongly about viewing all of these issues in the context of gender, so they prefer GBV.
- ◆ Even within the United Nations system, there are different terms used to describe essentially the same sets of problems and issues. Organizations choose their terms and acronyms based on how they view the problem. The variances among the UN agencies illustrate the complexity and depth of the issues involved in GBV:
 - WHO uses VAW
 - UNFPA uses GBV
 - UNHCR uses SGBV

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Session 2.7–Scope of the Problem

Length	10–15 minutes
Overview	This session builds from the previous session by reinforcing that GBV is a serious, life threatening, global problem that requires well considered intervention by all people. Giving participants a handout will enable them to read further after the session and share this information with others after the workshop.
Learning Objectives	Increase understanding that GBV is a serious, life threatening, global problem. This will help influence change to any beliefs among participants that GBV is not a big problem in need of attention and intervention.
Preparation	<ol style="list-style-type: none">1. Copy Handout 2.7–Facts, Statistics & Attitudes About GBV. It may be useful to add a few relevant facts/statistics from the country or region where your workshop is being held.2. Become familiar with the information in the handout and select 5–10 items to discuss with the group.
Materials	Handouts
Session type	Lecture/discussion

Procedure

1. Give participants the handout and introduce the session by explaining that there are researchers all over the world trying to document the nature and extent of GBV. GBV is a serious, life threatening, global problem. The handout includes facts and statistics from research as well as some popular sayings from various countries that illustrate some common attitudes that contribute to the problem.
2. Ask a few participants to read out loud the statements you selected for discussion. Discuss each statement before moving on to the next.
3. Close the discussion by asking participants if any of these statements are surprising to them. Encourage participants to read the entire handout after the session and to share this handout with others. Reinforce the idea that factual information is one way to break down denial about the problem and break down barriers to doing something about it.

Key Discussion Points



Facts and Statistics

- Some participants will not want to believe the numbers are as high as they are. Assure the group that the research included here is sound research and the numbers, if anything, are probably low due to researchers' caution.
- Some participants may see these high numbers and express hopelessness. Remind them that an important first step in making social change is to understand and believe that the problem exists. Knowing these numbers gives participants valuable tools for breaking down denial in their communities.



Popular Sayings

- What do these tell you about gender-based attitudes in that country?
- What are some popular sayings from this country that are similar to those listed in the handout?

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Session 2.9—Optional—Plan Your New GBV Project

Length	2 hours (this makes a good evening assignment for residential workshops)
Overview	This is a fun activity that requires participants to apply the key principles and concepts to a concrete (although fictional) project.
Learning Objectives	To reinforce learning by applying the principles and concepts to a concrete (though fictional) project.
Preparation	<ol style="list-style-type: none">1. You will need to divide the group into small groups of 4–5 people. Determine in advance how many small groups you will need.2. Create fake acronyms for the fake organizations for each small group. Choose challenging and nonsensical lettering, such as EMQB or UVBR or IXNA.3. Create a handout for each small group with their assigned acronym and instructions (see sample Handout 2.9).
Materials	Flipchart paper—one for each group Markers—for each group Handout for each small group Prizes for winning group, 2 nd place group, and small prizes for all other groups (suggest candy, chocolate, or silly party favors which can be shared among the small group members)
Session type	Activity

Procedure

1. Assign this activity at the end of the day.
2. Divide participants into small groups. Hand out the instructions. Each group should have a different acronym. Verbally instruct the groups as follows:
 - Each group is developing a new project to address gender-based violence. Each group has been assigned a different project.
 - There is already an abbreviation for the name of your project. You must decide what the letters stand for. The words you choose must reflect what the project is about. For example, GBVA could be the Gender-Based Violence Association.
 - Once you select your project's name, develop goals and activities.
 - Create a short—5 minutes maximum—presentation about your project. You will all give your presentations tomorrow morning.
 - The presentation can take any form but groups are encourage to be creative and keep the audience's attention
 - Prizes will be awarded to the winning group.
 - Groups will be judged by
 - How relevant is the project (name, goals, and activities) to the topics we have been discussing
 - How entertaining, funny, interesting is your presentation
 - Level of participation by all group members in the presentation

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3. The next day, have each group give its presentation. Monitor time carefully and assertively; stop a group if it goes over the 5 minute limit. (If group presentations are too long, the large group will get bored and the activity is no longer fun.)
4. When each group has finished, ask the large group to vote by applause for each group. Remind them of the criteria:
 - Relevance to the topic
 - Demonstration of knowledge and understanding from earlier activities
 - Participation of all group members
 - Creativity and sense of humor
5. One by one, say each small group's abbreviation and ask for the audience's vote. Listen to the level of loudness, screams, whistles, and applause. If people are not enthusiastic enough, ask for a re-vote.
6. Give prizes to the winning group and condolence prizes to the other groups.

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HANDOUTS

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SESSION 2.7 HANDOUT–Facts, Statistics & Attitudes About Gender-based Violence

Facts and Statistics

- In South Africa, it is estimated that a woman is raped every 83 seconds: only one in 20 of these cases are ever reported to the police (Vetten:1996, Tribune:1991)
- 48% of girls surveyed in the Caribbean reported their first sexual intercourse experience was forced. (WHO World Report on Violence and Health, 2002)
- More than 90 million African women and girls are victims of female circumcision or other forms of genital mutilation (L. Heise:1994)
- In 6 of 12 countries studied, “*the arrival of peacekeeping troops has been associated with a rapid rise in child prostitution.*” (The Impact of Armed Conflict on Children, Graca Machel, 1996)
- 16%–41% of women surveyed reported a physical assault by a male partner in an intimate relationship in studies conducted between 1986–1997 in the following countries: Canada, New Zealand, Switzerland, United Kingdom, United States, Cambodia, India, Korea, Thailand, Egypt, Israel, Kenya, and Uganda. (Heise, L, M Ellsberg and M Gottemoeller, 1999. “Ending Violence against Women.” Population Reports, Series L, No. 11, Baltimore: Johns Hopkins School of Public Health)
- 14.8% of all adult women in the USA said they had been a victim of a completed rape. An additional 2.8% said they had been the victim of attempted rape. (The National Institute of Justice and Centers for Disease Control and Prevention based on a telephone survey of 8,000 men and 8,000 women conducted between November 1995 and May 1996)
- In the Midlands Province in Zimbabwe, 25% of women reported attempted or completed rape by an intimate partner. (WHO World Report on Violence and Health, 2002)
- At least 60,000,000 girls, who would otherwise be expected to be alive, are *missing* from various populations, mostly in Asia, due to sex-selective abortions, infanticide or neglect.
- In a nationally representative sample of 12,300 adult women in Canada, 25% of women report to have been assaulted by their current or former partner (CSS:1993)
- In Zimbabwe, domestic violence accounts for more than 60% of murder cases that go through the high court in Harare (ZWRCN:1995)
- “*During the armed conflict in Bangladesh in 1971, it is estimated that 200,000 civilian women and girls were victims of rape committed by Pakistani soldiers*” (Human Rights Watch, Africa)
- “*A European Community fact-finding team estimated that more than 20,000 Muslim women have been raped in Bosnia since the fighting began in April 1992*” (Human Rights Watch, Africa)
- Worldwide, the average age of entry into prostitution is 14. (Prostitution Research Education)

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SESSION 2.7 HANDOUT (page 2)–Facts, Statistics & Attitudes About Gender-based Violence

Attitudes

- “‘Men are gold, women are cloth.’ The expression, used as the title of a...report on Cambodian attitudes towards sex and HIV, means that women, like a white cloth, are easily soiled by sex. This causes a sharp decrease in their value, as the stain is hard to remove, whereas men can have repeated sexual experiences and be polished clean, like gold, each time.”
- “‘Women should wear purdah to ensure that innocent men do not get unnecessarily excited by women’s bodies and are not unconsciously forced into becoming rapists. If women do not want to fall prey to such men, they should take the necessary precautions instead of forever blaming men.’”–Malaysian member of Parliament during debate on reform of rape laws
- “‘The child was sexually aggressive’”–Canadian judge suspending sentence of man who sexually assaulted a 3-year-old girl in 1991
- “‘A man who beats his wife must have a good reason for it; surely she did something to provoke it.’”–Nicaraguan Supreme Court judge speaking in a public forum in 1996
- “‘Wife beating is an accepted custom...we are wasting our time debating the issue.’”–Papua New Guinea member of Parliament during debate on wife battering
- “‘Scriptures must be fulfilled. Violence against women is a sign of the end times, which we can’t do anything about.’”–Nairobi pastor citing 2 Timothy 3: 1–5
- “‘Men are like cars while women are like parking spaces’” – Popular saying offered by participant at Malaysia workshop, October 1999
- “‘... through questions related to her sexual life it is possible to tell if the woman is responsible for the attack, because in most cases, it is the woman who provokes the aggression’”–agent from the Mexico City Attorney General’s Office
- “‘Are you a virgin? If you are not a virgin, why do you complain? This is normal.’”–assistant to public prosecutor in Peru answering a woman who reported sexual abuse by police officers while in custody
- “‘I would rather sire a cow than a homosexual. With a cow you get milk, but what possible good or value would come out of a homosexual?’”–37-year-old man in Kenya
- “‘[In Dubai] I would not have to deal with the heartache of being despised and children calling me msenge [Swahili for homosexual] on the street.’”–30-year-old man in Kenya

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SAMPLE HANDOUT 2.9–Plan Your New GBV Project

You are developing a new project to address gender-based violence in your community.

The abbreviation for your project is

RLPG

Here is your assignment:

1. Decide what the letters stand for. The words you choose must reflect what the project is about.
2. Once you select your project's name, develop goals and activities.
3. Create a short—5 minutes maximum—presentation about your project. You can use flip chart paper and markers if you wish, and/or other props, materials you might have.
4. The presentation can take any form ... song, dance, lecture, drama, art ... but must be 5 minutes or less. Be creative and be sure to keep your audience's attention

Prizes will be awarded to the winning group. Groups will be judged by

- How relevant is the project (name, goals, and activities) to the topics we have been discussing
- How entertaining, funny, interesting is your presentation
- Level of participation by all group members in the presentation

Module 3: Multisectoral Prevention and Response to Gender-based Violence

Overview

This module guides participants through a process to understand the minimum actions needed to establish effective prevention and response to GBV.

Training Goals

1. To enable design of effective GBV prevention strategies to address the root causes of GBV and the unique contributing factors that take place in individual settings.
2. To increase understanding of the urgent need for basic survivor assistance (response) services in all settings; and to be able to work with stakeholders to establish response services.
3. To understand the importance for all actors to abide by the recommended Guiding Principles.
4. To increase knowledge of multisectoral and interagency action for prevention and response, and the need for well coordinated action.

Key Learning Points

- Effective Response (survivor assistance) = Offering accessible, compassionate, respectful, and confidential services to address the harmful consequences and after-effects related to health, emotional, social, and security issues.
- Effective Prevention = Understanding the root causes of GBV and the contributing factors specific to the individual setting—and establishing strategies to reduce or eliminate them.
- Both prevention and response require action from a variety of sectors, specialties/disciplines, organizations, groups.
- Multisectoral, interagency, and interdisciplinary coordination, communication, and collaboration is challenging but essential in order to effectively address gender-based violence in any community.

Total Time Approximately 6 hours

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Session 3.1–Types of GBV

Length	45 minutes
Overview	This session introduces the various types and acts of GBV by using a visual tool (a tree) that most people will remember long after the workshop.
Learning Objectives	<ol style="list-style-type: none">1. Increase knowledge about the many different forms/types of GBV that can occur.2. Increase ability to identify acts of gender-based violence, as compared to other types of violence.
Preparation	Draw a simple tree on flipchart paper – it must include a root system, trunk, and branches. Keep it simple and leave adequate blank space for writing words on the roots, trunk, and branches.
Materials	Flipchart Markers 2003 UNHCR SGBV Guidelines – OR – If you do not have copies of the Guidelines for all participants, prepare handouts of the various examples of GBV listed in Chapter 1 of the Guidelines.
Session type	Lecture/discussion and activity

Procedure

1. Ask the group to give some examples of gender-based violence. Stop the discussion when you have 5–8 examples, including at least one from each of the 5 types listed in Step 2 below.
 - Some examples might be: Rape, Domestic Violence, Sexual Exploitation, FGM
 - Some participants may offer examples that are not GBV, such as child abuse (child beating that is unrelated to gender issues). If this occurs, take a moment to review the definition of GBV and clarify that there are many forms of violence, and the line between GBV and other types of violence is often difficult to determine. And, there are similarities in the types of assistance provided to survivors of any form of violence. For our purposes here, however, we are focusing only on GBV.
2. Write the following types of violence on the tree trunk and point out where the examples given in Step 1 fall on the tree trunk:
SEXUAL
PHYSICAL
EMOTIONAL-MENTAL-SOCIAL
ECONOMIC
HARMFUL TRADITIONAL PRACTICES
3. Explain that this is the GBV tree and that it has roots, a trunk, and branches. The trunk represents the types of GBV. Later, we will discuss the roots and branches of the tree.
4. Now introduce activity 3.1.

