

DISCUSSION GUIDE



A facilitator's discussion guide to the Inter-Agency Minimum Standards
for GBV in Emergencies Programming Podcast Mini-Series



ACKNOWLEDGEMENT

The International Rescue Committee (IRC) would like to thank the gender-based violence (GBV) experts from the women's rights and women-led organizations and national and international organizations, who informed the design of this Discussion Guide: A facilitator's discussion guide to the Inter-Agency Minimum Standards for GBV in Emergencies Programming Podcast Mini-Series. The IRC is also grateful to the GBV Area of Responsibility (AoR) Minimum Standards Task Team for its guidance and support throughout the project.

The IRC acknowledges the foundational work of Kristy Crabtree (IRC), with support from

Megan O'Brien (IRC), Jennate Eoomkham (IRC), Danielle Roth (IRC), and Sophia Ngugi (IRC), in putting together this discussion guide.

This discussion guide was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the IRC and do not necessarily reflect the views of USAID or the US Government. The IRC thanks the USAID Bureau for Humanitarian Assistance for funding the GBV Minimum Standards rollout and engagement with local and national GBV actors in emergencies projects since September 2021.

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Introduction

The [Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#) sets forth 16 minimum standards that define what agencies working on specialized gender-based violence (GBV) programming need to achieve to prevent and respond to GBV and deliver multisectoral services. The objective of the minimum standards is to establish a common understanding of what constitutes minimum GBV prevention and response programming in emergencies.



The GBV Minimum Standards Podcast Mini-Series – A Discussion Guide

This discussion guide is designed to support facilitators and group leaders on how to convene members of grassroots, national, or international women's rights organizations and GBV response practitioners to learn about the Inter-Agency GBV Minimum Standards in Emergencies Programming, using the GBV Minimum Standards Podcast Mini-Series.

[The GBV Minimum Standards Podcast Mini-Series](#) is a pre-recorded audio program. It serves as an edutainment companion to the Inter-Agency GBV Minimum Standards in Emergencies Programming. Listening to the podcast on its own will provide an overview of some elements of each of the 16 standards. However, to be most effective, the podcast should be accompanied by a listening and discussion group (LDG). This guide serves as a tool for facilitating these group discussions.

The objective of the discussion guide and podcast is to advance knowledge and implementation of the GBV minimum standards by providing a way for participants in low-resource settings to learn about the standards and their application. The podcast requires downloading a small audio file that can be played offline.

Recommended Audience

The GBV Minimum Standards Podcast Mini-Series is suitable for use by any GBV actor who works in and delivers specialized GBV response, prevention, and/or women's and girls' empowerment programming. It can be used for team meetings or gatherings to increase opportunities to access and learn about the GBV minimum standards.

Listening and Discussion Groups

The podcast is best used as one component of a listening and discussion group. LDGs are group meetings that provide a two-way discussion format suitable for team-building activities to strengthen learning and capacity for diverse GBV actors, such as GBV service provider organizations, women's rights organizations, women-led organizations, and national GBV actors. In these groups, participants listen to the podcast and discuss the content. This helps participants better understand the minimum standards and their potential application within the context that is relevant for them.

Listening and Discussion Group Composition and Facilitation

Groups may be composed as appropriate for the local context, but it is recommended to have at least 5 members in each LDG and no more than 15.

THE GROUP SHOULD BE FACILITATED BY 1-2 PEOPLE WHO WILL HAVE 4 MAIN RESPONSIBILITIES:

- 1** To download (in advance) or stream the podcast episode on a device (such as a Bluetooth speaker) that allows participants to listen adequately.¹
- 2** To facilitate the discussion, using the discussion guide.
- 3** To encourage participants to apply what they have learned and discuss challenges and successes with implementation.
- 4** To help participants contextualize the minimum standards for their operating environment.

¹ "Download" means that the episode should download fully to your device before you play it. "Streaming" means the episode is not downloaded until you press play, and then it progressively downloads in the background while playing. Streaming should only be used in settings where there is reliable internet or bandwidth.

Facilitator Role

It is recommended that the facilitator(s) have in-depth knowledge and experience in GBV response and prevention programming, including GBV coordination and advocacy, as well as women's and girls' empowerment programming. They should also have at least an intermediate literacy level to use this discussion guide fully.

In preparation for each LDG, the facilitator is encouraged to review the discussion guide and key discussion points. The facilitator should ensure a safe space for learning and sharing, and that participants' feedback and questions are welcomed. The discussion guide complements a larger [GBV AoR GBV Minimum Standards resource package](#) that can be used together with, or referenced during, the LDG. The facilitator must be able to elaborate, refer, and deliver key elements of the GBV minimum standards and key actions throughout the discussion.

Note for Facilitator on Accessibility

It is recommended that you prepare for the LDG by identifying any accommodations needed for participants. Ask participants about accessibility to make the training inclusive for those with visible or known disabilities, as well as those with non-obvious disabilities and/or chronic health conditions. You can include this in the invitation as an opportunity for participants to share their needs or you can provide a list of possible accommodations needed for participants to make specific requests.

Below is a sample of how you can ask about any accommodations needed:

"The session will be conducted in [language]. Please indicate if you will require interpretation. We plan to host an inclusive, accessible training course that enables all individuals, including people with disabilities, to engage and fully participate. To request an accommodation or for inquiries about accessibility, please contact [name, email, phone]."

Structure of the LDG Sessions

Each LDG session will take about 60 minutes, though facilitators should determine what is best for the participants in the setting.

In each section, the facilitator will see the objectives and detailed instructions. The typical structure for each session will include:

- **Start:** Welcome and share reflections on the "Take-Home Activity" from the previous meeting.
- **Listen:** Listen to the corresponding podcast episode.
- **Discuss:** Discuss the podcast episode and guide the group through several discussion questions.
- **Wrap-Up:** Summarize the discussion from the session.
- **Take-Home Activity:** Explain the take-home activity.

Throughout the discussion guide, the facilitator will see the following prompts:

SAY: This is what the facilitator should say out loud to the participants. Usually, the facilitator is introducing a new topic or idea, providing information, or sharing their own experience. This will help introduce the topic and provide the necessary information for participants to build an understanding of the session content. The facilitator can re-word content as appropriate for the setting.

EXPLAIN: This is detailed information that the facilitator is expected to explain to the participants. This builds upon the "SAY" instruction by providing examples and in-depth information to ensure that the message and information is clear and that the participants understand.

ASK: These are guiding questions the facilitators will ask to help get the participants thinking about the session topic. After asking a question, always allow time for the participants to answer. It is not necessary to ask every single question to the participants, for instance, if you are running out of time.

DO: These are activities the facilitator will lead with the participants. Follow the instructions, as they will keep you organized.

Setting up Listening and Discussion Group Sessions

LDG sessions should be accessible to all staff, taking into consideration the diverse needs of participants and how they will feel most comfortable and safe to participate. Planning for the diverse needs of staff may include accommodating staff with disabilities, holding the discussion in a preferred local language, choosing a venue that allows for clear sound and communication, making considerations for the time and date of meetings, and establishing ground rules for confidentiality, safety, and security throughout the session.

Supplies Needed

- ➊ A device to download podcast episodes. This could be a smartphone or Wi-Fi-enabled laptop or tablet.
- ➋ Access to the internet/data. Each podcast episode uses 1 MB per minute. Given that most of the episodes are under 7 minutes long, each download will likely require 7 MB of data.
- ➌ A device to project the audio of the podcast episodes. This could be a built-in device speaker or a Bluetooth speaker.

Download the GBV Minimum Standards Podcast Mini-Series



The GBV Minimum Standards Podcast Mini-Series can be accessed through all major podcast streaming services or directly through [SoundCloud](#).

How to subscribe to podcasts on Android devices:

- ➊ On your Android phone or tablet, open Google Podcasts. (If you do not have Google Podcasts on your device, download the app by going to and opening the Google “Play Store” app, searching for “Google Podcasts,” and pressing “Install.” Once installed, select “Open.”)
- ➋ Browse or search for “Women’s Protection and Empowerment,” tap on the podcast icon, and tap to subscribe.
- ➌ Scroll through and look for the episodes labelled, “Special Miniseries.” These are available in Arabic, Spanish, French, and English.
- ➍ To save an episode to listen to offline:
 - a. Go to “Library.” At the top right corner, tap your Profile picture.
 - b. Click on “Podcast Settings.”
 - c. Under “Downloads,” tap “Auto Downloading.”
 - d. Turn on “Auto Download” new episodes.

- e. Under “Your Subscriptions,” turn on the podcasts you want to auto download. In this case, it would be “Women’s Protection and Empowerment.” (You can also download individual episodes by selecting the episode from the Women’s Protection and Empowerment episode list. Once you have opened the episode, tap on the downward-pointing arrow to download the episode.) You will find your downloaded episodes under Library > Downloads.

How to follow podcasts on iPhone or iPad devices

- ➊ Open the Podcasts app.
- ➋ Browse or search for “Women’s Protection and Empowerment,” then look for the episodes labelled, “Special Miniseries.”
- ➌ Tap the show to see its information page.
- ➍ Tap “Follow.”
- ➎ To save an episode to listen to offline, click on the three little buttons on the right side of the episode title and click “Save Episode.”

Meet and Greet

* No episode will be aired during the first Listening and Discussion Group session.

Session Objectives

- ☒ Welcome participants.
- ☒ Participants get to know each other.
- ☒ Participants understand what a typical LDG session will include.

Materials

None




Start


- ✓ **DO:** Warmly welcome participants to the space and thank them for joining.
- ✓ **DO:** Introduce yourself briefly and explain that everyone is gathered here to learn about the Inter-Agency Gender-Based Violence Minimum Standards in Emergencies Programming.

SAY:


- The Inter-Agency GBV Minimum Standards set forth 16 minimum standards for prevention and response programming—what agencies working on specialized GBV programming need to achieve to prevent and respond to GBV and deliver multisectoral services.
- The objective of the minimum standards is to establish a common understanding of what constitutes minimum GBV prevention and response programming in emergencies.
- “Minimum” means “of adequate quality.” For the purposes of this resource, adequate quality means (1) reflecting good practice and (2) not causing harm. As such, each standard in this resource represents common agreement on what needs to be achieved for that specific programmatic element to be of adequate quality. When a GBV program actor decides to implement a programmatic element outlined in the standards, that intervention must be implemented according to the standard, at a minimum.

Activity

 **EXPLAIN:** Tell the group that they may not know each other very well yet, or what the GBV minimum standards are all about. But over the course of the next 17 sessions, they will get to know each other very well and learn all about the minimum standards.

 **EXPLAIN:** Tell the group that to start the journey together, everyone needs to get to know each other a bit better. To start this process, you are going to play a game.


- Before you start, ask everyone to think of something they like, something that they are happy to tell others about. If required, give people an example, such as singing or dancing or making people laugh. But try to let people think of their own example. When everyone seems to be ready, explain the game. Everyone will clap a rhythm whilst saying their name and what they like. Give an example by clapping (1,2,3,4, 1,2,3,4) and saying your name and what you like “my name is X and I like Y.” Ask everyone to welcome you by saying, “Welcome X who likes Y,” also to the rhythm. The person to your left then says their name and what they like to the rhythm (“My name is A and I like B”). Once they have done this, encourage everyone to welcome them to the rhythm (“Welcome A who likes B”). If everyone seems ready, start the game. It is a good idea for you to start the game with your own introduction again, but this time keep the clapping rhythm going continuously until everyone has introduced themselves. Don’t worry if people lose the rhythm, just pick it up again and continue. The main purpose of this is for everyone to introduce themselves and to have a bit of fun.

 **EXPLAIN:** Tell them what a typical LDG session will look like:


- **Start:** Each session will start with a welcome and sharing reflections on the “Take-Home Activity” from the previous meeting.
- **Listen:** Listen to the corresponding podcast episode.
- **Discuss:** Discuss the podcast episodes and guide the group through 3-6 discussion questions.
- **Activity:** Do a small group activity. (Optional)
- **Wrap-Up:** Summarize the discussion from the session.
- **Take-Home Activity:** Explain the take-home activity.

Discuss


(choose 3-5 questions to discuss as a group)

-  **EXPLAIN:** Talk about the GBV minimum standards, what are they, what is included in the standards, and why we need the standards.
- The actions outlined in the minimum standards apply to actors working to deliver specialized GBV programming and coordination across humanitarian crises. The standards are universal; they are relevant for all emergency contexts, although they must be contextualized.
 - The 16 minimum standards aim to enhance accountability among GBV-specialized actors, improve program quality, and guard against practices that may cause harm (e.g., putting survivors or others at risk).
 - Although the standards are applicable in all settings, each one has several key actions that may not apply to all settings or to all stages of a humanitarian response. Effective implementation of each standard may require flexibility and/or adaptation of its key actions.

- The minimum standards acknowledge a need for efforts to better engage with, empower, and promote the work of local actors. Partnership with local women's movements, women-led civil society, and women's rights networks offers an opportunity to support and sustain localized action to address GBV against women and girls in humanitarian action.


 **SAY:** What areas do the standards cover?

- The standards are grouped into three parts: Foundational Standards, Program Standards, and Process Standards.
- The 3 Foundational Standards are critical and together form the foundation for implementing all the minimum standards. They cover the GBV Guiding Principles, Staff Care and Support, and the Participation and Empowerment of Women and Girls.
- The 10 Program Standards provide guidance on how to respond to, mitigate, and prevent GBV in emergencies. They reflect core GBV programming elements and cover a range of services from health care to the economic empowerment of survivors.
- The 3 Process Standards provide guidance on critical processes for implementing elements of GBV programming and covering the ethical collection and use of GBV data; coordination between actors; and monitoring the effectiveness of GBV prevention and response programming.

 **ASK:** What are the standards useful for? Invite participants to share their inputs.


- To establish common agreement and measurable expectations regarding the minimum quality of GBV programming in emergencies.

- To enhance quality programming and monitor the effectiveness of interventions.
- To train staff or partners.
- To increase accountability among all stakeholders.
- To conduct advocacy.

 **ASK:** How can the minimum standards be adapted and applied to a specific context? Invite participants to share their inputs.

- Contextualizing the minimum standards within a specific operating environment is important to ensure relevant GBV programming that is survivor-centered, of adequate quality, and responsive to the evolving needs of GBV survivors.
- As a process, contextualization helps build a strong community of practitioners invested in the development and delivery of quality, accountable GBV prevention and response services.
- The process of collectively identifying what must be initiated, sustained, strengthened, or better coordinated is at the core of contextualization.
- During this process, GBV program actors may identify interventions or "key actions" to be prioritized. These may require concerted effort and support, actions to assess and reduce risk, and funding.

Wrap-Up

 **DO:** Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

MEETING SESSION 2

Standard 1: GBV Guiding Principles

Episode 1 of the GBV Minimum Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 1: GBV Guiding Principles.
- ✓ Participants can list the GBV Guiding Principles.
- ✓ Participants can describe how to exhibit the GBV Guiding Principles in action.
- ✓ Participants can explain the survivor-centered approach and “do no harm” principle.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

✓ **DO:** Warmly welcome participants to the space and thank them for joining.

Listen

- ✓ **DO:**
- Before playing the episode, make sure everyone is sitting comfortably in a circle.
 - Remind the group to listen quietly so everyone can hear.
 - Play Episode 1 and listen together as a group.
 - When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

- ❓ **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?
- ❓ **ASK:** What are the four guiding principles? How does each principle contribute to a survivor-centered approach?
- ❓ **ASK:** How would you describe the principles to a survivor?

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

- 💬 **SAY:** "Intersectionality" situates women's and girls' experiences within an understanding of the ways in which multiple forms of power and oppression, such as gender inequality, heterosexism, racism, ableism, and class inequalities, influence exposure to GBV and access to services in relation to violence.
- ❓ **ASK:** In our setting, what categories of women and girls face increased risk of GBV due to discrimination and other access barriers? What can we do to remove these barriers?
- This could be unique to each setting, but often this includes adolescent girls, older women, women and girls with disabilities, women and girls with diverse sexual orientations and gender identities, women and girls from diverse ethnic and religious groups, and women and girls who are HIV+.
 - To remove barriers, GBV programs must be informed by an analysis of intersectional systems of oppression so that GBV program actors are guided to prioritize reaching women and girls who face increased risk in a humanitarian crisis.
 - GBV-specialized programming should be tailored to the needs of all women and girls based on an intersectional gender analysis that considers increased risks based on age, disability, race, skin color, religion, nationality, ethnicity, sexual orientation, gender identity, HIV status, social class, political affiliation, or other characteristic.
 - GBV staff should be equipped with knowledge, skills, and attitudes about inclusive programming.

SAY: Child sexual abuse occurs more often than reported numbers show. Young children and adolescent girls and boys are vulnerable because of their age, size, dependency on adults, and limited participation in decision-making processes. Sexual abuse in childhood can occur in the family environment; the perpetrator is often close to the child and is someone with whom the child has a relationship of trust. Girls and boys at heightened risk of abuse include those who have physical and/or mental or developmental disabilities, are internally displaced or refugees, are unaccompanied and/or separated from their families and caregivers, or those who live on the streets, in a residential care center, or in abusive households.

ASK: What can we do to share GBV principles with actors in other sectors?

SAY: It is important that GBV-specialized actors share the guiding principles with other actors, such as child protection, education, and health actors, to inform their support of young and adolescent girl and boy survivors of sexual abuse.

SAY: Sexual violence against boys and men is often committed by other men in the context of armed conflict or ethnic violence as a means of emasculating men and disempowering their families and communities. Men and boys who are at particular risk of sexual violence by other men with increased power and status include men and boys with disabilities, adolescent boys, older men, men and boys with diverse sexual orientations and gender identities, men and boys living with HIV/AIDS, and men and boys from ethnic and religious minorities. Many of the impacts of sexual violence on men and boys are similar to those experienced by women and girls; however, there are particular

experiences that service providers should understand in order to best serve this population. Organizations that are primarily set up to provide services to women and girls—especially through women’s and girls’ safe spaces—will need to have clear procedures for how to respond to disclosures from men and boys. Protocols need to be in place for referring the case to a service provider with appropriate service entry points for men (for example, a health actor who has been trained in clinical care for male survivors, or another protection or mental health actor). If such options are not available, an organization can work with the survivor in an alternative location, such as a nearby health clinic.

ASK: How should GBV practitioners support the needs of men and boys?

- GBV program actors should coordinate with health, child protection, LGBTQI (lesbian, gay, bisexual, transgender, queer, intersex), and disability actors to ensure access to lifesaving support for male survivors of sexual assault.
- Develop clear procedures for how to respond to disclosures from men and boy survivors of sexual assault.
- Establish protocols for referring the case to a service provider with appropriate service entry points for men (for example, a health actor who has been trained in clinical care for male survivors, or another protection or mental health actor).

Wrap-Up

DO: Summarize key points from the session.

- The four GBV guiding principles underpin the survivor-centered approach. A survivor-centered approach creates a supportive environment in which survivors’ rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect.
- It is essential to honor the GBV guiding principles in words and actions to support survivors’ safety, healing, and recovery process. Breaching the principles can put the survivor and others at risk of further harm.
- The guiding principles underpin all aspects of GBV programming and the minimum standards. Adhering to the GBV guiding principles throughout every element of GBV programming is mandatory.
- The GBV guiding principles support humanitarian actors to minimize the risk of harm and comply with the principle of “do no harm.”

✔ **DO:** Let’s play one final game called “This or That.”
[Ask participants to vote with their feet for which one is in line with the guiding principles and a survivor-centered approach].

Aligned with GBV Minimum Standards	Not Aligned with GBV Minimum Standards
Treating survivors with dignity and respect.	Disrespecting survivors and promoting victim-blaming attitudes.
Respecting survivors’ right to choose.	Imposing service providers’ views or telling survivors how or what to do; contributing to survivors’ feelings of powerlessness.
Maintaining privacy and confidentiality.	Disclosing survivors’ personal information without permission; enhancing survivors’ shame and stigma.
Honoring the principle of non-discrimination.	Discriminating against and excluding women and girls from diverse groups.
Providing full information to survivors.	Withholding full information from survivors.