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Activity 3.1

1. Divide participants into 5 small groups. Assign each group one of the general types of GBV you listed on the flip chart in Step 2.
2. Instruct groups that they are to brainstorm and come up with examples of their type of GBV. They are to write these examples on a flipchart paper. Give the groups 20 minutes to complete their assigned tasks.
3. When groups are finished, they should post their lists around the room for others to see. One representative from each group should remain with the flip chart to answer or clarify any questions that may come up.
4. Instruct participants to do a “Gallery Walk” by walking around the room and reading what the other groups have written and discussing any questions with the group’s representative.
5. Allow 5–10 minutes for participants to view each group’s work and to discuss among themselves. Monitor progress; allow more or less time as needed.
6. Ask everyone to return to their seats. Ask a few discussion questions; discuss for approximately 5 minutes:
 - Were there any examples listed that you disagreed with?
 - Anything that surprised you?
 - Are there examples of GBV that were repeated in different groups?
7. Give participants the Handout you prepared, or refer them to Chapter 1 in their copy of the UNHCR SGBV Guidelines. Take a few moments to let participants glance at the information. Encourage them to read more after the workshop.
8. Summarize and close the session. Leave the tree flipchart in place for the next session.

Key Discussion Points



Gender-based violence can be:

- Sexual violence
 - Harassment
 - Rape
 - Sodomy
 - Attempted Rape
 - Marital Rape
 - Abuse/Exploitation
 - Child Sexual Abuse/Incest
 - Sexual Abuse (non-penetrating)
 - Forced prostitution “willing” but involuntary, child prostitution, UAMs,
 - Sexual Trafficking
 - Harmful traditional practices

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- Physical
 - Spouse beating/Domestic Violence
 - Assault and other physical violence (gender-based)
 - Harmful traditional practices
- Emotional-mental-psychological—social
 - Verbal, emotional abuse
 - Humiliation
 - Discrimination
 - Denial of opportunities and/or services
 - Spouse confinement (domestic violence)
 - Harmful traditional practices
- Economic (Can be a component of any of the above)



Harmful Traditional Practices fit into each of the three main categories above. When talking about this topic there is a need for cultural understanding, sensitivity and awareness. The discussion should include the challenges of dealing with long standing cultural practices such as:

- FGM/FGC
- Early/forced marriage
- Honor killings
- Dowry abuse
- Widow ceremonies
- Punishments directed at women for crimes against culture
- Denial of education, food for girls/women due to gender role expectations

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Session 3.2—Causes and Contributing Factors

Length	20 minutes
Overview	This session illustrates the root causes of all forms of GBV, as well as an array of contributing factors that may be present. This session lays the groundwork for the next session, Prevention. Participants must first be able to identify and understand causes and potential contributing factors.
Learning Objectives	<ol style="list-style-type: none">1. To increase knowledge of the root causes of all forms of GBV.2. To increase awareness of potential contributing factors and risks that may be present in individual settings.
Preparation	Use the GBV tree from the previous session.
Materials	Flipchart Markers
Session type	Lecture/discussion

Procedure

1. Explain that in order to design effective GBV programming, we must understand the causes and contributing factors of GBV.
2. Turn to the tree picture and ask participants for causes/contributing factors. Write them in the root area of the tree, explaining that the roots of the GBV tree represent the causes and contributing factors. Continue until you have elicited the majority of items listed below in the Key Discussion Points. You may need to suggest some of the items to the group.
3. Point out that you asked the group to list causes and contributing factors. Ask if anyone can explain the difference between the two. Briefly discuss, then clarify for the group why it is important to know the difference.
4. Point to the root area of the tree and ask the group to identify which of the items listed are root causes of GBV. Circle the root causes with a different-colored marker (red works well).

Key Discussion Points

- ◆ The root causes of all forms of GBV lie in a society's attitudes towards and practices of gender discrimination—the roles, responsibilities, limitations, privileges, and opportunities afforded to an individual according to gender. *Addressing the root causes through prevention activities requires sustained, long term action with change occurring slowly over a long period of time*
- ◆ Contributing factors are factors that perpetuate GBV or increase risk of GBV, and influence the type and extent of GBV in any setting. Contributing factors do not cause GBV although they are associated with some acts of GBV. Some examples:
 - Alcohol/drug abuse is a contributing factor—but all drunks/drug addicts do not beat their wives or rape women.
 - War, displacement, and the presence of armed combatants are all contributing factors, but all soldiers do not rape civilian women.
 - Poverty is a contributing factor, but all poor women are not victimized by forced prostitution or sexual exploitation.*Many contributing factors can be eliminated or significantly reduced through prevention activities.*

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Root Causes of Gender-based Violence:

- Male and/or society attitudes of disrespect or disregard towards women.
- Lack of belief in equality of human rights for all
- Cultural/social norms of gender inequality
- Lack of value of women and/or women's work



Possible Contributing/perpetuating Factors:

- Alcohol/drug abuse
- Poverty
- Availability of food, fuel, wood, income generation requires women to enter isolated areas
- Boredom, lack of services, activities, programs
- Camp leadership predominantly male; women's security issues not considered in decisions
- Collapse of traditional society and family supports
- Religious, cultural, and/or family beliefs and practices
- Design and social structure of camp (overcrowded, living with strangers)
- Design of services and facilities
- General lawlessness
- Geographical location/environment (high crime area)
- Lack of identity cards/registration cards for each individual refugee
- Lack of laws against forms of gender-based violence
- Lack of police protection
- Lack of UNHCR presence in camp
- Legal justice system/laws silently condones gender violence
- Loss of male power/role in family and community; seeking to assert power
- Political motive, weapon of war, for power/control/fear/ethnic cleansing
- Poverty
- Retaliation: Refugees may be considered materially privileged compared with the local population.

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Session 3.3—Prevention Strategies

Length	1 hour
Overview	This session is an overview of prevention strategies.
Learning Objectives	Increase ability to develop effective prevention strategies by assessing causes and contributing factors in the setting and designing activities to address them.
Preparation	Prepare a flip chart paper and post it on the wall so that it can be seen throughout the session: PREVENTION = UNDERSTANDING THE CAUSES AND CONTRIBUTING FACTORS - AND ESTABLISHING STRATEGIES TO REDUCE OR ELIMINATE THEM
Materials	Handout, Chapter 3 from the UNHCR SGBV Guidelines Flipchart Markers
Session type	Lecture/discussion and activity

Procedure

1. Review the causes and contributing factors on the GBV tree. Emphasize that understanding these—especially community norms around gender issues—is necessary to design effective prevention programs.
2. Point to the flip chart you prepared in advance and read it aloud. Explain that this session will explore a variety of prevention strategies that can be effective in addressing some of the most common causes and contributing factors present in the displaced settings in which we work.
3. Review and reframe the items listed on the roots of the GBV tree and write on a flip chart (or prepare this flip chart in advance—it takes time to write all of these words):
 - Socio-cultural norms/gender discrimination
 - Breakdown of family and community support systems; social problems, lack of social sanctions against perpetrators
 - Lack of accountability for persons in power, especially those providing humanitarian assistance, peacekeeping, security
 - Lack of access to services and facilities in camps/refugee settings
 - Formal (national) and traditional laws and justice systems do not protect against acts of GBV

Activity 3.3

1. Divide participants into 5 small groups and assign one of the items listed in Step 3 to each group.

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2. Instruct the groups to identify possible prevention strategies to address their assigned topic. Each group will prepare a short (5 minute maximum) training about their discussions. They will only have time to highlight the key points and encourage participants to study the topic further. They have 30 minutes to complete the assignment.
3. Each group must have at least one copy of the 2003 UNHCR SGBV Guidelines; they will need to refer to the information in Chapter 3, Prevention.
4. Reconvene and allow groups to make their presentations. Summarize the major points.

Key Discussion Points

- ◆ PREVENTION = UNDERSTANDING THE CAUSES AND CONTRIBUTING FACTORS - AND ESTABLISHING STRATEGIES TO REDUCE OR ELIMINATE THEM
- ◆ Prevention is a long term process and requires good monitoring so that strategies can be changed over time to maximize effectiveness. Developing prevention strategies is the same as developing any other project or program; it requires good assessment, good planning, good monitoring, and resources (human, financial, technical).
- ◆ The root causes of GBV are long standing cultural norms. It may take several generations before there is lasting social change that results in a real reduction or elimination of GBV.
- ◆ For every act of GBV, there is a perpetrator and a survivor/victim. Prevention strategies must target both potential perpetrators and potential survivors.

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Session 3.4—After-effects/Consequences

Length	30 minutes
Overview	There are a number of health, psychological, and social consequences to the survivor. This session explores these consequence and after-effects in detail. Understanding the nature and extent of potential consequences will enable participants to understand the urgent need for basic minimum response services in all settings (to be discussed in the next session).
Learning Objectives	Be able to describe the potential consequences and after-effects of various types of gender-based violence
Preparation	The GBV tree flipchart used in previous sessions
Materials	Flipchart Markers
Session type	Lecture/discussion

Procedure

1. Write “Consequences/After-effects of GBV” on the flipchart. Ask participants to give you examples of some of these. Use one color marker for Health consequences and a different color for Psychosocial consequences.
2. Add and explain additional examples to include most of the consequences listed in the discussion points below.
3. Go to the GBV tree and write a few of the key examples on the branches of the tree. Explain that these are represented by the branches of the GBV tree.
4. Conclude this session by pointing out that consequences and after-effects are related to health and psychosocial issues. Understanding these will enable good program design to assist survivors and alleviate the harmful consequences after-effects

Key Discussion Points

- ◆ There are a number of medical, psychological, and social consequences to GBV that vary depending on the types of GBV.
- ◆ Death, either through homicide or suicide, is not uncommon—as discussed in Module 2 and illustrated in the GBV Facts, Statistics, Attitudes handout.
- ◆ The most significant social outcome is stigma and all societies’ tendency to **blame the victim** for an incident of GBV, especially rape and other sexual abuses. This stigma and blame result in even greater psychological and emotional suffering to the survivor and often influences the behavior of those who should be helping. The survivor may be considered an outcast in the community and may even be unmarriedable.
- ◆ Survivors of GBV are at high risk for further abuse and victimization.
- ◆ **Health consequences**¹—There are serious and potentially life threatening health outcomes with all types of sexual and gender-based violence. The exact consequences vary, depending on the type of GBV.

¹From *Population Reports: Ending Violence Against Women*, Johns Hopkins University School of Public Health, Series L, Number 11, 1999 and *UNHCR SGBV Guidelines*.

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- Fatal Outcomes
 - Homicide
 - Suicide
 - Maternal mortality
 - Infant mortality
 - AIDS-related mortality
- Acute Physical
 - Injury
 - Shock
 - Disease
 - Infection
- Chronic Physical
 - Disability
 - Somatic complaints
 - Chronic infections
 - Chronic pain
 - Gastrointestinal problems
 - Eating disorders
 - Sleep disorders
 - Alcohol/drug abuse
- Reproductive
 - Miscarriage
 - Unwanted pregnancy
 - Unsafe abortion
 - Sexually transmitted infections (STIs), including HIV/AIDS
 - Menstrual disorders
 - Pregnancy complications; infertility
 - Gynecological disorders
 - Sexual disorders



Psychological/Emotional Consequences—Most psychological and emotional after-effects should be viewed as normal human responses to horrific, terrifying, extreme event. In some cases, however, the survivor experiences mental illness that requires medical intervention.

- Post traumatic stress
- Depression
- Anxiety, fear
- Anger
- Shame, insecurity, self-hate, self-blame

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- Mental illness
- Suicidal thoughts, behavior, attempts



Social Consequences—Most societies tend to blame the survivor for the incident, especially in cases of rape. This social rejection results in further emotional damage, including shame, self-hate and depression. Due to their fear of social stigma and rejection, most survivors never report the incident and never receive proper health care and emotional support. Most incidents of GBV are never reported to anyone.