Take-Home Activity

- ✔ **DO:** Ask participants to observe the applications of safety, respect, confidentiality, and non-discrimination in their work prior to the next session. Ask them to also observe any benefits of upholding the GBV guiding principles in their work.
- ✔ **DO:** Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

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

Episode 2 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 2: Women's and Girls' Participation and Empowerment
- ✓ Participants can explain why women's and girls' participation is critical to GBV programming.
- ✓ Participants can describe how GBV actors must actively engage women and girls.
- ✓ Participants can define "empowerment."

Materials

- Device to play the episode;
- Speaker (if needed)



Start

- ✓ **DO:** Warmly welcome participants to the space and thank them for joining.
- ✓ **DO:** Ask participants to share reflections on their take-home activity.
- ? **ASK:** How did you see safety, respect, confidentiality, and non-discrimination in your work, and what benefits have you seen of upholding the GBV guiding principles in your work?

Listen

- ✓ **DO:**
 - Before playing the episode, make sure everyone is sitting comfortably in a circle.
 - Remind the group to listen quietly so everyone can hear.
 - Play Episode 2 and listen together as a group.
 - When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

- ? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?
- ? **ASK:** What are common constraints to women's and girls' participation?
 - Time and location of meetings and activities, and how these are determined and communicated.
 - Travel required. (Is it safe? Is transportation available and accessible? How can the GBV program actor support safe travel? Is it necessary to make arrangements so that adolescent girls, older women, or women and girls with disabilities do not travel alone?)
 - Mobility. (Are women and girls free to move around and leave their homes or shelters? Should mobile units be created rather than expecting women and girls to move?)
 - Compensation for time. (For example, in-kind compensation, such as food/drink or non-food items; or provision of childcare if needed.)
 - Traditional barriers to participation may have changed in the crisis and will evolve as the humanitarian response develops; security concerns may have shifted to either further facilitate or preclude women's and girls' engagement.
 - Lack of access to information in general. (For example, lack of access to information in accessible languages.)

💬 **SAY:** Participation of survivors with disabilities does not mean passive inclusion but requires actively reaching out to, and valuing the inputs of, women and girls living with disabilities and the groups that support them.

? **ASK:** In what ways have you ensured, or could you ensure, that survivors with disabilities can regularly share feedback and participate in programmatic decision-making?

... **EXPLAIN:**

- It is often necessary to deploy different strategies to connect those who are most excluded with information and services—while taking care not to stigmatize or isolate groups—to meet the needs of ALL women and girls.
- GBV actors must identify and target barriers that can be removed to support the access and participation of diverse women and girls.
 - Physical barriers impact diverse women's and girls' access to services. Barriers can be natural or can be created by humanitarian actors or others.
 - Information barriers occur when information is not made available and accessible for all women and girls.
 - Harmful attitudes remain one of the major barriers to full and equal participation of diverse women and girls in GBV response programming.
 - Institutional barriers are the procedures and policies that discriminate against diverse women and girls.
- Attitudes of families, GBV service providers, and community members can serve as the biggest barriers—or the greatest facilitators—for women and girls with disabilities in accessing safe and effective services and assistance.

? ASK: How can you monitor women's and girls' empowerment and participation?

- Consistently promote and help develop existing women-led and community-based protection mechanisms.
- Develop and use regular feedback and/or accountability mechanisms.
- Ensure that women and girls who are at greater risk, or likely to face increased barriers to accessing services, contribute their voices safely.

? ASK: What does empowerment mean to you?

- Empowerment is a process that means women can take control over their lives, including by making decisions, setting their own agendas, gaining skills (and/or having their skills and knowledge recognized), solving problems, and developing self-reliance.
- Empowerment allows women to control their assets and influence the policies, processes, and institutions that affect their lives (including the structures and institutions that reinforce and perpetuate gender discrimination and inequality). The concept of empowerment has a long history in social change work that emphasizes the importance of gaining the ability to make meaningful choices.
- Empowered women and girls perceive themselves as able and entitled to make decisions equally with men and boys. Empowerment involves undoing negative social norms so that women and girls come to see themselves as having the capacity and right to act and influence decisions.

Wrap-Up

✓ DO: Summarize key points from the session:

- Ensure that women and girls inform the design of GBV programming at every stage of the program cycle by facilitating their participation (e.g., recruiting them as staff and volunteers, providing transportation and translation).
- Identify and address barriers and risks to participation through consultations with women and girls. Promote a better understanding of specific barriers and discrimination that increase risks of GBV for specific groups of women and girls.
- GBV prevention and response programming requires identifying and addressing unequal power relationships between women and men and girls and boys. It also requires actively promoting the capacity and self-confidence of women and girls to claim their rights (see Standard 13: Transforming Systems and Social Norms). Understanding these unequal power relationships is critical for applying participatory approaches, and ensuring women and girls are engaged as active partners in the humanitarian response. An empowering environment should always promote a sense of ownership and belonging within wider community life.
- Women's rights activists have expert knowledge on women's experiences, risks, and perspectives that are central to approaching both services for survivors and models of social change.

- Humanitarian actors should consistently promote and help develop existing women-led and community-based protection mechanisms, particularly because formal response systems and services may be weak or non-existent in emergency contexts.
- Women's and girls' participation promotes community resilience by building on their existing capacities and resources.

Take-Home Activity

💬 SAY: Think about 2-3 ways that GBV actors can engage local and national women's movements and groups as key actors to strengthen women's and girls' participation and empowerment in GBV programming.

💬 SAY: Identify one strategy you will use to engage men and boys to support women's and girls' participation and empowerment.

✓ DO: Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

Standard 3: Staff Care and Support

Episode 3 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 3: Staff Care and Support.
- ✓ Participants can articulate the importance of Staff Care and Support.
- ✓ Participants can define key elements for Staff Care and Support.
- ✓ Participants can explain their right to be protected from sexual exploitation and abuse (also referred to as PSEA).

Materials

- Device to play the episode;
- Speaker (if needed)



Start

✓ **DO:** Warmly welcome participants to the space and thank them for joining.

? **ASK:** Ask participants to share reflections on their take-home activity.

- What are 2-3 ways that GBV actors can engage local and national women's movements and groups as key actors to strengthen women's and girls' participation and empowerment in GBV programming?
- What is one strategy you will use to engage men and boys to support women's and girls' participation and empowerment?

Listen

✓ **DO:**

- Before playing the episode, make sure everyone is sitting comfortably in a circle.
- Remind the group to listen quietly so everyone can hear.
- Play Episode 3 and listen together as a group.
- When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?

? **ASK:** Why is staff care and support so important?

- Quality GBV programming depends on dedicated staff with specialized knowledge, skills, and attitudes.
- GBV program staff, and particularly community volunteers, face unique threats to their resilience and safety due to the pressure and stress of working on GBV in emergency contexts while working or living in the context.
- Working for GBV is very challenging; achieving the minimum standards requires dedicated staff.
- It is common for staff to experience everyday stress, cumulative stress, burnout, vicarious or secondary trauma, and critical incident stress. Vicarious or secondary trauma may be identified by a change in the staff member's ability to engage with survivors and a decreased ability to cope with stress.

💬 **SAY:** Since GBV program staff,² and particularly community volunteers, face unique threats to their resilience and safety due to the pressure and stress of working on GBV in emergency contexts, organizations have a legal and moral obligation to protect and enhance staff safety and well-being. This includes taking meaningful actions to reduce risks to physical and psychological health and safety. "Duty

of care" constitutes a "non-waivable duty on the part of the organization to mitigate or otherwise address foreseeable risks that may harm or injure its personnel."³ Since great stress can also stem from insufficient support from the organization and management, managers have a fundamental role in creating and sustaining a healthy work environment.

? **ASK:** What can be done in your setting or organization in this area?

- Humanitarian organizations must ensure the physical and psychological health and safety of staff. Staff working on GBV may face additional and unique safety risks due to the nature of their work. For these reasons, their organization's safety and security team must address and respond to any potential threats and protection concerns.
- Recognize the support needs of various staff, ensure self-care and appropriate support for GBV staff, and create and sustain a healthy work environment.
- Take meaningful actions to reduce risks to physical and psychological health and safety.
- Allocate resources to support individuals facing greater levels of stress.
- Leadership plays a critical role in creating an organizational culture that prioritizes staff safety and well-being, where all staff working on GBV are safe, able to take care of their physical and mental health, and can seek support when needed.

² In the context of Standard 3: Staff Care and Support, "staff" refers to all GBV program team members regardless of their employment status. This includes volunteer staff who play valuable and specialized roles at the community level, especially when emergencies shift into the protracted and/or recovery phases of humanitarian response.

³ Creta, Annalisa (2018). Implementation of the Duty of Care by the United Nations: Legal Obligations and Implementation Challenges. In *The Duty of Care International Organizations Towards Their Civilian Personnel* (pp. 167-207). The Hague: TMC Asser Press.

- Policies, protocols, and resources should be in place to support staff needs, and managers should be able to identify when staff are experiencing increased stress and/or symptoms of burnout. An organizational environment that fosters team interaction, as well as spaces for debriefing, can lessen the risk of vicarious trauma.

? ASK: It is important to promote an organizational culture in which complaints are taken seriously and acted upon according to defined policies and procedures. What are the benefits of having a complaints mechanism in place for staff and beneficiaries?

? ASK: What are the key elements to Standard 3: Staff Care and Support?

1 Capacity-Strengthening

- All staff must be trained in the survivor-centered approach, other GBV guiding principles (see Standard 1), and basic GBV programming concepts.
- In an emergency, staff working on GBV programming must receive training to meet their context-specific responsibilities (e.g., GBV case management, psychosocial support).
- Together with human resources, managers must invest in continuous staff capacity development and provide ongoing supervision, mentorship, and learning opportunities.

2 Core Competencies⁴ - A set of core competencies that cover the professional and technical skills, abilities, and knowledge necessary for effective GBV prevention and response programming. The core competencies framework was developed to support hiring practices based on core competencies, and to provide guidance for staff recruitment and deployment, capacity development, and performance assessments for GBV program managers and coordinators. However, it is important to remember that:

- Enforcing the core competencies of GBV program specialists must not minimize the value of experience, contextual knowledge, relationships, access to communities, and understanding of the affected population.
- Local women and organizations are expert “knowers.”
- Local aid workers who may not initially meet key competencies for various reasons related to access and privilege should be supported to contribute their uniquely valuable knowledge and skills relative to the context.

3 Enhancement of Program Quality

- Ensure physical and psychological health and safety.
- Ensure clear policies and procedures.
- Define roles and responsibilities.