- Blaming the victim
- Loss of ability to function in community (e.g., earn income, care for children)
- Social stigma
- Social rejection and isolation
- Rejection by husband and family

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Session 3.5–Response Services

Length	30 minutes
Overview	This session builds on the previous session about consequences and teaches participants about the minimum recommended response services that may be needed to reduce the harmful consequences of GBV and prevent further injury, trauma, and harm. The session also introduces the four primary sectors/disciplines/specialties necessary for GBV response and lays the groundwork for further discussions about multisectoral and interagency coordination.
Learning Objectives	<ol style="list-style-type: none"> 1. Explain the relationship between consequences/after-effects of GBV and response services. 2. Identify the minimum recommended response services that must be available to reduce harmful consequences of GBV and prevent further injury, trauma, and harm.
Preparation	<p>Post the Consequences/After-effects list nearby</p> <p>Prepare a flip chart and post it in the front of the room where it can be seen throughout this session:</p> <p>RESPONSE = PROVIDING SERVICES AND SUPPORT TO REDUCE THE HARMFUL CONSEQUENCES AND PREVENT FURTHER INJURY, TRAUMA, AND HARM.</p>
Materials	<p>Flipchart</p> <p>Markers</p> <p>Handout, Chapter 4 from the UNHCR SGBV <i>Guidelines for Prevention and Response</i></p>
Session type	Discussion

Procedure:

1. Point to the Consequences/After-Effects list and remind participants of the previous discussion. Be sure to refer to this list also throughout this session.
2. Point to the flip chart you prepared (Response =) and read it aloud.
3. Ask the group what kinds of help a survivor might need to reduce harmful consequences. As they offer response actions, write them on a blank flip chart, organized into quadrants by sector area. After a few examples are on the flip chart, write the names of the sectors in each quadrant. The flip chart should begin to look something like this:

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HEALTH Emergency contraception Treat injuries Treat STIs	PSYCHO-SOCIAL Emotional support & counseling Income generation programs Skills training programs Group counseling
SECURITY Report to police Investigate case Arrest perpetrator File charges with the court	LEGAL JUSTICE —formal and traditional Apply appropriate laws and hold perpetrators accountable

- Continue to solicit/suggest response actions until you have listed the key response services described in the UNHCR Guidelines and covered in Key Discussion Points outlined below.
- Emphasize that response requires the work and attention of many different actors from at least these four key sectoral areas (Health, Psychosocial, Security, and Legal Justice).
- Close the session by pointing out that we can provide good quality, multisectoral, interagency response services **ONLY** if survivors report incidents of GBV and seek assistance. Therefore, response must include a few more components beyond the care/services provided by each of these four sectors. Other sessions in this workshop will include discussion of the remaining pieces of response:

Training for all actors and stakeholders

Working with the community to establish accessible methods for reporting cases

Documentation, monitoring and evaluation

Interagency and intersectoral coordination, communication, and collaboration

Key Discussion Points

- ◆ Response = Providing services and support to reduce the harmful after-effects of GBV and prevent further injury, trauma, and harm. Response includes action to:
 - Assist/support the survivor
 - Provide appropriate consequences to the perpetrator
 - Restore/maintain security for the survivor and the community
- ◆ Response, then, includes action in the following sectors/functional areas:
 - Health care
 - Psychosocial assistance
 - Psychological and emotional support
 - Social acceptance and reintegration

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- Security and safety
 - Legal justice—formal and traditional
 - All must work in collaboration with one another
- ◆ Not all survivors need—or want—all of this help. Our job is to ensure that services are available, accessible, and of good quality.
- ◆ It is also important to note that we must educate the people who carry out these response services before advertising a program. If these service providers are not properly trained and survivors go to them for help, the survivor may face more problems and probably further trauma and harm.
- ◆ Response must also include:
 - Training for all actors, all sectors, all levels—whether volunteer or staff—to respond compassionately, confidentially, and appropriately.
 - Reporting and referral systems.
 - Documentation of reported incidents, data analysis, monitoring and evaluation
 - Coordination and information sharing systems among the various actors and organizations.

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Session 3.6—Guiding Principles

Length	30 minutes
Overview	There are three basic principles that must guide the work of all actors when assisting survivors. Participants must fully understand the need for these guiding principles, what they are, and how to abide by them.
Learning Objectives	Identify, describe, and abide by the three primary guiding principles for working with GBV survivors
Preparation	None
Materials	Handout, Chapter 2 from the UNHCR SGBV <i>Guidelines for Prevention and Response</i> (section on Guiding Principles)
Session type	Lecture/discussion

Procedure

1. Begin the session by reminding participants of the consequences and after-effects discussed earlier. Highlight the emotional and social issues brought out in that discussion.
2. Explain that all actors who provide services or assistance to survivors must bear in mind those consequences—and abide by a set of Guiding Principles in their work with survivors.
3. Write the three guiding principles on the flip chart:
 - Safety
 - Confidentiality
 - Respect
4. Go through each principle. Through lecture and discussion, bring out the key discussion points.
5. Ask how participants can ensure that each principle is carried out. Some examples of discussion points under each principle are as follows:
 - Safety
 1. How would you ensure a woman's safety if she is living with the perpetrator?
 2. What do you do if a survivor does not want to report the incident?
 3. Developing an individual safety plan with a survivor is important—discuss with survivor things like “if you fear for your safety, where can you go?”
 - Confidentiality
 1. How do you handle the concept of confidentiality when the survivor is a 5 year old child?
 2. How can you maintain confidentiality in a small village?
 3. Important to provide support to GBV staff, encourage confidentiality among staff, but have a venue to discuss issue in a confidential manner; have staff sign a confidentiality oath (see Tools Manual).

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- Respect
 1. Do not ask inappropriate questions like “are you a virgin?”
 2. All survivors have different coping mechanisms and so it is crucial to respect where the survivor is at in her coping

Key Discussion Points

- ◆ All actors must abide by the Guiding Principles at all times. No exceptions.
- ◆ If safety, confidentiality, or respect are breached or compromised in some way by those who are helping, then the helpers will actually be harming the survivor. This must never happen.
- ◆ Refer back to these principles often in the workshop, as they are the crux of our work in GBV.
- ◆ **Safety**
 - Ensuring the safety and security of the survivor should be the number one priority for all actors, at all times. Remember that the survivor may be frightened and need assurance of her individual safety. In all cases, ensure that she is not at risk of further harm by the perpetrator or by other members of the community.
 - If necessary, ask for assistance from camp security, police, or other law enforcement authorities, field officers, or others.
 - Be aware of the safety and security of the people who are helping the survivor, such as family, friends, community service or GBV workers, and health care staff.
- ◆ **Confidentiality**
 - At all times, respect the confidentiality of the survivor families.
 - Share only necessary and relevant information (not all details), ONLY if requested and agreed by the survivor, with only those actors involved in providing assistance. Information about GBV reported incidents and GBV survivors should never be shared if it includes the individual’s name or other identifying information. Information concerning the survivor should only be shared with third parties after seeking and obtaining the survivor’s (or their parents,’ in the case of children) explicit consent in writing.
 - All written information must be maintained in secure, locked files.
 - If any reports or statistics are to be made public, all potentially identifying information should be removed and only aggregate numbers and data made public.
 - In meetings, there may be times when a specific GBV case is mentioned. Ensure that no identifying information is revealed, disguising details as needed to protect the confidentiality of the survivor.

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◆ Respect

All actions taken will be guided by respect for the choices, wishes, rights, and dignity of the victim/survivor. Some examples:

- Conduct interviews in private settings and with same sex translators, wherever possible.
- Always try to conduct interviews and examinations with staff of the same sex as the victim/survivor (e.g., woman survivor to woman interviewer)
- Be a good listener.
- Maintain a non-judgmental manner.
- Be patient; do not press for more information if the survivor is not ready to speak about her experience.
- Ask survivors only relevant questions.
- The prior sexual history or status of virginity of the survivor is not an issue and should not be discussed.
- Avoid requiring the survivor to repeat her story in multiple interviews.
- Do not laugh or show any disrespect for the individual or her culture, family or situation.

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Session 3.7—Introduction to Multisectoral Action

Length	10–15 minutes
Overview	This is a quick introduction to multisectoral action and coordination needed for effective prevention and response. The session uses a simple visual tool to demonstrate the importance of multisectoral and interagency coordination.
Learning Objectives	Understand the importance of multisectoral action to address GBV
Preparation	None
Materials	Flipchart Markers Chair (Four legged, light and small enough for you to lift and move around)
Session type	Lecture/discussion

Procedure

1. Refer participants to the previous discussions about Response actions and Prevention strategies. Highlight the need for each of the four primary sectors to be actively involved in prevention and response.
2. Explain that prevention and response to GBV is like a four-legged chair. Bring the chair to the middle of the room and loudly place it on the floor. Discuss the qualities of a four-legged chair, highlighting the need for all four legs to do their job properly and consistently if the chair is to function as a chair. If one leg is broken or missing, the chair falls down. (During this discussion, pick the chair up, set it down loudly, push it over so it falls down, move it around—make a memorable visual show of the functioning and non-functioning of the chair.)
3. Ask the participants and discuss: Why do all four sectors need each other?
4. Close the session with the chair in the middle of the room.

Key Discussion Points

- ◆ All four sectors are needed to support each other's work. For example
 - Successful criminal prosecution of perpetrators requires
 - Good police investigation
 - Good forensic medical evidence
 - Emotional support for the survivor through the process—prosecutions take time and are usually full of delays; without support, the survivor is likely to become frustrated and discouraged and may stop going to court
 - Effective prevention must include
 - Security—identify and remove security risks, provide adequate police presence
 - Justice—Legal environment that supports survivors and punishes perpetrators (laws as well as behavior and attitudes of judges, magistrates, prosecutors)
 - Health—Public health education
 - Psychosocial—Community awareness about GBV and changing attitudes/behavior

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Session 3.8—Establish Procedures for Reporting and Referrals

Length	1 hour
Overview	The majority of time in this session is spent doing an activity to demonstrate the importance of clear, accessible, and well coordinated interagency procedures for receiving reports of GBV and referring the survivor for services to the various actors who can assist. The activity is rather complex and provides a memorable visual demonstration about interagency coordination. The session concludes with a discussion of how to prevent the chaos that occurred in the activity and concrete ideas of what to do to avoid confusion, help the survivor, and maintain the Guiding Principles.
Learning Objectives	<ol style="list-style-type: none"> 1. Understand the importance of establishing clear, simple, accessible, confidential, and respectful reporting and referral procedures. 2. Increase capacity to develop reporting and procedures by adapting a sample interagency procedure manual.
Preparation	<p>Prepare handouts, copies of the Sample Interagency Procedure Manual from <i>Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations</i> (Beth Vann, RHRC Consortium, 2002), Appendix B.</p> <p>Read the Red String Activity so that you can prepare for it.</p> <p>Gather information about the rape response procedures in the country where participants work. You need to have at least a general understanding about roles and procedures for doctors/nurses, police, prosecutors, judges, and UNHCR. If roles and procedures are not clear, this is good information for you to know.</p> <p>Create name tags with job titles (use actual job titles used in the setting) of approximately 10 people who are likely to interact with a survivor during the response process in your country setting (the setting where most participants work). Select at least one title from among each of the following groups:</p> <ul style="list-style-type: none"> ▪ Police (Police Officer, Police Investigator) ▪ Justice (Judge or Magistrate, Court Prosecutor) ▪ Traditional (Elder or Community Leader, Camp Chairperson) ▪ Health (Doctor, Nurse or Midwife, TBA) ▪ Family (Mother or other family member that a survivor might tell about the rape, Sister, Father) ▪ Psychosocial (Community Services Worker, Social Worker, GBV Counselor) ▪ Community (Neighbor, Block Leader) ▪ UNHCR (Protection Office, Field Officer, Community Services Officer) <p>Be sure the name tags can be easily read from a distance.</p>
Materials	<p>Flipchart</p> <p>Markers</p> <p>Ball of red yarn or string (or other bright color), at least 40 m (or 100 ft) long</p>
Session type	Lecture/discussion and activity

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Procedures

1. Ask for volunteers and distribute the name tags to the appropriate number of people. Tell them that they Actors and will be in the role of the person noted on their name tag.
2. Seat the volunteers in a circle, chairs fairly close together. Ask the remaining participants to stand outside the circle so that they can easily see the activity.
3. Explain that the ball of yarn represents a 20 year old girl who was raped.
4. Standing outside the circle, give the ball to Mother (or whomever you have chosen to be the first person the survivor tells about the incident) and explain that the girl has told her mother about the incident.
5. Instruct Mother to hold the end of the string firmly, do not let go, and throw the ball to the person you tell her.
6. 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 the ball to the next Actor as instructed. An example of how you might play out the story is as follows:
 - Mother takes girl to Block Leader.
 - Block Leader refers the girl to the TBA.
 - TBA helps, but the girl needs more health intervention and TBA refers girl to the Midwife.
 - Midwife calls in the Doctor
 - Doctor administers treatment and sends girl back to Midwife.
 - Midwife refers the girl to the Community Services Worker.
 - Community Services Worker provides emotional support and contacts the UNHCR Community Services Officer for assistance
 - UNHCR Community Services Officer talks with the girl and discovers the girl wants to involve the police—refers the girl to the UNHCR Protection Officer
 - UNHCR Protection Officer meets the girl, takes her back to the Doctor for a few more questions
 - Doctor sends the girl back to the UNHCR Protection Officer
 - UNHCR Protection Officer refers the girl to the Police.
 - Police contact the Doctor
 - Doctor contacts Mother
 - Mother takes girl to UNHCR Protection Officer.
 - UNHCR Protection Officer refers girl to a Lawyer
 - Lawyer contacts Police
 - Police contact Prosecutor to have him speak with the survivor
 - Prosecutor discusses with Lawyer
 - Lawyer discusses with Prosecutor
 - Prosecutor calls the Doctor about the survivor to get information about the medical exam. Doctor asks to see the survivor again because she forgot to examine something
 - The doctor refers the survivor to a social worker
 - The social worker then contacts the police to give them some new information

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- The police contact the UNHCR protection officer to report the incident
 - The protection officer contacts the mother to ask questions
 - The mother asks the survivor additional questions
 - The survivor goes to talk with the community leader because she is confused about the process
 - The community leader contacts the prosecutor and the judge to find out the status of the case
 - They refer the community leader to the police
 - The police refer the leader to the UNHCR protection officer
 - Etc.
7. 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 center of the circle, with each Actor holding parts of the string.
 8. 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?
 - 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?
 9. 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.
 10. Hand out Sample Interagency Procedure Manual. Take a few moments to go through it, highlighting the fact that these kinds of procedure manuals ***must be developed with the entire interagency team*** (as indicated on the cover). It will NOT work for one organization to write procedures for others to follow.

Key Discussion Points

- ◆ 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 and not well coordinated. This can be very daunting and confusing to the survivor and may discourage incident reporting or negatively impact the survivor. 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.
- ◆ Let the activity speak for itself, unfolding before participants' eyes. Do not describe it or explain its purposes before completing the activity.

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Session 3.9—Establish Documentation and Compile Data

Length	30 minutes
Overview	This session introduces the idea of using a common form for recording incident reports. The session describes the uses of the form for interagency response and its value for informing the public about GBV occurring in the setting.
Learning Objectives	Explain the reasons why a common incident reporting form is needed and its value in gathering data and monitoring GBV interventions and outcomes
Preparation	<ol style="list-style-type: none">1. Become familiar with the purposes and instructions for the Incident Report Form in the UNHCR Guidelines.2. Make copies of the Incident Report Form and instructions, one for each participant
Materials	Handouts (or UNHCR Guidelines)
Session type	Lecture/discussion

Procedure

1. Ask participants to refer to the Sample Interagency Procedure Manual handed out in the previous session—sections about the Incident Report Form.
2. Ask if there is a common report form being used in this setting. Discuss who fills the form, how it is used, who can see it, how/whether the information from all forms is compiled and shared with others.
3. Hand out the Incident Report Form handout.
4. Explain and discuss the purposes of the form and why it is useful for coordinating response actions and helping actors to abide by the Guiding Principles.
5. Highlight the importance of proper training for staff/volunteers who complete the forms.

Key Discussion Points

- ◆ Although unpopular and often considered boring, documentation and analysis of data/information are essential tasks and responsibilities for all actors in all professions.
- ◆ Compiling and sharing (non-identifying) data about GBV incidents is a valuable tool for breaking down denial and generating public awareness and action address the problems.
- ◆ If consistent data is collected from all refugee/IDP sites around the world, we will have useful information that can guide funding and program planning. That is why all sites are urged to use an incident report form and compile data from completed forms.
- ◆ Using a common incident report form raises **serious issues around confidentiality**. The UNHCR Incident Report Form has suggested instructions at the top. One step in those instructions is to give a copy of the completed Incident Report Form to UNHCR. This is **NOT** a good idea in most settings around the world, and should NOT be considered a “rule.” Giving UNHCR copies of the forms might work if the forms contain no identifying information or if the survivor gives her consent to share the form.
- ◆ The interagency GBV team needs to discuss, consider, and agree how an incident report form can be used in the setting while at the same time maintaining the guiding principles.

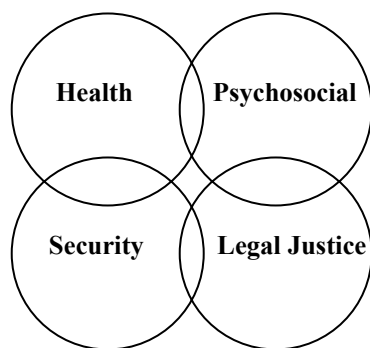
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Session 3.10—Interagency, Multisectoral Coordination

Length	30–45 minutes
Overview	The facilitator draws together the information from previous sessions in this module to show participants the need for good interagency, multisectoral coordination. Suggested methods for coordination, collaboration, and communication are discussed. A quick exercise demonstrates the challenges for all of us in coordinating, collaborating, and communicating with one another.
Learning Objectives	<ol style="list-style-type: none">1. Identify strategies and methods for maximizing interagency, multisectoral coordination, communication, and collaboration.2. Understand that effective coordination requires time and effort from all actors.
Preparation	None
Materials	Paper Pens Flip chart and markers
Session type	Discussion and activity

Procedures

1. On the flip chart, draw 4 circles and write one of the four key sectors in each circle. Should look something like this:



2. Remind participants that each of these circles contains many individual actors—and that the actors need to communicate with each other. Draw arrows between the circles to illustrate communication each way—among, across, between the circles.
3. Point out that there are other actors who may be involved in prevention and response who are not part of these four sectors. Draw more arrows outward from the circles on the flip chart.
4. Remind participants about what we learned earlier about the importance of clear procedures and good coordination. Explain that there must be agreed-upon systems for coordination and information-sharing among at least these four sectors.
5. Stop the discussion and conduct Activity 4.2

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Activity 3.10

1. Divide participants into groups of 3 or 4.
2. Give each group one blank sheet of paper (A4 size) and one marker.
3. 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. All of the 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. Open the marker and everyone to stand around their sheet of paper.
4. Wait until everyone is ready and quiet. Tell them to START. Monitor for sound and remind everyone there is No Talking, if necessary.
5. After 30 seconds, tell them to STOP.
6. One by one, ask each group to hold up their picture for all to see.
7. Ask the groups who was in charge of the marker and discuss what worked and didn't work in each group. Bring out the key discussion points.
6. Distribute Handout 4.2–Coordination. Go through the handout.
7. Conclude this session with a discussion of the key discussion points.

Key Discussion Points

- ◆ The exercise² demonstrates that all 3 or 4 people need to coordinate their actions in order to be successful in their task.
- ◆ 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 interagency and multisectoral GBV prevention and response systems. Interagency work is learning to draw a house, dog, and tree together. It requires good communication, some conflict, and time.

²Adapted from exercises in *Games Trainers Play* and *More Games Trainers Play*, John W. Newstrom, McGraw-Hill, 1980 and 1983.

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- ◆ Coordination and communication are crucial if we want to assist survivors and prevent further acts of GBV in the communities we serve.
- ◆ It is a good idea to have a coordinator—or leader—until the system works more smoothly.
- ◆ Establish regular interagency coordination meetings. Agree on agenda items, keep the meetings on-task, time limited, and carefully facilitate discussions to ensure discussion of problems and successes, maximize communication and avoid members becoming passive and disengaging.

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Session 3.11–Putting it all Together

Length	15 minutes
Overview	This session summarizes Module 3.
Learning Objectives	Be able to describe multisectoral prevention and response to GBV, clearly and briefly.
Preparation	Prepare a flip chart as indicated in Step 1.
Materials	Flip chart Markers
Session type	Lecture/discussion

Procedure

1. Write on a flip chart:

RESPONSE:	P
1. Define key stakeholders/actors	R
2. Engage stakeholders	E
3. Raise awareness/train stakeholders. Train in sector-specific response and prevention action	V
4. Establish reporting/referral procedures (inter-organizational)	E
5. Establish documentation system; train relevant actors	N
6. Establish systems for coordination and information sharing, and staff well being.	T
7. Conduct a range of awareness raising with the community	I
8. Monitor and evaluate activities, training, etc. Revise as needed	O
	N

2. Explain that activities for Response and for Prevention must be developed simultaneously.
3. Summarize the training and discussions from this module:
 - Prevention and Response Plan addresses:
 - Outcomes/consequences
 - Causes/contributing factors

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- It involves all sectors, actors
- All actors agree to and abide by a set of Guiding Principles
- It is team oriented
- It is well coordinated
- It requires training and capacity building with an array of actors and stakeholders
- It supports full refugee involvement in the process of planning and implementation

Key Discussion Points

- ◆ Prevention involves community awareness raising in the community and in humanitarian aid organizations
- ◆ Increased awareness will hopefully lead to behavior change. That means that prevention activities will result in more survivors coming forward and asking for help.
- ◆ Response services must be in place and ready to help an increasing number of survivors.
- ◆ If survivors come forward for help and help is unavailable or uncoordinated or of poor quality, we will be doing more harm than good. Our efforts will backfire because survivors will stop reporting if they perceive that the help they need is not available.

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HANDOUTS

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HANDOUT 3.10–Coordination, Communication, Collaboration

Coordination involves sharing information about gender-based violence incident data, discussion and problem-solving among actors and stakeholders about prevention and response activities, and collaborative monitoring, evaluation, and ongoing programmed planning and development.

- ♦ Establish and continuously review methods for reporting and referrals among and between different actors. Referral networks should be free of bureaucratic delays and “red tape,” focusing on providing prompt and appropriate services to survivors.
- ♦ Agree on an Incident Report Form, to be used by all actors receiving referrals of cases of sexual/gender-based violence. Use the form consistently.
- ♦ Share written reports, especially monitoring and evaluation reports and incident data among actors and stakeholders.
- ♦ Convene regular meetings of key actors and stakeholders:
 - Monthly camp level meetings to discuss camp specific information, data, and activities
 - Monthly regional (e.g., field office, sub-office, district level) meetings to discuss information, data, and activities occurring in that region.
 - Monthly country level meetings to discuss information, data, and activities country wide.
- ♦ Coordination meetings should serve a number of purposes:
 - Share information within and between sectors, organizations and the refugee community.
 - On an ongoing basis, critically analyze activities by identifying gaps in services and strategies for improvement and strengthening current activities. Also, oversee the implementation of the strategies identified.
 - Provide a supportive forum for actors to seek guidance and assistance from colleagues. Also, provide an opportunity for constructive feedback, problem-solving, and debriefing after particularly complex or difficult cases.
 - Clarify the roles and responsibilities of all those involved with the planning, implementation and monitoring of prevention and response activities.
 - Plan, schedule, and co-ordinate activities, such as staff training, community education and awareness raising.
 - Continuously build shared ownership of gender-based violence programmers and effective partnerships between all involved.
- ♦ The designated “Lead Agency” is responsible for encouraging participation and facilitating meetings and other methods for coordination and information sharing.

Module 4: Establishing a Multisectoral, Interagency Plan for Prevention and Response to GBV

Overview

Module Four contains more “how to” information than the first three modules in this training manual. Module Four goes through the key steps necessary to develop an effective interagency prevention and response plan. The module combines training and planning so that participants are learning about developing GBV programs while at the same time developing a plan for the GBV program in their setting. By the end of this module, participants will then have the beginnings of a plan that can be developed further after the workshop.

Using a program development framework, the module emphasizes the need to build capacity of the human resources who will be involved in prevention and response.

Participants must have the basic knowledge about the components of prevention and response, from Modules Two and Three, before participating in Module Four.

Participants in Module Four should be knowledgeable about existing programs and services in the setting. They should also be people involved in program development and implementation in their organizations, in the setting. If participants in your group do not have these characteristics, you will need to revise the sessions so that there is less planning and analysis related to existing programs.

Training Goals

Participants will be aware of the steps needed to develop a well coordinated and effective interagency, multisectoral GBV prevention and response program.

Resource Materials Needed

Sufficient numbers of the following books so that each participant has one copy. All of these materials can be obtained at no charge from the RHRC Consortium and/or UNHCR. They are also available for download from the internet at www.rhrc.org. If you cannot obtain enough copies, you will need to prepare handouts of the relevant pages, chapters, and forms used as reference materials in the sessions.

GBV Tools Manual for Program Design, Monitoring and Evaluation, RHRC Consortium 2004.
UNHCR Guidelines for Prevention & Response to SGBV Against Refugees and Displaced Persons, 2003
Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations, Beth Vann, RHRC Consortium 2002.

Key Learning Points

- There are specific minimum components that should be in place in any setting in order to provide services to survivors and prevent gender-based violence.
- Effective prevention and response to GBV is an interagency, multisectoral, interdisciplinary, collaborative effort with the community at the center.

Total Time

6–7 hours

Module 4: Establishing a Multisectoral, Interagency Plan for Prevention and Response to GBV

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Session 4.1–The Project Life Cycle/APDIME

Length	30 minutes
Overview	<p>Action to prevent and respond to GBV requires well thought out program development (project planning) just like any other humanitarian aid program. In situations where donor funds are used for GBV activities, there is usually a program plan with goals, objectives, activities, indicators, and a monitoring and evaluation plan. Often, however, activities in humanitarian settings to address GBV are “add-ons” to existing services and staff job descriptions, without specific funds for them. These situations usually lack a project plan. Goals and objectives are not clear and specific. Indicators have not been established, and any monitoring and evaluation is done by “feel” rather than using concrete indicators and evaluation.</p> <p>This session reviews the steps and components necessary for planning and implementing any type of project/program. The training sessions in Module Four are leading participants’ toward developing a GBV program plan. Participants must first understand what is involved in program planning.</p>
Learning Objectives	<ol style="list-style-type: none"> 1. Understand that there are specific steps to be taken when designing and implementing projects/programs to address gender-based violence. 2. Increase knowledge of the components necessary for program planning and implementation.
Preparation	Optional–Copy Handout 5.1–Project Life Cycle
Materials	Optional - Handout on the Project Life Cycle Flipchart Markers
Session type	Lecture/discussion

Procedure

1. Give a quick overview of the session and the reason it is included in a workshop about GBV Prevention and Response (as in Overview, above).
2. Write across the top of the paper in large letters the acronym “APDIME.”
3. Explain that APDIME is a tool to help you to remember the steps for planning, developing, and implementing a project.
4. Explain that the letters stand for, write the words on the flip chart:

ASSESS
 PLAN
 DESIGN
 IMPLEMENT
 MONITOR
 EVALUATE

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Key Discussion Points

- ◆ **A**–Assessment
What is the problem?
- ◆ **P**–Planning
What is the goal? Objectives?
- ◆ **D**–Design
What are the activities? Indicators?
- ◆ **I**–Implementation
Implement activities
- ◆ **M**–Monitoring
Document, compile data, measure and monitor indicators

Implementation and monitoring are generally discussed together. You should constantly be doing both throughout the program. You implement, then you ask: “How can we do it better” (monitoring) and then you do it again.