4 Prevention of Sexual Exploitation and Abuse (PSEA)

- All staff have the right to be treated with dignity and respect, and to work in an environment free from harassment, sexual harassment, abuse of authority, or discrimination. Being safe from sexual exploitation and abuse is a critical part of staff care and support.
- All humanitarian aid organizations are required to adapt or develop, fund, and implement effective and comprehensive PSEA mechanisms.
- Staff must understand their individual responsibilities to report any suspected incidents and know the mechanisms in place for mandatory reporting.
- Managers and human resources staff are responsible for ensuring that all staff are trained in PSEA and have signed a code of conduct.

Wrap-Up



✓ DO: Summarize key points from the session.

- The quality of GBV programming depends on its staff, including the staff’s attitudes, knowledge, and skills, as well as the staff’s well-being.
- GBV work includes risks to staff care and safety that may not arise in other types of humanitarian programming. It is important that both program managers and organizations are aware of these risks and support GBV staff appropriately, particularly as individual staff may require different support.

⁴ A full list of GBV core competencies can be found at: <https://gbvaor.net/coordination-tools-and-resources/core-competencies-gbv-coordinators-and-specialists>.

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

Take-Home Activity

-  **SAY:** Think about three important advocacy points the GBV team leader could share with senior management to improve care and support for the GBV team.
-  **DO:** Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

Standard 4: Health Care for GBV Survivors

Episode 4 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 4: Health Care for GBV Survivors.
- ✓ Participants can describe the scope of health response to GBV.
- ✓ Participants can explain mandatory reporting laws relating to GBV and health and how this relationship presents in their setting.
- ✓ Participants understand how health care providers can support GBV survivors to safely access health care.
- ✓ Participants can state health care providers' role in survivor support.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

- ✓ **DO:** Warmly welcome participants to the space and thank them for joining.
- ? **ASK:** Ask participants to share reflections on their take-home activity.
 - What are three important advocacy points the GBV team leader could share with senior management to improve care and support for the GBV team?

Listen

- ✓ **DO:**
 - Before playing the episode, make sure everyone is sitting comfortably in a circle.
 - Remind the group to listen quietly so everyone can hear.
 - Play Episode 4 and listen together as a group.
 - When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

- ? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?
 - Access to quality, confidential, age-appropriate, and compassionate health care services is a critical component of a multisectoral response to GBV in emergencies.

- Adequate health services are not only vital to ensuring lifesaving care for women, girls, and other at-risk groups, but they are also essential for a society to overcome the devastation of a humanitarian emergency.
- Health care providers are often the first and sometimes only point of contact for GBV survivors. They are on the front lines of response to GBV in emergencies and can play a central role in determining protection and other concerns, addressing physical and emotional/psychological needs, developing prevention strategies, and providing referrals to other services.
- ? **ASK:** To enhance survivors' access to health care services, what elements are key to service provision?
 - Female staff are present.
 - The health care provider asks the right questions in a non-judgmental way.
 - The health facility has private spaces for consultation, protocols for provision of health care to survivors, essential medicines and supplies, and confidential mechanisms for documentation and referrals.
 - Communication materials in the facility clearly describe the types of services that are available.
 - The provider makes clear that any disclosure of GBV will be met with respect, empathy, and confidentiality.
- ? **ASK:** Are there any mandatory laws present in your setting, relating to GBV and health? If so, what are they, and do you have specific ways of working because of any mandatory reporting requirements?
 - For example, in some contexts, survivors are required to report to the police before accessing health care, which is against best practice. It is strongly recommended that GBV and health care actors coordinate with the police to ensure survivors can access health care first and then choose whether to report GBV incidents to the police.
 - Health care providers need to understand their legal obligations (if any) and professional codes of practice to ensure that survivors are fully informed about their choices and limitations of confidentiality where this is the case. By ensuring survivors are aware of mandatory reporting requirements, health care providers can help survivors make informed decisions about what to disclose during a health visit.
 - GBV standing operating procedures (SOPs) and referral pathways among health, police, and GBV program actors must uphold a survivor's right to choose where and when to report and facilitate timely access to health care.
- ? **ASK:** What are health care providers' critical roles in survivor support?
 - They are often the first and sometimes only point of contact for GBV survivors.
 - They are on the front lines in responding to GBV in emergencies.
 - They are responsible for providing care and referring survivors to case management services where available.
 - They play a central role in determining protection and other concerns, addressing physical and emotional/psychological needs, developing prevention strategies, and providing referrals to other services.

- They need to be aware of laws, obligations, and mandatory reporting on sexual violence and intimate partner violence to the police or authorities.
- They need training and ongoing support to provide effective care for women and girls who are subjected to violence.

SAY: An overview of the health response to GBV includes:

- Survivor-centered care and first-line support (e.g., psychological first aid) to address basic emotional needs.
- Identification and care for survivors of intimate partner violence.
- Clinical care for survivors of sexual violence.
- Training of health workers.
- Coordination and safe and ethical data collection for service delivery.
- Mental health care or referral to additional services.

ASK: What is the minimum initial service package (MISP)?

- The MISP is an international standard of care that should be implemented at the onset of every emergency and is part of the Sexual Reproductive Health and HIV Standards. This package ensures that basic health care needs are met and helps to mitigate the negative long-term effects of violence on survivors through a coordinated series of priority actions designed to prevent morbidity and mortality, particularly among women and girls.

Wrap-Up

DO: Summarize key points from the session:

- This minimum standard requires that (1) health actors provide quality and compassionate care to GBV survivors and (2) GBV program actors provide support and capacity-strengthening and coordinate with health actors in collaborative responses to meet GBV survivor needs.
- It is not the health care provider's responsibility to determine whether a person has been raped because that is a legal determination. The health care provider's responsibility is to provide appropriate care, record the details of the incident, conduct and document a physical examination, and, with the client's consent, collect and preserve any forensic evidence that might be needed in a subsequent legal action.
- It is not the health care provider's responsibility to determine whether a woman or girl is a virgin. The World Health Organization (WHO) and Inter-Agency Working Group on Reproductive Health in Crises state that virginity testing has no scientific basis, is a violation of women's and girls' human rights, and can be detrimental to their physical, psychological, and social well-being.
- Survivors of sexual assault, including survivors of rape, require an immediate medical response to manage injuries and administer medication to prevent or treat sexually transmitted infections and to prevent unwanted pregnancies. Treatment within 72 hours is preferable, particularly for administering post-exposure prophylaxis for HIV and other sexually transmitted infections, and pregnancy prevention care (up to 120 hours). Survivors may present much later than 72 hours and require other treatment.

Take-Home Activity

SAY: Health care professionals often fail to recognize the impact of gender-based violence on women's health and many continue to consider it a social or cultural issue that is not relevant to their work. Please think about simple actions that health care providers can take to mitigate the effects of violence against women and girls. List at least three advocacy talking points on integrating GBV into the health sector response.

DO: Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

Standard 5: Psychosocial Support

Episode 5 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 5: Psychosocial Support.
- ✓ Participants can explain the term “psychosocial” and learn the inter-agency definition for mental health and psychosocial support (MHPSS).
- ✓ Participants can list the four layers of the Inter-Agency Standing Committee’s (IASC) Intervention Pyramid for Mental Health and Psychosocial Support in emergencies.
- ✓ Participants can identify the signs that a survivor may need specialized mental health support.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

✓ **DO:** Warmly welcome participants to the space and thank them for joining.

? **ASK:** Ask participants to share reflections on their take-home activity.

- What three advocacy points did you come up with for integrating GBV response into the health sector?

Sample responses:

- Health care providers are often first-line responders in GBV cases. When they are trained in survivor-centered approaches, women and girls affected by violence will have better access to referrals and more supportive, empathetic, and client-centered care.
- Health care providers often play important roles in influencing practices and norms in the community. When they provide survivor-centered care to women and girls, health care providers also serve as role models for key decision-makers and actors in a given community on how best to support women and girls to recover and thrive.
- GBV is related to mortality and morbidity outcomes for women and girls. For example, health care providers may see girls affected by sexual exploitation and abuse who face unwanted pregnancies and need support. Tailored strategies to serve girls' sexual and reproductive health needs may reduce morbidity and mortality.

Listen

✓ **DO:**

- Before playing the episode, make sure everyone is sitting comfortably in a circle.
- Remind the group to listen quietly so everyone can hear.
- Play Episode 5 and listen together as a group.
- When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?

? **ASK:** What does the term “psychosocial” mean?

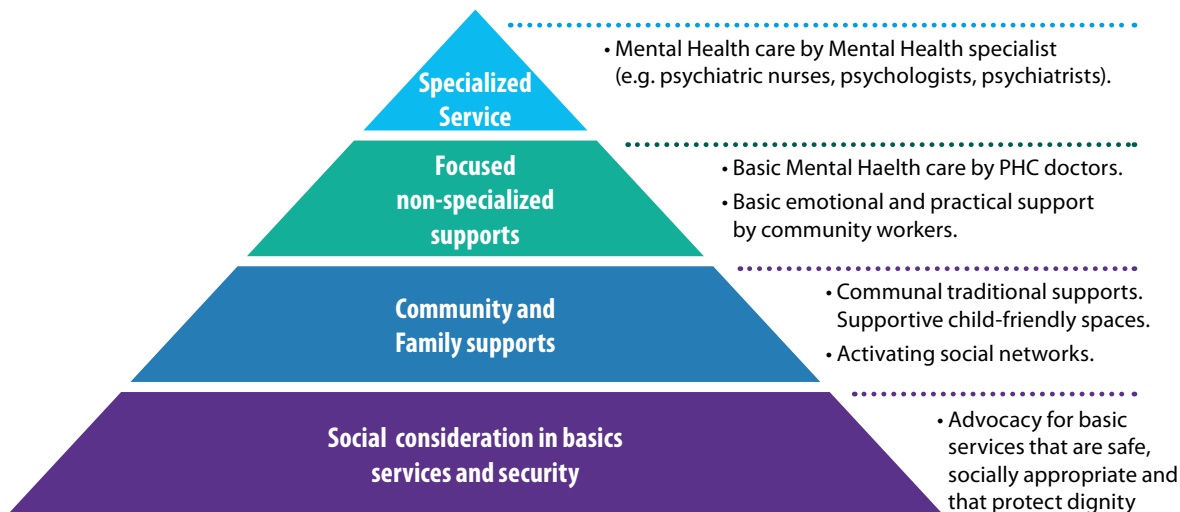
- The term “psychosocial” highlights the interaction between the psychological aspects of human beings and their environment or social surroundings. Psychological aspects are related to how people function (e.g., their beliefs, thoughts, emotions, and behaviors). Social surroundings concern a person's relationships, family, and community networks; cultural traditions and economic status; ability to participate in public affairs and decision-making; as well as daily activities such as school or work. The term “psychosocial” is used in place of “psychological” to recognize that a person's mental well-being is consistently influenced by her psychological makeup as well as social factors.