M and I are a cycle. Draw a cycle of Implementation and Monitoring to illustrate this for participants.

- ◆ **E**–Evaluation
Did we accomplish our objectives? How—and what—have we accomplished?

“APDIME” is a simple and useful tool for participants who are new to the information in this session. If participants in your workshop have prior knowledge about program planning, you may choose to add Handout 5.1–The Project Life Cycle and discuss the steps included in that handout.

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Session 4.2–Situation Analysis

Length	90 minutes
Overview	<p>As discussed throughout this workshop, GBV is a widespread, pervasive, and complex problem that requires an array of interventions from multiple actors. It can be overwhelming to consider how to get started.</p> <p>This session introduces checklists and tools that can be used to conduct a situation analysis about gender-based violence among displaced populations (refugee, IDP, returnee settings). During the session, participants will go through a situation analysis exercise to identify types of GBV occurring as well as prevention and response services already in place in the setting. This exercise helps participants to think clearly and gather information in an organized way that will enable program planning to fill in the gaps and strengthen existing services.</p>
Learning Objectives	<ol style="list-style-type: none"> 1. Identify the information needed when conducting a situation analysis about GBV. 2. Identify resources (checklists, tools, methods) for conducting a situation analysis.
Preparation	<ol style="list-style-type: none"> 1. Copy Handout 4.2 2. Copies of the GBV Tools Manual for each participant – or prepare handouts with the Situation Analysis tool and Focus Group information and sample questions. 3. Copies of the Checklist for Action 4. Become familiar with the assessment section in the GBV Tools Manual
Materials	<p>Handouts</p> <p>Note paper</p> <p>Pens</p> <p>Flip chart</p> <p>Markers</p>
Session type	Lecture/discussion and activity

Procedure

1. Introduce the session and its purposes.
2. Explain that one set of information needed is facts about GBV in the setting. Ask the group to identify what they know about GBV in this setting. Elicit the following and list participant comments on the flip chart:
 - Types of GBV
 - Prevalence
 - Attitudes of the community toward the various types of GBV
 - Level of awareness in the community about gender issues, GBV, human rights

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Activity 4.2

1. Give participants Handout 4.2. You will now divide the large group into small discussion groups of 5–6 people each. Assign each group one item in Handout 4.2. They are to identify whether the elements listed under their assigned item are in place in the setting or not. If the activities/services exist, the group should identify the names of organizations providing the service and the geographical locations where the service is available.

Note about choosing groups and assigning sections of Handout 4.2:

- This exercise works well when all four sectors of response are represented among the workshop participants. In that case, you can easily put some sector-specific staff into response groups (health workers into the Health group, counselors and social workers into the Psychosocial group, police/security workers into the Security group, and protection staff/judiciary/lawyers in the Legal Justice group) and divide the remaining participants into a few groups to analyze the prevention items.
 - If you do not have a mix that allows this kind of group division, you need to determine the best way to divide your group so that at least some items under response and some under prevention are included in the exercise.
2. Allow approximately 30 minutes for the group work. Groups are to write their lists on flip charts and post them around the room.
 3. For group reports, consider a Gallery Walk or very short small group presentations.
 4. Close the activity by pointing out that this is an excellent first step in conducting a situation analysis for the setting. This is good information that can be expanded after the workshop by the multisectoral team, and then used for developing a plan to strengthen GBV programming.
 5. Distribute copies of the GBV Tools Manual sections, or refer participants to those sections in their copies of the tools manual. Give an overview of the Situation Analysis tool and focus group pages, allowing participants to page through and have a quick look at what is written on the pages.
 6. Close the session by summarizing the key points.

Key Discussion Points

- ◆ There are resources, tools, and guides that will help you to assess your situation and conduct a situation analysis.
- ◆ Situation analysis is the first step in developing a GBV prevention and response plan. As discussed in the session about the project cycle, one must first assess and understand the problem to be addressed.
- ◆ Although GBV is a complex issue and prevention/response programs contain an array of activities, the planning process can be organized and made simple by using tools and resources that have been tested and found useful.

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Session 4.3—Goals, Objectives, Indicators for GBV Programs

Length	40 minutes
Overview	This session contains concrete information to help participants formulate goals, objectives, and indicators. Any GBV program will be off to a good start if program planners take time to establish realistic goals, SMART objectives, and indicators for a few of the key program strategies.
Learning Objectives	Be able to establish realistic goals, SMART objectives, and useful indicators when designing GBV programs.
Preparation	Copy Handout 4.3—Goals and Objectives for GBV Programs Copy Handout 4.4—Indicators for GBV Programs
Materials	Handout 4.3—Goals, Objectives, and Indicators for GBV Programs Flipchart Markers Note paper Pens
Session type	Lecture and activity

Procedure

1. Give participants Handout 4.3 and refer them to the sample indicators pages in their copy of the GBV Tools Manual.
2. Lecture/discuss the Goals section in Handout 4.3 (Goals, Objectives) with participants. Refer participants to the sample goals in the handout: Are any of these relevant for this setting? Why or why not?
3. Write Objectives across the top of a flip chart. Tell participants that objectives must be SMART. Write on the flip chart:

S
M
A
R
T

4. Ask participants what does SMART stand for. Usually, there are many people in the room who know the answer. Go through each letter to be sure everyone understands.

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

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5. Give the definition of Objectives from Handout 4.3. Write on the flipchart the examples of good and not-very-good effect/impact objectives from the handout :

“good” Objective

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

“not very good” Objective

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

6. Guide participants through a discussion of why one objective is good and one is not very good by comparing each to the elements of SMART.
7. Give participants Handout 4.4, Indicators. Lecture/discuss from the handout.
8. Explain that for multisectoral GBV prevention and response, the recommendation is that interagency teams establish and monitor/measure 6 indicators:

- 1 for Health response
- 1 for Psychosocial response
- 1 for Security response
- 1 for Legal justice response (or 2–1 for national justice, 1 for traditional)
- 1 for Coordination
- 1 for Prevention (or more)

This would be too many indicators for any one organization to use and monitor. This works in GBV programs because there are different organizations monitoring different indicators.

For example: Health clinic establishes and monitors health indicator, Community Services NGO establishes and monitors psychosocial, UNHCR establishes and monitors indicators for Security and Legal justice. Together, the interagency team establishes indicators for Coordination and Prevention and a “lead agency” is selected to monitor those indicators. Each of these organizations periodically report on indicators (progress toward achieving objectives) to the interagency team and this information is shared with other organizations in the setting and with the community.

Activity 4.3

1. Divide participants into five small groups:

- Health response
- Psychosocial response
- Security response
- Legal Justice response
- Coordination
- Prevention

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2. Give participants their assignment (and write it on flip chart):
 - Develop one goal for your multisectoral GBV prevention and response program
 - Develop at least one objective for your assigned area of work (the 5 groupings listed in Step 1)
 - For each objective, develop one indicator.
 - You have 45 minutes for this activity. If you have time, write a second objective and a second indicator.
 - Write your goal, objective, and indicator on a flip chart paper and post it on the wall.
3. Reconvene the participants and allow approximately 20 minutes for a Gallery Walk.

Gallery Walk:

 - Each group posts its written results/presentation on a flip chart clearly and simply. One representative from the group remains near the flip chart to answer questions.
 - Participants walk around the room, read each group's presentation, ask questions/discuss with the group's representative.
 - When all participants have reviewed each group's presentations, they should return to their seats.
 - The trainer facilitates a short discussion bringing out the questions, issues, differences, similarities among the different group reports.
4. Conclude the session by reviewing the key points about Goals, Objectives, and Indicators.

Key Discussion Points

- ◆ Goals, objectives, and indicators are usually developed when writing proposals for funding. In humanitarian settings (considered emergencies even if they are long standing refugee camps), many of the large donors fund in short cycles (3, 6, 12 months). It is challenging to develop goals and objectives for GBV programs that can be accomplished in these short funding cycles. Program planners frequently write unrealistic goals and objectives for the short time periods of their proposed programs.
- ◆ We must have realistic Goals, SMART objectives, and useful indicators in order to monitor and evaluate our work. Monitoring and evaluation is the process through which we gain information about the activities and achievements of programs, in order to make decisions to improve them. Effective monitoring and evaluation will guide our work and help build stronger programs.
- ◆ Monitoring and evaluation answers these questions:
 - Are we doing what we said we were going to do?
 - Are we achieving what we said we would achieve?
 - Is the project design sound? How can it be improved?
 - What were the unintended consequences?
 - Is our program causing the observed changes?
 - Inputs: Were program inputs available, adequate, timely?
 - Activities: Were activities performed on schedule?

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- Outputs: Were outputs produced? Were they of acceptable quality?
- Effect: Were effects observed?
- Impact: Was impact achieved?

◆ Indicators are the measurement for these questions. FIRST, you must have goals and objectives. Indicators measure progress toward objectives.

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Session 4.4—Identifying and Engaging Stakeholders

Length	50 minutes
Overview	<p>The multisectoral and interagency characteristics of GBV programming makes this work very interesting. It can also make the work very challenging. A group of stakeholders is a group of diverse personalities, opinions, interests, priorities, and communication styles. Police think and prioritize very differently than social workers and counsellors – yet we need for these diverse individuals to sit together and work together.</p> <p>This module facilitates participants’ exploration of the issues involved in identifying and engaging the relevant stakeholders.</p>
Learning Objectives	<ol style="list-style-type: none"> 1. Identify specific GBV stakeholders in your setting 2. Reinforce understanding that effective GBV prevention and response involves many diverse people 3. Explore ideas about how to engage reluctant stakeholders
Preparation	None
Materials	<p>Flipchart</p> <p>Markers</p> <p>Note paper</p> <p>Pens</p> <p>Small colored stickers or labels—enough so that each participant can have 3</p>
Session type	Lecture and activity

Procedure

1. Remind participants that everything we are talking about relates to multisectoral action and the four key sectors for prevention and response. Write those 4 sectors on the flip chart:
 - Health
 - Psychosocial
 - Security
 - Legal Justice (national and traditional)
2. Ask participants what we mean by the term “stakeholder.” Define the term.
3. Ask participants for a few examples of stakeholders in each sector. Write these on the flipchart.

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Activity 4.4a

1. Divide into four discussion groups:

Health
Psychosocial
Security
Legal Justice

2. Direct groups to make a list on a flip chart of the most important stakeholders/actors for their group's sector. Try not to list names of individuals; rather, list job title or name of organization. Allow 15 minutes.
3. Reconvene the large group, posts the lists. If there are questions or comments, ask groups to give clarifications. (There is no need for group presentations—the lists should speak for themselves.)
4. Usually, these lists are very long with an unmanageable number of “key” stakeholders and actors. If that has NOT occurred, you should skip Steps 8–11 in this Activity.
5. Point out that the number of people listed is HUGE, and would be an unmanageable interagency team. Explain that we will now try to prioritize this list of stakeholders.
6. Give each participant 3 stickers. They are to get up from their seats and go to the lists and use their stickers to cast their vote for which stakeholders on the list should be considered high priority. They can vote on three different stakeholders—or they can use all 3 votes for one stakeholder if they feel strongly about it.
7. Allow approximately 10 minutes for everyone to cast their votes. When everyone is finished, have them return to their seats.
8. Count the votes and circle the stakeholders with the most votes.
9. Close this activity with a statement like: Now that we have identified who are primary stakeholders and actors are, the next step is to decide how we can engage them in our efforts to address GBV.

Activity 4.4b

NOTE: This activity works well as an evening assignment for residential workshops, assigned the night before this Session 4.4 will be presented.

1. Divide participants into small groups no larger than 5–6 people.
2. Distribute the Handout 4.4—Small Group Discussion: Resistance
3. Read the handout to the large group. Paraphrase as need to ensure everyone understands.
4. Allow 30 minutes for the activity.
5. Reconvene the large group and facilitate a discussion to help them summarize the small group discussions.
6. Summarize issues discussed.

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Key Discussion Points

- ◆ Stakeholders are people who are in a position to support—or sabotage—efforts to address GBV. These are people who, for a variety of reasons, have an interest in the success or failure of GBV programs. At a minimum, GBV stakeholders include the service providers (actors) in the four key sectoral areas. Stakeholders are also people who may not work directly with survivors, but influence policies and actions. These are community leaders and influential persons in the community, in humanitarian aid organizations, and in the host government.
- ◆ In order to establish effective response services and prevention strategies, key stakeholders are needed to participate in planning and implementation. First, we must identify these people. Then, we must find ways to engage them to join us. We must know something about what motivates these individuals, and try to provide it when feasible.