- Mental health and psychosocial support (MHPSS) describes any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders. (IASC Guidelines on MHPSS in Emergency Settings (2007))

? **ASK:** What are the different aspects of psychosocial support in emergencies?

- Layer 1: Basic Services and Security: GBV-specific interventions in this layer focus on providing protection and services that meet the specific needs of GBV survivors and other women and girls at increased risk of violence.
- Layer 2: Community and Family Supports: GBV survivors and women and girls at increased risk of violence can maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports.
- Layer 3: Focused, Non-Specialized Services: This layer focuses on GBV survivors who come forward for help and require individual or group support. Survivor-centered multisectoral responses deliver appropriate, accessible, and high-quality services and assistance to support coping and recovery for individuals and groups of survivors.
- Layer 4: Specialized Services: This layer focuses on the additional support required for the small percentage of survivors whose suffering, despite the three layers of support outlined above, is intolerable and who may have significant difficulties in basic daily functioning.

✓ **DO (optional):** Draw on paper the below IASC pyramid to help illustrate the layers of psychosocial support in emergencies.



barriers to access while taking care not to exclusively target GBV survivors.

- Psychosocial support includes opportunities for social networking and building solidarity among women and girls from the start of the emergency. It is a critical intervention that contributes to survivors' safety, healing, and recovery.
- It is important that psychosocial support for women and girls is informed by an understanding of their experiences of violence and discrimination.
- Psychosocial support service activities for women and girls should never target only GBV survivors—and should not focus on the individual experiences of GBV, unless survivors choose to speak freely about their experiences.
- GBV actors should ensure that women and girls who seek help for GBV are safely integrated into group psychosocial support activities, if they wish to do so.
- All staff and volunteers facilitating any type of PSS group should be prepared for survivors to share their experiences of GBV and able to assist both the survivor and other group members to ensure that emotions associated with sharing or hearing the experience are addressed.

Take-Home Activity

SAY: Think about 3-5 actions GBV responders can take to remove barriers to women's and girls' access to psychosocial support.

DO: Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

ASK: What are the signs that a survivor may need specialized mental health support?

- If a survivor does not show signs of improved coping or recovery or shows deterioration.
- If a survivor is not functioning and not able to care for herself or her children.
- If a survivor is believed or known to have a mental health condition.
- If a survivor talks of suicide or indicates she may be a risk to herself or others.
- If a survivor requests specialized mental health services.

ASK: What psychosocial community support is available in your area?

ASK: What are some common barriers to women's and girls' access to psychosocial support?

- Emotional distress and fear, documentation, discrimination, safety and security issues, proximity, cost, privacy, language, and cultural issues.

Wrap-Up

DO: Summarize key points from the session:

- The impact of violence varies from person to person. Many survivors of GBV experience long-lasting psychological and social effects due to the silence and stigma surrounding GBV, a lack of family and community support and appropriate response services, internalized shame, and a lack of power and resources to escape continued perpetration of GBV. Psychosocial support is therefore a critical emergency intervention. It should be a central component of both short- and long-term GBV-specialized programming.
- Quality psychosocial support services (PSS) are survivor-centered, age-appropriate. They build individual and community resilience and support positive coping mechanisms.
- Provide individual and group psychosocial support services that are safe and accessible for women and adolescent girls, welcome and integrate women and girls who experience discrimination, and address

Standard 6: GBV Case Management

Episode 6 of the GBV Minimum Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 6: GBV Case Management.
- ✓ Participants can explain GBV case management services.
- ✓ Participants can describe the role of GBV caseworkers.
- ✓ Participants can describe services that GBV survivors have the right to receive.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

- ✓ **DO:** Warmly welcome participants to the space and thank them for joining.
- ? **ASK:** Ask participants to share reflections on their take-home activity.
- What 3-4 actions did you come up with that GBV responders can take to remove barriers to women's and girls' access to psychosocial support?
- Sample responses:
 - Offer flexible psychosocial support mechanisms, such as mobile women's and girls' safe spaces, call-in/help lines, technology-facilitated chat groups (as safe and appropriate).
 - Offer a variety of family and community supports that diverse women and girls can access.
 - Produce and circulate information on PSS in a variety of accessible formats and languages and through a number of distribution channels.

Listen

- ✓ **DO:**
 - Before playing the episode, make sure everyone is sitting comfortably in a circle.
 - Remind the group to listen quietly so everyone can hear.
 - Play Episode 6 and listen together as a group.
 - When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

- ? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about? (Follow-up Question): What is GBV case management?
- GBV case management is a collaborative process that engages a range of service providers to meet a survivor's immediate needs and support long-term recovery.
- Effective GBV case management ensures informed consent and confidentiality, respects the survivor's wishes, and provides inclusive services and support without discrimination (see Standard 1: GBV Guiding Principles).
- GBV case management is responsive to the unique needs of each survivor. It is important that survivors are provided with comprehensive information so they can make informed choices, including choices about using multisectoral GBV response services (e.g., health, psychosocial, legal, security) they wish to access, and the possible consequences of accessing those services (e.g., mandatory reporting).
- GBV case management involves a trained psychosocial support or social services actor who takes responsibility for ensuring that survivors are informed of all the options available to them; refers survivors to relevant services based on consent; identifies and follows up on issues that a survivor (and her family, if relevant) is facing; and provides the survivor with emotional support throughout the process.

- ? **ASK:** Where do you think case management sessions should take place? What is important about setting up a discussion with a survivor?
- All case management sessions should take place in a private space where others cannot see or hear the discussion.
- Where possible, the physical space should be comfortable for the survivor and accessible to women and girls with disabilities.
- ? **ASK:** Accessing case management services is voluntary; not all survivors will want or need case management services. Staff should not identify or seek out survivors in any setting. Why do you think this is important?
- ? **ASK:** What is the role of a GBV caseworker?
- A GBV caseworker works closely with a survivor to assess her immediate risks and needs and prepare a safety plan. The case worker's role includes:
 - Developing a comprehensive plan that identifies what the survivor needs and how her needs will be met.
 - Connecting the survivor to health care and/or other prioritized services if she wishes and consents.
- GBV caseworkers must have strong interpersonal skills and the capacity to apply a survivor-centered approach to support, guide, listen, assess, plan, and follow up on services for survivors.
- Female GBV caseworkers are essential across all GBV service providers. Most survivors prefer female caseworkers, as the majority of perpetrators of GBV are male. Female GBV caseworkers can also work within integrated health or reproductive health settings to facilitate timely access to both clinical care and case management support.

? ASK: What are some common services that GBV survivors have the right to receive?

- Medical treatment and health care to address the immediate and long-term physical and mental health effects of GBV, including but not limited to initial examination and treatment, follow-up medical care, and health-related legal services, such as preparation of documentation (see Standard 4: Health Care for GBV Survivors).
- Psychosocial care and support to assist with healing and recovery from emotional, psychological, and social effects, including but not limited to crisis care, longer-term emotional and practical support, and information and advocacy (see Standard 5: Psychosocial Support).
- Options for safety and protection for survivors and their families who are at risk of further violence, and who wish to be protected through safe shelters, police or community security, and relocation.
- Legal (informal and formal) and law enforcement services that can promote or help survivors to claim their legal rights and protections, including but not limited to legal aid services (see Standard 10: Justice and Legal Aid).
- Education, economic assistance, and livelihood opportunities to support survivors and their families to live independently and in safety and with dignity, including but not limited to referral pathways for existing livelihood and education programs, and targeted economic interventions that can mitigate risks of GBV and foster healing and empowerment (see Standard 12: Economic Empowerment and Livelihoods).

- Other protection services, including durable solutions for displaced populations. Documentation and entitlement services (e.g., separate ration cards) as well as planning for durable solutions, including resettlement, local integration, and voluntary repatriation, can contribute significantly to a survivor's safety.

? ASK: Do you know if there are mandatory reporting requirements in your setting?

- Many countries have laws that require service providers to report to police or to other government authorities any acts that are believed to be criminal offenses. In such situations, legal requirements override the survivor's permission. Survivors (and caregivers) should be made aware of these legal requirements as part of the informed consent process.
- In humanitarian settings, all organizations are required to have protocols in place for responding to sexual exploitation and abuse by humanitarian workers. Organizations need to be clear on the inter-agency protocol and inform the survivor as to whom the case would be reported, what information would be shared, and what the expectations would be regarding the survivor's involvement.
- Caseworkers are generally required to report to a supervisor if a client has suicidal ideation. Survivors must be informed immediately upon reporting an incident when mandatory reporting procedures are in place. Do not "promise" confidentiality as it is not acceptable to make promises to survivors that you might not be able to keep. Instead, from the very beginning, be clear what confidentiality means and what the limits are in your context.

💬 SAY: Thinking about child survivors, we know children have the right to participate in decisions affecting them, appropriate to their level of maturity. And we know that children's ability to form and express their opinions develops with age, and adults should give the views of adolescents greater weight than those of a younger child.

? ASK: How do you know if an action (such as a referral) is in the best interest of the child? Or how would you handle that situation?



Wrap-Up

✓ DO: Summarize key points from the session:

- GBV case management is responsive to the unique needs of each survivor. It is important that survivors are provided with comprehensive information so they can make informed choices, including choices about using multisectoral GBV response services (e.g., health, psychosocial, legal, security) and the possible consequences of accessing those services (e.g., mandatory reporting).
- GBV case management involves a trained psychosocial support or social services actor who (1) takes responsibility for ensuring that survivors are informed of all the options available to them and referring them to relevant services based on consent; (2) identifies and follows up on issues that a survivor (and her family, if relevant) is facing in a coordinated way; and (3) provides the survivor with emotional support throughout the process. GBV case management has become the primary entry point for GBV survivors to receive crisis and longer-term psychosocial support because of the lack of more established health and social support service providers in humanitarian settings.