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Session 4.5—Training and Capacity Building

Length	2 hours and 30 minutes
Overview	This session focuses on building capacity of stakeholders who are/should be involved in prevention and response efforts. In many field sites, very little attention is paid to building capacity of the key stakeholders—but without proper knowledge, understanding and skills, key stakeholders and actors cannot fulfill their roles and responsibilities.
Learning Objectives	<ol style="list-style-type: none"> 1. Identify types of training and capacity building that may be needed in your setting. 2. Identify relevant training resources, gaps, and explore ideas for filling those gaps.
Preparation	Copy Handouts 4.5–1, case study Prepare flip chart for mapping training available in the setting (see Step 6 under Procedure).
Materials	Handout Flipchart Markers Note paper Pens
Session type	Lecture/ discussion and small group case studies

Procedure

1. Refer to the flip charts with stakeholder lists created in Session 4.4. Take a few moments to identify the actors on the lists. (Actors = staff or volunteers who may/will work directly with survivors and/or perpetrators)
2. Remind the group of discussions from previous sessions about roles and responsibilities of the various actors, such as:
 - Abiding by the guiding principles of security, confidentiality, respect
 - Providing specific assistance or care to survivors (such as health workers, counsellors, etc.)
 - Documentation
 - Participating in coordination activities
3. Ask participants what knowledge, skills, and abilities actors need to enable them to fulfil their roles and responsibilities. Elicit the following and list on flip chart:
 - For all actors, all sectors—staff and volunteer
 - Understanding of GBV (Key concepts/definitions, types, consequences, causes, etc.)
 - Guiding principles
 - Incident documentation

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- Sector-specific staff
 - Health actors—medical exam, protocols, treatment, forensic evidence, etc.
 - Psychosocial—counselling, case management
 - Police—relevant laws and procedures
 - Justice—relevant laws and policies
 - All actors involved in prevention—participatory methods for working with communities, behavior change communication (BCC) strategies, use of media, etc.
- 4. Ask: Are there training programs available for all of these areas? (There never are.)
- 5. Introduce Activity 4.5–A by explaining that before we do our training resource mapping, we will first explore some of the reasons why good training and capacity building is important.

Activity 4.5a—Case Study: Team Building and Training

1. Divide participants into small groups of 3–4 people. Distribute case study handouts to the groups.
2. Read the case study aloud, paraphrase and repeat as needed until everyone understands the scenario and the assignment.
3. Give groups 20 minutes to discuss.
4. When the participants come back together, facilitate a discussion to elicit the key points from their discussions.

Discussion

1. Go to the flip chart you prepared in advance and explain that we will take a few moments to begin mapping training resources and gaps in this setting. The flip chart should look something like this:

ACTOR	TRAINING NEEDED	AVAILABILITY

2. Ask participants to fill in the first two columns based on our earlier discussion in this

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session. Elicit the following and write in the first column on the flip chart:

ACTOR	TRAINING NEEDED	AVAILABILITY
All	Understanding GBV Guiding Principles Documentation	
Health	Medical exam, protocols, treatment, forensic evidence Counseling	
Psychosocial	Counseling Case management	
Police	Laws, procedures	
Justice	Laws, policies	
All in prevention	Participatory methods BCC Media	

- Now, ask participants to help you with information about what training programs exist already—and the name of the organizations who provide them. Fill in the third column with information from participants.

- ◆ If there are gaps (and there will be), facilitate a discussion about what can be done to fill those gaps. Usually, this involves going to the relevant government ministries, UN agencies, and a few key NGOs to request that training programs be developed. Perhaps there are participants in your group who would be willing to carry forward these ideas and follow up after the workshop.

Key Discussion Points

- ◆ Interagency, interdisciplinary, multisectoral are all characteristics of effective GBV prevention and response.
- ◆ A diverse team of staff, volunteers, and leaders can be a frustrating experience—and it can be enriching
- ◆ Each member of the team brings unique opinions, biases, characteristics, and talents. Learning to work with others whose opinions and biases are different from yours takes patience and time.
- ◆ An effective interagency multisectoral team takes time, capacity building, and effort from all involved.

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Session 4.6—Make a Bold Move in Prevention

Length	30 minutes
Overview	<p>Historically, GBV programs in displaced settings have been focused on response, with prevention activities somewhat limited to “awareness raising” or “sensitization” activities. There are at least two reasons for this: (1) Humanitarian aid by its nature is focused on providing direct assistance to people in need of help, and (2) Preventing GBV is a daunting task in any setting.</p> <p>In this session, participants are encouraged to think about prevention beyond the usual and customary “awareness raising” activities and come up with creative ideas. Participant ideas from this session may not be realistic or do-able. The point of the session is to think about prevention in new, creative, and bold ways.</p>
Learning Objectives	Consider exploring new, unusual, and bold ideas for GBV prevention strategies.
Preparation	Copy Handout 4.6—Make a Bold Move
Materials	<p>3x5” index cards (enough for each participant to have 2)</p> <p>Flipchart</p> <p>Pens</p> <p>Tape</p>
Session type	Activity

Procedure

1. Ask the group to identify prevention activities that are already underway in this setting.

Write a few of these on the flip chart.

Discussion points:

- ◆ At least some participants will identify “awareness raising” or “sensitization.” If they do, include these on the flip chart list. If they do not, ask the group if these activities are being done.
- ◆ Try to elicit other kinds of activities for prevention that target specific contributing factors, such as:
 - Working with parliament to revise laws
 - Working with community leaders to find ways to regulate and limit “home brews” and location of alcohol bars in the camp

2. Review the key discussion points from Causes/Contributing Factors and Prevention in Module.

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Activity 4.6

1. Introduce the activity by explaining that creativity and innovation are elements in the program planning process. You must think creatively and not be afraid to try new or controversial things. This activity is meant to help you explore how to do this.
2. Divide participants into groups of 5–6 people.
3. Distribute the handout and the index cards. Read the instructions in the handout, paraphrasing and repeating as necessary until everyone understands the assignment. The rules are:
 - The activity must be something that is not already being done
 - The ideas must be bold, brave new ideas that move in a new direction
 - They should stay strong when advocating for their ideas
4. Give participants 5 minutes to write their ideas.
5. Then tell participants to share and discuss their ideas with their small groups. Give groups 10 minutes to discuss.
6. Stop the discussions and ask participants to tape their cards to the wall.
7. Have participants walk around (“gallery walk”) the room to read the cards.
8. Once the gallery walk is finished, ask for questions and comments about the ideas on the wall—and/or about this exercise.
9. Close the session by asking the group if anyone intends to follow up on the Bold Move ideas after the workshop. Briefly discuss.

Key Discussion Points

- ◆ Effective prevention requires good assessment, creativity, and diverse activities sustained over time.
- ◆ Prevention can be discouraging because behavior change takes time.
- ◆ It happens sometimes that we become complacent in our community “awareness raising” activities—and we forget to monitor, evaluate, and revise prevention activities over time.

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Session 4.7—Workshop Closing

Length	30–60 minutes
Overview	Closing this training and planning workshop involves reviewing the workshop content and outcomes—and also gaining verbal commitment from participants to follow through on the preliminary plan (strengths and gaps analysis) developed during the sessions in Module 4.
Objectives	Participants will state their commitments to carrying forward the discussions from this workshop.
Preparation	Prepare a written workshop evaluation, with copies for each participant Be sure that the key flip chart papers from all Modules are posted around the room for you to reference when reviewing workshop content and outcomes.
Materials	Evaluation forms Pens Optional—index cards for participants to write their commitment to action
Session type	Large group discussion

Procedure

1. Begin the closing session by announcing to participants that it is time to review what we've done together these days and clarify next steps.
2. Review the key points from each module covered during the workshop, topic by topic—referring to the flip charts created.
 - ◆ One must understand the basic concepts and principles (gender, power, etc.) to understand what is GBV and why is it so important to address
 - ◆ Response = Provide services to reduce the harmful consequences and after-effects of GBV, and prevent further injury, trauma, and harm.
 - ◆ Response includes some specific minimum standards for actions, roles, and responsibilities of staff and volunteers in each of the four primary sectors
 - ◆ All actors must abide by the three Guiding Principles
 - ◆ All actors need some training and information
 - ◆ Clear procedures are needed for receiving reports, making referrals, and coordinating among the interagency team.
 - ◆ Prevention = Understand the causes and contributing factors in your setting and develop strategies to reduce (or eliminate) them.
 - ◆ Your situation analysis work identified some needs, gaps, and strengths in your setting (review those)

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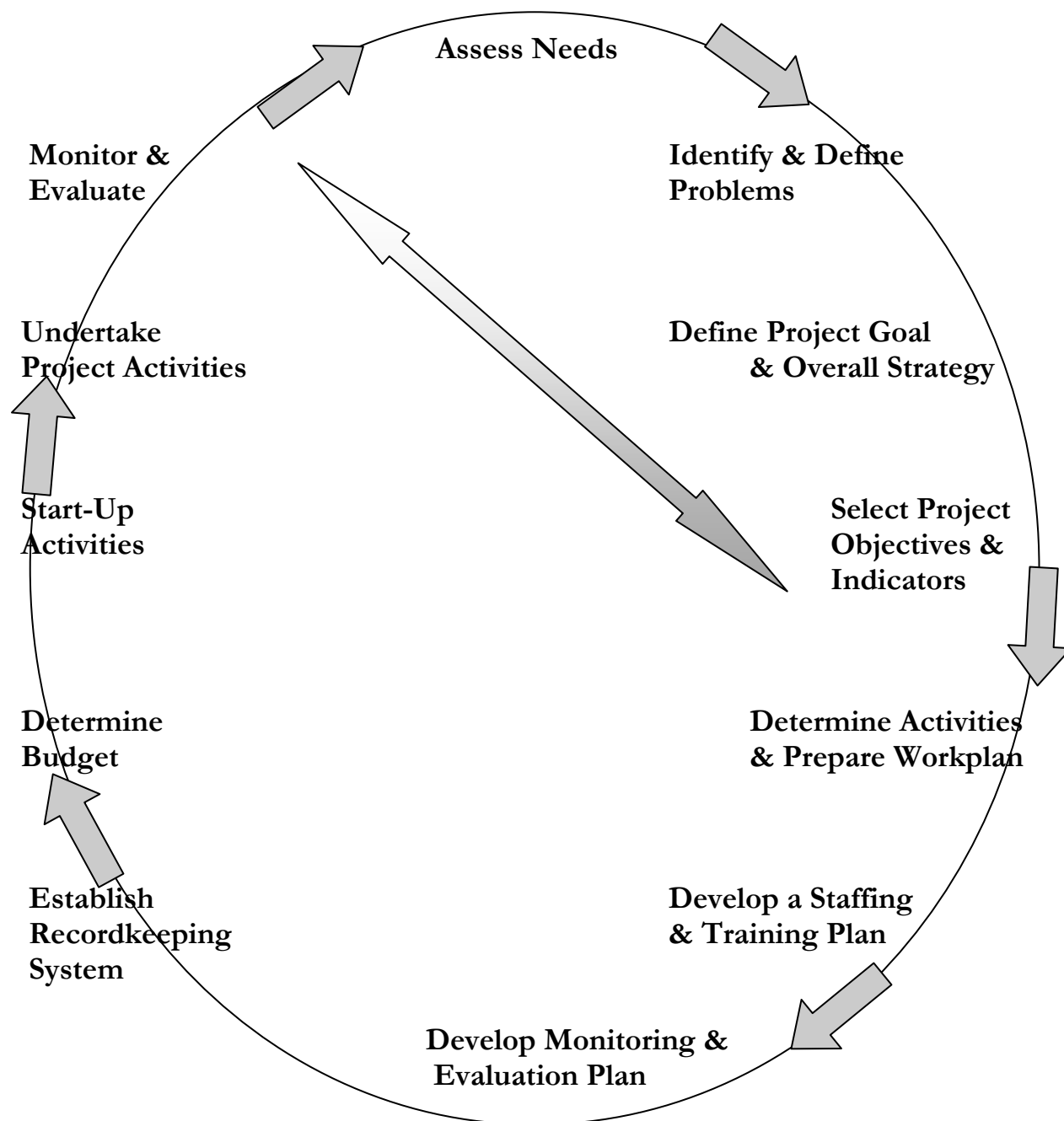
3. Ask participants what they will do after the workshop to carry forward the lessons and discussions and plans made here. Facilitate a short discussion to bring out a few action steps that will indeed carry action forward. Some examples:
 - ◆ Return to my organization and conduct this kind of training
 - ◆ Call a meeting to begin developing interagency procedures
 - ◆ Meet with the chief of police to start engaging the police in planning discussions
4. Hand out index cards and ask participants to write one action they will take after this workshop. Post the index cards around the room and do a Gallery Walk. Facilitate short discussion to clarify any questions.
5. Review the list of expectations that were developed in Module 1 on the first day. Facilitate a short discussion to verify that expectations were met. If not, ask the group to identify how those expectations can be met in other ways.
6. Hand out the written workshop evaluation and allow time for all participants to complete it.
7. Make closing remarks and thank yous. The host organization (if there is one) may wish to make some closing remarks.

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HANDOUTS

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HANDOUT 4.1 The Project Life Cycle¹



¹Adapted from *Project Design for Program Managers*, Centre for Development and Population Activities (CEDPA). Washington DC, 1994.

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HANDOUT 4.3 –1 Goals and Objectives for GBV Programs

Goals

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

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

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

Objectives

- ◆ Your expectation of what will be achieved, and what results you can show during the life of the project
- ◆ Should be fairly ambitious, but realistic

Should be:

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

Formulation of an objective for EFFECT or “IMPACT”:

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

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

Sample “good” Objective for EFFECT or “IMPACT”:

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

Sample “not very good” Objective for EFFECT or “IMPACT”:

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

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Formulation of an objective for OUTPUT:

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

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

Sample “good” Objective for OUTPUT:

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

Sample “not very good” Objective for OUTPUT:

To train clinic staff in GBV health care.

Examples of Goals & Objectives

Sample 1:

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

Objectives—Year One

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

Intended Effects/Impact—Year One:

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

Sample 2:

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

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Objectives Year Four

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

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HANDOUT 4.2–Situation Analysis Worksheet

HEALTH

- Abiding by the Guiding Principles
- Medical examination
- Treatment—injuries, prevent pregnancy, prevent STIs, HIV/AIDS
- Follow up
- Psychological support

PSYCHO-SOCIAL

- Abiding by the Guiding Principles
- Listening, emotional support, reassurance
- Case management
- Social reintegration—skills training, support groups, income generation

SECURITY

- Abiding by the Guiding Principles
- Private interview space in police station
- Protection, safety for survivor and her family
- Proper application of relevant laws and procedures
- Investigation, arrest, file charges with court

LEGAL JUSTICE

NATIONAL

- Judicial process with minimal delays
- Proper application of all relevant laws and procedures
- Legal advice, support, assistance for survivor – include accompanying to court
- Testimony of survivors in court heard in private
- Support for survivor and relevant refugee witnesses to attend court (transport, accommodation, meals, etc.)
- Final judgment and proper sentencing of perpetrator

TRADITIONAL

- Cases adjudicated in accordance with international human rights principles
- Serious cases (e.g., rape, serious assaults, etc.) referred to national police/courts
- Support for survivor throughout judicial process

DOCUMENTATION, MONITORING

- Incident reports are documented and kept in secure location
- Incident data compiled with non-identifying information; reports shared with all stakeholders

COORDINATION

- Clear reporting and referral systems – community members know where to go to report incidents, and trust that they will be treated with confidentiality, respect, and security maintained

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Written procedures for referrals, documentation, coordination developed by all key stakeholders; all are held accountable by other members of the GBV team

Regular meetings for coordination, collaboration, communication are attended by all key stakeholders

PREVENTION

Community and key stakeholders are involved in prevention to:

Identify contributing factors in the setting and develop prevention strategies to address them

Use BCC principles used in designing and implementing prevention activities

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HANDOUT 4.3–2—Indicators for GBV Programs

Monitoring and evaluation is the process through which we gain information about the activities and achievements of programs, in order to make decisions to improve them.

Effective monitoring and evaluation will guide our work and help build stronger programs.

Monitoring and evaluation answers these questions:

- Are we doing what we said we were going to do?
- Are we achieving what we said we would achieve?
- Is the project design sound? How can it be improved?
- What were the unintended consequences?
- Is our program causing the observed changes?

Inputs: Were program inputs available, adequate, timely?

Activities: Were activities performed on schedule?

Outputs: Were outputs produced? Were they of acceptable quality?

Effect: Were effects observed?

Impact: Was impact achieved?

Indicators are the measurement for these questions. **FIRST**, you must have goals and objectives. ***Indicators measure progress toward objectives.***

For GBV programs, measuring outputs and effects have proven most useful. Impact of GBV programs is observed only after some years of programming. More useful indicators for monitoring results (of programs that are establishing GBV prevention and response) are Output Indicators and Effect Indicators.

The following pages contain samples of Output and Effect Indicators that can be useful in GBV program monitoring and evaluation. ***It is recommended that programs establish at least one indicator for response in each sector (health, psych-social, security, legal justice), at least one indicator about coordination, and at least one indicator related to prevention.*** You may also choose to establish activity indicators as well, to measure your activities. Activity monitoring (in addition to output and effect monitoring) may be required by some donors.

Output Indicators

Use indicators of Output to measure services and products, and the quality of these.

Advantages of Output Indicators:

- Directly related to activities
- Easy, quick and frequent measurements
- Includes measures of quality of services

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Disadvantages of Output Indicators:

- Do not tell you if people changes, only what the program does
- Can lose sight of desired effects and long term impact, focusing on outputs instead

Effect Indicators

Use indicators of effect to measure levels of knowledge, attitudes, skills, intentions, and behaviors of the population of interest (the refugee/IDP population).

Sample desired effects for GBV programs might include:

Knowledge: The population should know . . .

- Women and men have equal human rights according to international law
- Interpersonal violence is a violation of human rights
- Survivors know where to go for help

Attitudes: The population should believe that . . .

- Women and men are equal
- Interpersonal violence is wrong and unacceptable in society
- Survivors of violence deserve assistance, not blame

Skills: The population should be able to . . .

- Avert potential violence by recognizing risks and taking safe action

Behavior or Practices: Population should/could . . .

- Not commit acts of interpersonal violence
- Support and assist survivors
- Report incidents of GBV
- Seek assistance (survivors)
- Condemn interpersonal violence
- (Men) Assist other men to learn to live without using interpersonal violence

Advantages of Effect Indicators:

- Show changes in the target population
- Changes in the target population is the primary aim of most GBV program activities

Disadvantages of Effect Indicators:

- Do not tell you if the population's status has changed (e.g., more women alive and functioning)
- Do not tell you what caused the change (cannot verify problem attribution)
- Data can be challenging to obtain

SAMPLE INDICATORS FOR GBV PROGRAMS *Note: The “/” symbol is used to indicate “Divided By”*
HEALTH SERVICES

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

PSYCHO-SOCIAL: INDIVIDUAL AND COMMUNITY

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

POLICE AND SECURITY SYSTEMS

Name of indicator	Type	Definition of Sample Indicator
Security system	Output	Number of police present per 10,000 population
Police training, capacity building tools	Output	GBV training curriculum for police developed and in use.
	Output	Police procedures or guidelines for GBV cases established in local language.
	Output	Number of guidelines distributed to police officers and commanders.
Police trained in GBV procedures	Output	<i>Calculate:</i> Number of police successfully completed GBV training

		/ Total number of police (all levels)
Gender-balanced security forces	Output	<i>Calculate:</i> Number female camp-based security workers / Total number all camp-based security workers
	Output	<i>Calculate:</i> Number female police officers / Total number all police officers
Police interview procedures	Effect	<i>Calculate:</i> Number of police posts with private interview space in use for GBV and other sensitive cases / Total number of police posts
Community awareness raising AND Police training	Effect	<i>Calculate:</i> Number of GBV cases reported to police / Total number GBV reports

FORMAL LEGAL JUSTICE SYSTEM

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

INFORMAL LEGAL JUSTICE SYSTEM

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

INTERAGENCY, MULTISECTORAL ACTION AND COORDINATION

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

Module 4: Establishing a Multisectoral, Interagency Plan for Prevention and Response to GBV

HANDOUT 4.4—Small Group Discussion: Resistance

One of the reasons that addressing GBV is so challenging is that communities often resist our efforts to bring the issues into the open and do something about them. Unlike other programs and services, we often have to first convince the community that there really is a serious, life threatening, pervasive problem and it needs attention.

By “community,” we mean everyone we are trying to work with—people who live and work in the community: teachers, doctors, nurses, midwives, lawyers, judges, police officers, religious leaders, community leaders, ministry officials, etc.

Discuss this resistance in your group—the reasons for it and what can we do about it. Questions to ask yourselves might include:

Why does this resistance exist? Why do so many people need to deny that GBV is a problem?

What information could you provide that might reduce the denial and help people to understand that there is a problem and that it needs attention?

What strategies can we use to overcome resistance and denial about GBV?

Module 4: Establishing a Multisectoral, Interagency Plan for Prevention and Response to GBV

HANDOUT 4.5–1 CASE STUDY: Training and Capacity Building

UNHCR and partners conducted some awareness-raising dramas and presentations in the welfare center in January. The sessions were well attended and well received by leaders, women, men, youth, and children. One outcome of these awareness-raising sessions was that the community established community-based GBV focal points in all sections of the welfare center and among the midwives, TBAs, and health clinic staff.

The focal points are all women, and attend the welfare center leader meetings, including meeting with UNHCR staff—but they sit in the back and mostly do not speak. The focal points meet regularly to discuss issues and problems that come up, but they have received no training other than the awareness-raising sessions some months ago. A few of the focal points are frustrated about sexual abuse of children and domestic violence—there is too much of it and they want to make it stop. Some examples of what they are doing: When they hear of a domestic violence case, they approach the angry husband and try to get him to stop abusing the wife. If they suspect child sexual abuse/incest, they talk to the mother but most of the mothers do not believe it is happening and the child will not tell. On at least one occasion, a focal point was attacked by someone in the dark. The focal point believes her attacker was an angry husband or father, but there is no proof.

It is now April and so far, no one has been willing to come forward and report an GBV incident to the police. The leaders and many in the community are starting to think that the focal points are interfering too much in private family affairs.

There was one recent case that seems to be incest, a young girl apparently raped by her father. Several focal points suspected that the girl was at risk, based on her behavior and her father's behavior. They approached the father, but he would not talk with them. They approached the girl, but she was too afraid to talk with them. Soon after that, the girl appeared at the health center complaining of abdominal pain and bleeding. One of the GBV focal points contacted the police, but the girl refused to give any information. The police found no evidence and dropped the matter.

1. The community needs a multisectoral team to address the GBV issues. What steps should be taken to establish an effective team? Who should be involved?
2. What training do the focal points need? Who should provide this training?
3. What supervision and support do the focal points need? Who should provide this?
4. What could have been done to prevent the rape of the girl?

Module 4: Establishing a Multisectoral, Interagency Plan for Prevention and Response to GBV

HANDOUT 4.6—MAKE A BOLD MOVE!!!

PREVENTION = UNDERSTANDING THE CAUSES AND CONTRIBUTING FACTORS—AND ESTABLISHING STRATEGIES TO REDUCE OR ELIMINATE THEM

Effective prevention requires good assessment, creativity, and diverse activities sustained over time. Prevention can be discouraging because behaviour change takes time. It happens sometimes that we become complacent in our community “awareness raising” activities.

Consider what you know about the causes of GBV and contributing factors in your setting.

Come up with two **unusual, creative, exciting ideas for prevention—bold new ideas**. These should be

- NOT something you know is already being done in your setting
- MUST BE brave ideas that move in a new direction, away from what you may expect, away from what has been done in the past, away from how everyone is thinking about prevention.
- Stay strong in your position.

After you have chosen your two bold moves, write them on your cards and discuss with your group why you chose these. Be prepared to defend your ideas.

DO NOT change what you wrote based on the reactions of the group. You might modify your ideas based on input from the group—but do not change it just because people disagree.

Post your cards on the wall.

ADDITIONAL TRAINING TOPICS

Notes for Trainers

The two to three day training and planning workshop in this manual provides essential information about interventions to prevent gender-based violence and establish a minimum set of support and care services for survivors.

A fun review game, The World Class GBV Competition, is included here as an optional activity to be used at the end of the training curriculum in this manual.

There are additional training topics that may be relevant and needed by the participants in your group. You may choose to add training topics and lengthen the training into a week-long workshop.

The GBV Global Technical Support Project has been developing and field testing new modules in 2004. These modules are still under development and are not included in this publication. In the future, additional modules will be included in the training manual and it will be re-published and distributed. In the meantime, if you wish to add training topics to your workshop, the following is a list of topics and resources designed for use in populations affected by armed conflict, and that may be useful for you.

To obtain copies of the GBV Global Technical Support Project's draft modules in development—or to obtain copies of the materials below—or to find additional training resources, send an email request to gbvresources@jsi.com. Many training resources are also listed in the RHRC

Consortium's web-based GBV resource file at www.rhrc.org

Additional Relevant Training Topics

Case Management

Training module in development, GBV Global Technical Support Project

Domestic Violence

Training module in development, GBV Global Technical Support Project

Working with Survivors—emotional engagement; listening, interviewing, counseling skills

Training module in development, GBV Global Technical Support Project

Engagement Skills training manual

RHRC Consortium's GBV Initiative¹

Publication pending, will be downloadable at www.rhrc.org

¹The GBV Initiative is another project of the RHRC Consortium, implemented by the Women's Commission for Refugee Women and Children. The GBV Initiative focuses on GBV research and assessments in populations affected by armed conflict.

ADDITIONAL TRAINING TOPICS

Child Survivors of Sexual Abuse

Sexual Violence training manual contains specific Working with Children module,
UNICEF, New York

Publication pending, contact gbvresources@jsi.org

Training module in development, GBV Technical Support Project

HIV/AIDS and GBV

Training module in development, GBV Global Technical Support Project

Strengthening Prevention with Behavior Change Communication (BCC)

Training module in development, GBV Global Technical Support Project

Working with Men

Training module in development, GBV Global Technical Support Project

ADDITIONAL TRAINING TOPICS

World Class GBV Competition

Overview

The World Class GBV Competition is a fun and active method for reviewing and reinforcing the basic principles and interventions in prevention and response to GBV in displaced settings. The game has proven to be a playful and effective tool for reviewing workshop content, reinforcing learning, and encouraging participants to use resource materials as reference guides.