- GBV program actors should invest in quality GBV case management as a priority action in GBV responses.
- All actors, and caseworkers in particular, must have strong interpersonal skills and the capacity to apply a survivor-centered approach to support, guide, listen, assess, plan, and follow up on services for survivors.
- Mediation is discouraged because mediation is unlikely to stop violence in the long term and has the potential to escalate violence and cause more harm to the survivor. It is a great risk to the survivor, caseworkers, and organization. Caseworkers should never mediate between a survivor and a perpetrator, even if a survivor requests this type of intervention. Organizations should have clear guidelines on how to respond to requests for mediation in a survivor-centered manner.

Take-Home Activity

-  **SAY:** Think about how you ensure GBV case management services are quality services and are coordinated with others.
-  **DO:** Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

Standard 7: Referral Systems

Episode 7 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 7: Referral Systems.
- ✓ Participants can explain how all service providers in the referral system can apply the GBV guiding principles.
- ✓ Participants can list elements of a functional referral system.
- ✓ Participants can describe the GBV Standard Operating Procedures (SOPs).

Materials

- Device to play the episode;
- Speaker (if needed)



Start

✓ **DO:** Warmly welcome participants to the space and thank them for joining.

? **ASK:** Ask participants to share reflections on their take-home activity.

- How do you ensure that GBV case management services are of quality and coordinated with others?

Sample responses:

- Invest in quality GBV case management as a priority action in GBV responses.
- Have qualified staff and systems in organizations providing GBV case management services.
- Ensure there are female caseworkers.
- Ensure regular training and refreshers for caseworkers.
- Ensure supervision, coaching, and mentoring of caseworkers.
- Respond to the unique needs of each survivor.
- Provide the survivor with emotional support throughout the process.
- Take responsibility for ensuring that survivors are informed of all available options and refer them to relevant services based on consent.
- Establish a collaboration process and engagement with a range of service providers for referrals as needed.
- Be familiar with local service gaps and resource constraints.
- Conduct case management in spaces that are safe, accessible, and private.
- Where safe, collect feedback from those receiving services and addressing gaps.

Listen

✓ **DO:**

- Before playing the episode, make sure everyone is sitting comfortably in a circle.
- Remind the group to listen quietly so everyone can hear.
- Play Episode 7 and listen together as a group.
- When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?

? **ASK:** Do all the service providers in the referral pathway have to adhere to the GBV guiding principles or just GBV service providers?

- Service providers within a referral system must adhere to the GBV guiding principles (see Standard 1: GBV Guiding Principles) and a survivor-centered approach. This means service providers share information and options with survivors so they can make informed decisions, and providers only act with survivors' explicit informed consent. A service provider should never try to convince or coerce a survivor into reporting her case or accessing specific services. Prioritizing survivor safety and security includes ensuring hard-to-reach populations have safe access to services, integrating GBV activities into other services and locations (e.g., health centers), and using simple activities as a discreet entry point

for GBV-specific activities (e.g., organizing generic activities for women and girls that allow survivors to access case management services and psychosocial activities).

- To maintain confidentiality, service providers must ensure that individual information is shared only with the consent of the survivor and in support of her access to services. The number of people informed of the case must be kept to concerned people only, and all service providers must provide a safe and confidential space for survivors to receive services. Service providers should develop and sign a data protection policy.

? **ASK:** How do you know when a referral system is functioning?

- It is accessible and safe for survivors.
- At least one service provider for health, psychosocial support, case management, safety and security, and as appropriate and feasible, legal aid and other support, is available in each geographical area.
- Referral pathways identify all available services and are documented, disseminated, regularly assessed, and updated, in a format that can be easily understood—for example, through pictures or diagrams.
- Services are delivered in a manner consistent with the GBV guiding principles.
- All service providers understand where to refer survivors for additional services, and how to do so safely, confidentially, and ethically.
- All service providers have a mechanism for following up on referrals to ensure they have been completed. For instance, a return slip or checklist should be used by referring service providers to indicate the status of services received by the GBV survivor.

- All service providers demonstrate a coordinated approach to case management, including confidential information-sharing and participation in regular case management meetings to ensure survivors have access to multisectoral services (see Standard 6: GBV Case Management).
- GBV data collection among all service providers, including standardized intake and referral forms, is safe and ethical (see Standard 14: Collection and Use of Survivor Data).
- All service providers prioritize the response to GBV survivors.

? ASK: In the emergency phase, what should be the focus of awareness-raising?

- Access to services, especially lifesaving and time-sensitive health services, because survivors need to know where to find help.
- Activities that can help reduce women's and girls' risk of GBV, especially sexual violence.

? ASK: What makes community outreach messages effective?

- Clarity: Keep the wording and meaning of the message simple. Keep messages easy to read or hear and understand. Images should be clear and culturally appropriate using common words. GBV workers should establish culturally appropriate words, while aiming to challenge the social norms often expressed in words that make GBV to be more acceptable.
- Action-oriented: Consider how the messages conveyed help the community, women and girls, and GBV survivors understand what to do to help themselves. Be conscious that some women and girls have already experienced violence, and the

messaging should be sensitive to this (i.e., ensure that it is empowering, not shaming).

- Specific: Include instructive details that are specified and easy to follow.
- Positive: Illustrate positive actions and attitudes; do not patronize, shame, or depict people in negative ways.
- Inclusion: Make messages available in different formats, use local languages, depict a diversity of women and girls, including through the images—for example, including women and girls with disabilities.

? ASK: What are the GBV Standard Operating Procedures? Do you know how to access them in your setting? Do you know how to make changes if updates are needed?

- SOPs are specific procedures and agreements among organizations in a particular context that outline a plan of action, as well as the roles and responsibilities of each actor in the prevention of and response to GBV. In addition to coordinating response programming, SOPs should reinforce the GBV guiding principles and standards for ethical, safe, and coordinated multisectoral service delivery.

? ASK: When is a referral complete?

- A referral is only complete once a survivor has received the service for which she was referred. In other words, simply referring a survivor to another service provider does not constitute a "referral." For example, if a GBV caseworker refers a survivor to receive health care for her injuries, that referral is complete only once the survivor has been treated by the health care provider.


Wrap-Up


✓ DO: Summarize key points from the session:

- Service providers should guide individual survivors through the referral system as the survivor accesses services. This approach ensures that survivors can obtain multiple services without having to retell their stories.
- Referral systems should be established based on a coordinated mapping and assessment of available services and capacity in each location. This includes understanding the capacity of each actor that may be included in the referral system.
- The quality of services should be documented and monitored over time to ensure they are functional and meet minimum standards of care in line with the GBV guiding principles.
- During an acute emergency, the first step is to establish a minimum referral pathway at the local level, as it may take time to gather the information required to establish a full referral system and standard operating procedures.
- An initial referral pathway should include health, psychosocial support, case management, and safety or security services.
- In all emergency contexts—particularly in the acute phase, where sexual violence and intimate partner violence are prevalent—health is the priority service.
- Establishing a referral system is the task of coordination mechanisms such as the GBV working group or sub-cluster.
- Referral systems should be updated on a regular basis and reflect any changes in service providers.

- To maintain confidentiality, service providers must ensure that individual information is shared only with the consent of the survivor and in support of her access to services.

Take-Home Activity

 **SAY:** Think about how service providers can ensure the safety and security of survivors accessing services, especially for hard-to-reach or underserved women and girls.

 **DO:** Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

MEETING SESSION 9

Standard 8: Women's and Girls' Safe Spaces

Episode 8 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 8: Women's and Girls' Safe Spaces.
- ✓ Participants can define women's and girls' safe spaces (WGSS).
- ✓ Participants can list women's and girls' safe spaces activities.
- ✓ Participants can identify key considerations for establishing women's and girls' safe spaces.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

✓ **DO:** Warmly welcome participants to the space and thank them for joining.

? **ASK:** Ask participants to share reflections on their take-home activity.

- How can service providers ensure the safety and security of survivors accessing services, especially for hard-to-reach or underserved women and girls?
- Sample responses:
 - Integrating GBV activities into other services and locations that are easier or less stigmatizing to access like health centers.
 - Having discreet ways of accessing services—for example, through generic activities that are safe to access for women and girls in the community.
 - Ensuring the GBV guiding principles are adhered to by all staff providing the services.
 - Providing information on how to access services.
 - Ensuring safe and confidential spaces to access services.
 - Having in place data protection practices, policies, and information sharing protocols (ISPs).
 - Encouraging male engagement—for example, having community and male household members to support women's participation in empowerment activities.
 - Having activities that include different categories of women, not just survivors.
 - Having activities that are designed from analysis that is participatory and helps understand the unique needs of different categories of women and girls in a setting.

- Supporting activities that address gender norms with intersectional lenses to transform norms and systems.
- Ensuring that staff and volunteers working on prevention programming are aware of how to safely refer GBV survivors who disclose GBV during community outreach activities and wish to access support services.
- Establishing the GBV standard operating procedures and a safe referral pathway with GBV service providers.

Listen

✓ **DO:**

- Before playing the episode, make sure everyone is sitting comfortably in a circle.
- Remind the group to listen quietly so everyone can hear.
- Play Episode 8 and listen together as a group.
- When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?

? **ASK:** Why are safe spaces only for women and girls?

- A “safe space” is also a women-and-girls-only space. This is important because public spaces in most cultures are inhabited largely by men. During a crisis,

while the accessible spaces for men and boys tend to expand, the spaces that are safe and available for women and girls tend to shrink. Safe spaces provide a critical space where women and girls can be free from harm and harassment, can access opportunities to exercise their rights, and can promote their own safety and decision-making. Safe spaces may also be a venue for livelihood activities, sexual and reproductive health information, and access to justice services.

? **ASK:** What are women's and girls' safe spaces (WGSS) delivery models or approaches?