The GBV Competition is based on a Reproductive Health review game developed by Susan Purdin (a takeoff on the American television game show *Jeopardy*). Since 2001, the GBV Competition has been used, field tested, and revised. It is always a popular activity. Participants work in teams, and as the game progresses, they become more animated, more competitive, and they laugh louder. Feedback consistently indicates that the Game is an effective and fun tool for reinforcing learning.

Length

1 hour

Preparation

Prepare the game board ahead of time on a wall or other flat surface.

Use 35 sheets of blank paper to make a 5 × 7 grid on the wall. Write the categories across the top row. Write the point amounts on the remainder of the sheets in correspondence with the table on the game, i.e., the second row will have “4” written on each sheet of paper and the 3rd row will have “3” written on each sheet of paper.

The game board should look like this:

Overview of GBV	Assessment, Planning & Design	Survivor Assistance (Response)	Prevention	Coordination	Monitoring & Evaluation
4	4	4	4	4	4
3	3	3	3	3	3
2	2	2	2	2	2
1	1	1	1	1	1

ADDITIONAL TRAINING TOPICS

Materials

Sheets (A4) of white paper for game board, as illustrated above
Tape or other wall adhesive
Markers
Noisemakers (horns, bells, etc.)
Prizes for winning team, second place, and consolation prizes for all other teams
Game Assistant (preferably workshop staff) to be scorekeeper and timekeeper

Procedure

1. Divide participants into teams of 4–8 people. Have each team decide on its name. Give each team a noisemaker.
2. Game Assistant (scorekeeper/timekeeper) should be standing by the flip chart, prepared to keep team scores.
3. Explain the game and the rules. (The game works best if teams are allowed to use their copies of the UNHCR Guidelines as reference)
4. Decide how to pick the team that starts first.
5. Once the starting team is chosen, it should pick a subject category and a point category. For example, the team would say, “Overview of GBV for 4 points.”
6. The trainer takes that point card off of the game grid and then reads the corresponding question. For example, if the team chose Overview of GBV for 4 points you would ask them to “Name 5 types of GBV that females are vulnerable to from pre-birth through girlhood, before adolescence.”
7. The team has 30 seconds to come up with their answer. When they have their answer, they should use their noisemaker.
8. While the selected team is working on finding the answer, other teams should also be trying to find the answer, in case the selected team is wrong.
9. The team states its answer to the question. If correct (as judged by the trainer), it gets the points. If it does not answer correctly, the question can be answered by any of the other groups. Groups that want to guess must sound their noisemaker and the first group to do so will get the next guess opportunity.
10. The team that answers the question correctly gets the next turn and the process repeats.
11. If no one gets the question correct, then the trainer should give the answer before moving on to the next team’s turn. The next turn would go to the team to the left of the last team (going in a clockwise direction).
12. Stop the game after approximately 30 minutes. (Longer games become boring.)
13. The winning team is the one with the most points. Give a prize to the winning team (candy, gift certificate, other) and condolence prizes the other teams.

ADDITIONAL TRAINING TOPICS

World Class GBV Competition

Answers can be found in the 2003 UNHCR SGBV Guidelines

Overview of GBV	Assessment, Planning & Design	Survivor Assistance (Response)	Prevention	Coordination	Monitoring & Evaluation	Points
Name 5 types of GBV that females are vulnerable to from pre-birth through girlhood, before adolescence	Name 6 of the 7 steps in developing a multisectoral and interagency action plan for prev & resp to GBV	Name two reasons why a clear referral system must be developed in each setting.	Name 2 specific strategies for influencing change in knowledge, attitude, and behavior of persons in power ... be specific ("sensitization" doesn't count)	Name 3 of the 7 suggested discussion topics for interagency coordination meetings	Why is it important to have outcome as well as output indicators?	4
What is one goal of framing all of these problems and solutions in terms of gender?	Name the 4 key characteristics of effective prevention & response to GBV	Medical examination & treatment should include 6 interventions. Name 4 of them.	Name two prevention strategies that health programs should implement	Name 2 reasons why a common incident report form is needed.	What is meant by report rate per 10,000 population and why is it recommended?	3
Define consent.	Name 2 reasons why a detailed analysis of the power relations in the setting is necessary.	Name 3 of the 7 strategies for ensuring adequate access to legal justice for survivors.	In refugee settings, prevention activities should target 4 groups of people. Name 2.	What are 2 strategies for bringing reluctant "partners" into coordination meetings.	How many indicators are recommended for multisectoral and interagency GBV programs?	2
Define gender	True or False: Understanding the causes leads to developing actions to PREVENT GBV while knowing the consequences of GBV leads to being able to develop an appropriate RESPONSE package for assisting survivors	Name 3 guiding principles & explain why each is important.	Name 3 groups of people who are likely to be at higher risk for GBV.	Name the 3 levels of coordination meetings that are recommended	Name two reasons why it is important to agree on definitions of the types of GBV being documented.	1

ADDITIONAL TRAINING TOPICS

ADDITIONAL RESOURCES

NOTE:

Publications marked ** are essential tools and manuals that support the training curriculum in this Training Manual. Trainers should be familiar with these materials and copies should be available at the workshop for participants to see.

The publications listed are in English; many are also available in other languages.

Guidelines and Tools with Focus on Populations Affected by Armed Conflict

****** *Clinical Management of Survivors of Rape*, WHO and UNHCR, 2002.

A step-by-step guide to the development of health care protocols for use in refugee and IDP situations. This manual is due to be revised in 2004-05.

Publication number: WHO/RHR/02.08 To order:

UNHCR DOS
94 rue Montbrillant
Geneva 1202 Switzerland
Also available through UNHCR offices world wide
Internet download: <www.rhrc.org>

****** *GBV Tools Manual for Program Design, Monitoring and Evaluation*, RHRC Consortium, 2004.

Forms, tools, and instructions for assessment and monitoring/evaluation of GBV programs. Includes situation analysis, prevalence survey, focus groups, sample staff recruitment guides and job descriptions, Incident Report Form, terms and definitions, sample indicators and M&E tracking sheets, and report formats. CD-ROM or hard copy. To order:

RHRC Consortium c/o Women's Commission for Refugee Women and Children
122 East 42nd Street
New York, NY 10168 USA
Internet download: <www.rhrc.org>

****** *Guidelines for the Prevention and Response of Sexual and Gender-Based Violence Against Refugees, Returnees, and Internally Displaced Persons*, UNHCR 2003.

This updated version of the 1995 Guidelines includes detailed guidance for developing community-based, multisectoral, and interagency prevention and response plans. It describes the minimum recommended standards for survivor assistance services and prevention activities. It includes tools to conduct situation analyses, monitoring and evaluation indicators, and a sample Incident Report Form recommended for use world wide. CD-ROM or hard copy. To order:

UNHCR DOS
94 rue Montbrillant
Geneva 1202 Switzerland
Also available through UNHCR offices world wide
Internet download: <www.rhrc.org>

ADDITIONAL RESOURCES

How-To Guides (UNHCR)

This series of booklets describes field experiences and lessons learned in RH and GBV programming.

- How-To Guide: Building a Team Approach to Prevent and Respond to Sexual Violence in Kigoma-Tanzania, UNHCR, December 1998.
- How-To Guide: Crisis Intervention Teams—Responding to Sexual Violence in Ngara, Tanzania. UNHCR, January 1997.
- How-To Guide: From Awareness to Action—Eradicating Female Genital Mutilation With Somali Refugees, East Ethiopia, UNHCR, May 1998.
- How-To Guide: Monitoring and Evaluation of Sexual Gender Violence Programs, Kigoma and Ngara, Tanzania, UNHCR, April 2000.

To order:

UNHCR DOS
94 rue Montbrillant
Geneva 1202 Switzerland
Internet download: <www.rhrc.org>

****** Vann, Beth, *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations*, RHRC Consortium, 2002.

A compendium of key issues, themes, and lessons learned from GBV programs in 12 countries, each chapter describes issues and offers concrete solutions to resolve GBV program challenges. The book is designed to be read and used by staff and volunteers working with displaced populations—from high level policymakers to field-based workers. To order:

Global GBV Technical Support Project
RHRC Consortium
c/o JSI Research & Training Institute
1616 North Fort Meyer Drive
Arlington, Virginia 22209 USA
Internet download: <www.rhrc.org>

Other Recommended Resource Materials

****** *Behavior Change Communication (BCC) for HIV/AIDS: A Strategic Framework*, Family Health International, 2002.

This booklet describes the process of behavior change and step by step development of a behavior change communication plan. BCC is described in the context of HIV/AIDS, but the information is easily transferable to other topics, such as GBV. To order:

Family Health International Institute for HIV/AIDS
2101 Wilson Boulevard, Suite 700
Arlington, Virginia 22201 USA

ADDITIONAL RESOURCES

Mobilising Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa, Lori Michau & Dipak Naker, Raising Voices, 2003.

This resource guide aims to help organizations working with community-based organizations translate the vision of women's rights into action. It is a tool to help organizations facilitate a change in community beliefs that accept and maintain a culture of violence and build community support structures that value women and support women's rights. The book includes extensive appendices with useful tools. To order:

Raising Voices
PO Box 6770
Kampala Uganda
Tel +256-41-531186 / +256-71-839626
<www.raisingvoices.org>

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

Comprehensive discussion of GBV including prevalence, impact, context, various approaches and strategies for supporting survivors, working with men, challenging attitudes and beliefs, and policy issues. To order: Depends on country. Contact—

Oxfam Publishing
274 Banbury Road
Oxford OX2 7DZ UK
Fax: 44-1865-313925
E-mail: <publish@oxfam.org.uk>

****** *Population Reports: Ending Violence Against Women*, Johns Hopkins University School of Public Health, Series L, Number 11, 1999.

This publication describes intimate partner abuse and sexual coercion world wide and offers specific guidance for health care practitioners and others to assist survivors and develop strategies for prevention. To order:

Population Information Program
Johns Hopkins School of Public Health
111 Market Place, Suite 310
Baltimore, MD 21202 USA
E-mail: <PopRepts@jhuccp.org>
Internet download: <www.jhuccp.org>

Practical Approach to Gender-Based Violence: A Program Guide for Health Care Providers and Managers (pilot edition), UNFPA (New York) 2001.

ADDITIONAL RESOURCES

Step-by-step guidance on how RH facilities can begin GBV projects and integrate assessment and treatment of GBV into their services. Due for review and revision 2004-05. To order:

UNFPA
220 East 42nd Street
New York, NY 10017 USA
Internet download: <www.rhrc.org>

Reproductive Health During Conflict and Displacement: A Guide for Program Managers, WHO, 2000. Guidance and tools for assessment, planning, implementation, and monitoring and evaluation of RH services during the different phases of conflict and displacement. Includes a chapter on GBV.

Publication number WHO/RHR/00.13. To order:

WHO Geneva
Internet download: <www.who.int>

WHO Fact Sheets:

- Female Genital Mutilation, Number 241
- Gender Health and Poverty, Number 251
- Violence Against Women, Number 239
- Women and STIs, Number 249

Internet download: www.who.int/mediacentre/factsheets/en/

Training Resources

de Negri, B., Thomas, E., Ilinigumugabo, A., Muvandi, I., and Lewis, G. *Empowering Communities: Participatory Techniques for Community-Based Program Development. Volume 1 (2): Trainer's Manual (Participant's Handbook)*. Nairobi: The Centre for African Family Studies (CAFS), in collaboration with the Johns Hopkins University Center for Communication Programs and the Academy for Educational Development (AED), 1998.

Trainer and participant manuals for participatory methods in developing community-based programs. Includes detailed workshop formats, handouts, exercises, guidance for the trainer. To order:

AED
1825 Connecticut Avenue, NW
Washington, DC 20009 USA

Or

Centre for African Family Studies
Pamstech House, Woodvale Grove, Westlands
P.O. Box 60054
Nairobi, Kenya
<www.cafs.org>
Internet download: <www.aed.org>

ADDITIONAL RESOURCES

****** Williams, Suzanne. *The Oxfam Gender Training Manual*, Oxfam UK and Ireland, 1994.

Comprehensive training manual, with workshops, exercises, and handouts on a variety of gender topics ranging from basic information to gender analysis for program developing. Workshops for groups of men, women, and mixed groups. To order: Depends on country. Contact—

Oxfam Publishing
274 Banbury Road
Oxford OX2 7DZ UK
Fax: 44-1865-313925
E-mail: <publish@oxfam.org.uk>

ADDITIONAL RESOURCES

Produced by *The Gender-Based Violence Global Technical Support Project of the RHRC Consortium*. The GBV Technical Support Project provides a wide range of information, training, and support to field programs. Through on- and off-site consultations, resource distribution, newsletters, and other activities, the GBV Global Technical Support Project assists humanitarian aid programs to strengthen action to address gender-based violence in populations affected by armed conflict.

Contact us: gbvresources@jsi.com



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<http://www.rhrc.org>