- Formal vs Informal: In some situations, a formal women's center, either in public facilities or operated by local organizations, may be the most easily accessible and appropriate means to provide services. Safe spaces can also be informal and held within community or educational spaces and be linked to women's networks.
- Approaches to developing women's and girls' safe spaces should be based on the context, risk analysis, and consultation with women, girls, and their communities. The safe space modality can be adapted to a variety of humanitarian contexts through diverse delivery models and implementation approaches.
- The static delivery model is the primary model used in humanitarian settings. It is an easily reached fixed space established in a central location that is open during standard service hours each day.
- A mobile WGSS consists of safe space teams that move to locations where women and girls are displaced, residing, or in transit and cannot access a static safe space, or where having a static space is risky.

? ASK: What is not considered a safe space?

- One-stop centers where survivors receive multiple GBV services, including health and case management under “one roof” and includes male and female staff.
- Safe houses and shelters where women and girls at increased risk from perpetrators are given temporary accommodation.
- Women’s spaces that are located in the reception of health facilities.
- Child-friendly spaces that are constructed specifically for children.
- Protection desks where community members can report and access services on protection concerns.

? ASK: What are three examples of key considerations for establishing WGSS?

- Empowerment: Each woman and girl has the capacity to shape her own life and create and contribute to wider social change.
- Solidarity: The WGSS provides opportunities to connect with individuals and groups by encouraging sharing, mentorship, and cooperation among peers.
- Accountability: All aspects of the WGSS location, design, and programming should prioritize the safety and confidentiality of women and girls.
- Inclusion: Staff and volunteers are trained extensively in the principles of inclusion and non-discrimination.
- Partnership: The WGSS should serve to link women and girls to services through strong referral networks. Partnerships with local civil society, particularly women’s civil society organizations and/or networks, are central to the WGSS approach and strategic for sustainability.

? ASK: What are common activities in a WGSS?

- Service delivery, including referrals: All WGSS activities should be based on women’s and girls’ priorities, and be customized according to their specific needs. Age-appropriate support group sessions consist of recreational activities, such as informal and formal life skills. These activities support the development of adaptive and positive behaviors that support women and adolescent girls in dealing with the demands and challenges of everyday life. Certain core psychosocial empowerment activities may require leadership by trained psychosocial staff, whereas recreational activities may be led directly by women and girls from the community.
- Skills development and livelihood activities: Skills-based classes, formal vocational trainings, and individual or communal income generation activities facilitate women’s meaningful participation in public life, including through job training that will support women to access the labor market. Informal skills-based classes can be implemented directly to support women to generate assets safely. Livelihood interventions comprising formal vocational trainings and income generation schemes require specialized technical expertise and coordination with livelihood actors.
- Information and awareness-raising: The WGSS may be a forum to enhance women’s access to information and resources. For example, other sectors are frequently invited to provide information on a range of issues, including water and sanitation or nutrition (provided the integrity of the center as a space designed for women and girls is not compromised).

? ASK: What are the five standard objectives of a WGSS?

- Provide a vital entry point for female survivors of GBV to safely access information, specialized services, and referrals to health, protection, and other services.
- Serve as a place where women and girls can access information, resources, and support to reduce the risk of violence.
- Facilitate women’s and girls’ access to knowledge, skills, and services.
- Support women’s and girls’ psychosocial well-being, create social networks to reduce isolation or seclusion, and enhance integration into community life.
- Generate conditions for women’s and girls’ empowerment.

Wrap-Up

✓ **DO:** Summarize key points from the session:

- A women's and girls' safe space is an intervention that GBV program actors in humanitarian programming have employed for decades as an entry point for women and girls to report protection concerns, express their needs, receive services, engage in empowerment activities, and connect with the community. A WGSS is "a structured place where women and girls' physical and emotional safety is respected and where women and girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance psychosocial wellbeing, and more fully realize their rights."
- It is generally recommended that adolescent girls' safe spaces be established within the wider WGSS, rather than as a stand-alone intervention, to link directly with broader GBV prevention and response activities.
 - Activities for adolescent girls in safe spaces should be segmented by age and consider the specific needs of the population.
 - The model for adolescent girls' safe spaces includes three core elements: a safe place, friends, and mentorship.
 - To avoid excluding adolescent girls, it is crucial for GBV program actors to coordinate with child protection actors to determine the most appropriate way to make safe spaces programming accessible to adolescent girls.
 - It is important to engage female and male parents or guardians and the wider community in conversations around safe space protection and empowerment activities specific to adolescent girls' participation.

Take-Home Activity

💬 **SAY:** Propose three strategies for involving key community stakeholders to better understand the objectives and value of the safe spaces, and to ensure security for staff and participants.

✓ **DO:** Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

MEETING SESSION 10

Standard 9: Safety and Risk Mitigation

Episode 9 of the GBV Minimum Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 9: Safety and Risk Mitigation.
- ✓ Participants can identify tools that are available to assess protection risks to women and girls.
- ✓ Participants can describe ways to engage women and girls in safety and risk mitigation.
- ✓ Participants can explain their roles in the prevention of sexual exploitation and abuse (PSEA).

Materials

- Device to play the episode;
- Speaker (if needed)



Start

- ✓ **DO:** Warmly welcome participants to the space and thank them for joining.
- ? **ASK:** Ask participants to share reflections on their take-home activity.
- What are three strategies for involving key community stakeholders to understand the objectives and value of the safe spaces, and to ensure security for staff and participants?
- Sample responses:
 - Engage regularly with women, girls, men, and boys from the affected community to explain WGSS activities, facilitate community acceptance, and address barriers to women's and girls' attendance.
 - Regularly engage and meet with key community stakeholders such as community leaders, religious leaders, women's leaders, women groups, youth's leaders, youth groups, and other social change movement groups about the safe spaces to build acceptance and buy-in. Begin this early in the process of setting up a safe space.
 - Raise awareness of the safe spaces, using information, education, and communication (IEC) materials, along with other participatory and creative ways, such as community drama, song, or community radio to communicate key messages. These activities can provide space for community stakeholders to ask questions, share their opinions, and contribute to the conversation.
 - Focus on the positive benefits for individuals, the family, and the community that can result from women's and girls' well-being and empowerment.
 - Strengthen and work in partnership with women's leaders, women's group, or women's networks and organizations to advocate for women and girls to safely access to safe spaces.

Listen

- ✓ **DO:**
 - Before playing the episode, make sure everyone is sitting comfortably in a circle.
 - Remind the group to listen quietly so everyone can hear.
 - Play Episode 9 and listen together as a group.
 - When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

- ? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?
- ? **ASK:** What are some available tools to assess and monitor for risks?
 - Safety Audit: A safety audit can be part of a situational assessment and analysis. It can be used on a regular basis (e.g., daily, weekly) so changes and new risks can be identified, and risk mitigation efforts can be tracked.
 - Focus Group Discussion: Focus group discussions involve small groups of 10-12 people from similar backgrounds (e.g., gender, age, ethnicity) and help develop a general sense of the community's perceptions of key areas of concern.
 - Community Mapping: Community mapping can be incorporated into focus group discussions to better assess the community's knowledge of services available to women and girls, challenges women and girls may face in accessing services, and the community's perceptions of areas that present risks to women and girls.

- ? **ASK:** Does your organization conduct or participate in the safety audit process? How do you prepare?
- ? **ASK:** How do you share the results of the assessments, listening sessions, and safety audits with other sectors? What has worked well and what hasn't worked well?
- ? **ASK:** How can we engage women and girls in safety and risk mitigation?
 - Women and girls are the best source of information about GBV risks.
 - Engage proactively with women and girls of different ages and backgrounds, including those with disabilities, about risk factors without increasing their risk or overburdening them.
 - Support women and girls, along with other community members, to plan and implement risk reduction strategies.
 - Feedback systems should be in place so that women and girls can easily and confidentially report concerns, including sexual exploitation and abuse, or give feedback on the quality of services they access.
- ? **SAY:** GBV program staff can play a role in advocating for measures to prevent sexual exploitation and abuse. However, implementation of internal measures and the coordination of inter-agency processes to address sexual exploitation and abuse are the responsibility of the UN country team-assigned PSEA focal points and are outside the purview of the GBV sub-cluster or working group (see Standard 15: GBV Coordination). GBV response service providers should be aware of community-based reporting mechanisms and investigation processes to ensure informed consent when supporting survivors of sexual exploitation and abuse (see Standard 6: Case Management). Managers

and human resources staff are responsible for ensuring that staff are trained on PSEA, that reporting mechanisms are in place, and that staff understand their individual responsibilities to report any suspected incidents and that they have signed a code of conduct.

? ASK: How are PSEA complaints handled in your setting?

? ASK: What are key categories of risk facing women and girls? And what are the potential risks of each category?

- Living space and physical camp/site layout. For example:
 - Lack of lighting in public spaces.
 - Communal shelter with multiple families or individuals living together with a lack of privacy.
 - Living areas are close to streams and/or bushes.
 - Latrines are far from living areas and close to bushes or streams.
 - Latrines are made of plastic, do not have locks, and are not separated for men and women.
 - Water points are in isolated or distant locations.
 - Girls have to pass through bushy areas and the market to get to school.
- Unmet needs. For example:
 - Lack of firewood, which means women and girls need to travel long distances through unsafe locations.
 - Lack of bathing facilities, which means individuals bathe in streams, which can also relate to hygiene concerns.
 - Insufficient water points, which mean that women and girls must wait for long periods to collect water and are at greater risk of physical assault.

- Lack of menstrual hygiene materials, which leads women and girls to hide away from settlements during menstruation, making them vulnerable to assault and denying them access to education, services, and participation in public life.
- Lack of non-food items, which can lead to exploitation in exchange for necessities.
- Service delivery. For example:
 - Distribution and health staff are all male and have not been properly trained.
 - Location of and long distances to service delivery.
 - Limited police presence at night or lack of police presence, including female police, in sections of the settlement.
 - Service delivery offices located near identified risks.
- Information and participation. For example:
 - Lack of consultation, which results in latrines being located far from the settlement, insufficient water points, and a lack of bathing facilities and menstrual hygiene materials.
 - Lack of consultation on ration type and amount, which leads to women and girls engaging in risky behavior to supplement meals.
 - Lack of information about which services are provided for free, which can make women and girls vulnerable to sexual exploitation and abuse by service providers.

? ASK: Thinking of the risks identified in the previous question, what are some risk mitigation strategies for each?

- Living space and physical camp/site layout:
 - Strong coordination among organizations and active involvement of communities, especially

women and girls, to ensure security-focused and gender-sensitive shelter arrangements during an emergency.

- Frequent safety audits and joint analyses with responsible sectors, with concrete follow-up on findings.
- Consultations with women and girls about the physical placement and design of water points.
- Lighting of sanitation facilities and water collection routes.
- Sex-separated latrines and showers.
- Shelters, latrines, and showers installed with lockable doors.
- Placement and delivery of services, including those specific to GBV, guided by discussions and risk assessments with women and girls.
- Firewood/water patrols or collection groups.
- Unmet needs:
 - Special consideration of the risks associated with fuel collection and other activities that involve movement in insecure or volatile areas, which should be identified and properly addressed.
 - Identification of alternative sources of energy from the onset of an emergency.
 - Dignity kit assembly and distribution based on discussions with women and girls.
 - Ration cards assigned to female heads of households.
 - Distribution of fuel or fuel-efficient stoves.
 - Cash and voucher assistance (see Standard 11: Dignity Kits, Cash and Voucher Assistance).
 - Codes of conduct, training, and accountability mechanisms for staff about sexual exploitation and abuse.

- Service delivery:
 - Presence of trained female staff in distributions and among service provision personnel.
 - Special protocols for women and girls at increased risk of GBV, including those with disabilities, girl-headed households, older women, pregnant or lactating women, single mothers, and others.
 - Codes of conduct for distribution staff that are explicit about sexual exploitation and confidential reporting systems with enforcement mechanisms.
 - Monitoring of the design and implementation of activities to ensure they do no harm.
 - Quality services and referral systems to avoid re-traumatization.
- Information and participation:
 - Women and adolescent girls consulted and involved in dialogue and decision-making.
 - Partnership with community leaders to promote women's and girls' participation in decision-making.
 - Trainings and capacity-building of female and male community leaders and camp committees.
 - Women's groups and leaders involved in the community outreach process.
 - Community meetings with security sector personnel.
 - Establishment of confidential and accessible reporting mechanisms.

Wrap-Up

- ✓ **DO:** Summarize key points from the session:
 - This minimum standard highlights GBV-specialized actors' advocacy and technical support roles in

supporting the integration of GBV risk mitigation efforts across humanitarian sectors, in compliance with the IASC GBV Guidelines for Integrating GBV Interventions in Humanitarian Action.

- The IASC GBV guidelines state clearly and prominently: "All humanitarian actors must be aware of the risks of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation." Protecting women' and girls from GBV stems from all national and international actors' essential duty to protect those affected by crisis.
- In emergencies, women and girls face a wide range of GBV risks that increase during displacement and conflict, including sexual exploitation and abuse perpetrated by male humanitarian actors. Humanitarian agencies may unintentionally increase these risks without properly identifying and addressing the needs of women and girls, and the potential obstacles they may face in accessing services safely. Humanitarian actors can both mitigate risks in advance (e.g., through code of conduct training) and quickly address many of these once they arise. Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities for promoting and protecting the rights of affected populations. Inaction and/or poorly designed programs can cause further harm.
- Prevention generally refers to action to stop GBV from first occurring—for example, scaling up activities that promote gender equality or working with communities to address practices that contribute to GBV (see Standard 13: Transforming Systems and Social Norms).
- Mitigation refers to reducing the risk of exposure to GBV—for example, ensuring that reports of "hot

spots" are immediately addressed through risk reduction strategies, or that sufficient lighting and security patrols are in place from the onset of establishing displacement camps. All sectors of humanitarian response should undertake essential prevention and mitigation activities.

- Programs that are not planned in consultation with women and girls, nor implemented or monitored with their participation, often increase the risks they face. Women and girls are the best source of information about these risks. It is necessary to engage proactively with women and girls of different ages and backgrounds, including those with disabilities (see Introduction), about risk factors without increasing their risk or overburdening them. Feedback systems should be in place so that women and girls can easily and confidentially report concerns, including sexual exploitation and abuse, or give feedback on the quality of services they access. Women and girls, along with other community members, should be supported to plan and implement risk reduction strategies.

Take-Home Activity

- 💬 **SAY:** Think about how you could work together with key stakeholders in your community to increase women's and girls' access to services while mitigating their risk of GBV.
- ✓ **DO:** Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

MEETING SESSION 11

Standard 10: Justice and Legal Aid

Episode 10 of the GBV Minimum Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 10: Justice and Legal Aid.
- ✓ Participants can explain why access to justice is important for protecting women and girls.
- ✓ Participants can identify women's and girls' barriers and challenges to accessing justice.
- ✓ Participants can explain the dangers of mediating GBV cases.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

✓ **DO:** Warmly welcome participants to the space and thank them for joining.

? **ASK:** Ask participants to share reflections on their take-home activity.

- How could you work together with key stakeholders in your community to increase women's and girls' access to services while mitigating their risk of GBV?
- Sample responses:
 - Involving "gatekeepers" (e.g., community and religious leaders or others who may inhibit or enable women's and girls' access) to facilitate the participation of women and girls.
 - Ensuring safety, security, and community acceptability of venues.
 - Developing outreach strategies to ensure women's and girls' participation (e.g., involving volunteers from target communities and providing childcare facilities).
 - Ensuring inclusive facilitation (e.g., which groups of women and girls will feel safe speaking with which facilitators and other group members?).
 - It's important to note that traditional barriers to participation may have changed in the crisis and will evolve as the humanitarian response develops. Security concerns may have shifted to further facilitate or preclude women's and girls' engagement.

Listen

✓ **DO:**

- Before playing the episode, make sure everyone is sitting comfortably in a circle.
- Remind the group to listen quietly so everyone can hear.
- Play Episode 10 and listen together as a group.
- When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?

? **ASK:** Why is access to justice important for protecting women and girls?

- Access to justice is fundamental to the protection of women's rights.
- It makes possible the realization of all other rights for women and girls, including the right to live free from violence, discrimination, and inequality.
- Therefore, it is critical to invest in preparedness efforts to strengthen women's and girls' access to justice as part of broader women's rights efforts, as systems often fail to protect women and girls from violence, discrimination, and inequality.

? **ASK:** What are some of the main barriers facing women and girls in seeking justice in your context?

- Limited resources, mobility, and decision-making power, as well as fear of stigma and reprisals, cultural perceptions of men as the only rights-bearers, and male guardianship laws, where a woman is required to have a male guardian—a father, brother, husband, or even a son—to make a range of critical decisions on her behalf.
- Lack of locally available police or courts, lack of trust in the legal system, low awareness of laws and rights, high cost of legal representation, corruption, delays in gathering evidence by police or health care providers, poor documentation of evidence, gaps in the legal framework, impunity for perpetrators, and lack of sensitivity or active bias from justice actors.

? **ASK:** Why is mediation dangerous?

- Mediation is not recommended as an intervention to address GBV, including intimate partner or domestic violence. Mediation is focused on maintaining family or community cohesion, which may perpetuate discrimination and put women and girls at risk of losing individual rights in favor of preserving harmony within a social group. Especially in circumstances of intimate partner and domestic violence, which is rarely an isolated event, mediation may inadvertently condone a perpetrator's behavior or imply easy solutions to complex problems that have deep social and cultural roots.
- Mediation can be extremely problematic and dangerous in cases of violence against women and girls because it assumes that both parties have equal negotiating power. Yet violence against women and girls involves unequal power relationships between the parties based on acts of assault, violent intimidation, and/or controlling, abusive, or humiliating behavior.

- Mediation often denies the survivor's control of the process and may expose her to intimidation and re-victimization, inhibit her access to services, and put her at direct risk of further abuse.
 - For these reasons, although considered common practice in some cultures and communities, mediation may violate the survivor-centered approach and breach the GBV guiding principles. Caseworkers should never mediate between a survivor and a perpetrator, even if a survivor requests this type of intervention. This poses a great risk to the survivor, caseworkers, and the organization.
- ? ASK:** What are a few different ways survivors can get "access to justice?" What might be non-traditional ways to obtain justice?
- ? ASK:** What sensitivities and security risks should legal aid providers be aware of when it comes to working with survivors of GBV?
- ? ASK:** What are informal justice mechanisms in your setting? What are the risks for GBV survivors who may want to use these mechanisms?
- GBV-specialized actors should be aware of the risks to GBV survivors that are inherent to informal justice mechanisms. They should clearly communicate those risks to survivors while being non-judgmental and honoring survivors' wishes for a justice outcome.
 - The safety and well-being of women and their children must be prioritized in situations where these avenues are used to address civil and family law issues, and where a male perpetrator continues to pose a threat.
 - In emergency contexts, without a functioning formal legal system, informal or traditional legal systems

and mediation may be identified as the main source of redress.

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

SAY: Law enforcement personnel often lack the knowledge and capacity to respond adequately to survivors. They may also share the societal values that condone violence against women and girls, leading to survivor-blaming or discriminatory attitudes and decisions. Thus, in addition to establishing clear responses to violence against women and girls, and specialized support services for survivors, it is crucial to support ongoing training and awareness-raising interventions for security personnel at all levels.



- ? ASK:** What kind of training would help security personnel understand and apply the GBV guiding principles?

Wrap-Up

- ✓ DO:** Summarize key points from the session:
- GBV survivors must be able to make informed decisions that support them to gain more control over their lives. Because "justice" may mean different things to different survivors, it is crucial that GBV program actors listen to those who are seeking it, respect their wishes, and respond to their needs.
 - GBV-specialized programming should prioritize the establishment and strengthening of GBV response services to meet survivors' health, psychosocial, and safety and security needs in the acute emergency phase. Once these services are of adequate quality, the response should include legal aid and access to justice services.
 - Access to justice for GBV survivors is part of the multisectoral response to GBV and a crucial aspect of GBV prevention. The justice sector has a powerful role to play to end violence against women and girls.
 - In times of crisis and transition, GBV program actors may play an active advocacy, coordination, and capacity-strengthening role with justice sector actors to support survivors' access to justice, promote accountability for crimes committed, and support long-term rebuilding of communities. GBV program actors can work with partners to coordinate, advocate, and facilitate GBV survivors' access to justice and legal aid services that are provided by actors with expertise in this area.

- Women generally face barriers in their efforts to seek justice. These include limited resources, mobility, and decision-making power as well as fear of stigma and reprisals, cultural perceptions of men as the only rights-bearers, and male guardianship laws, where a woman is required to have a male guardian—a father, brother, husband, or even a son—make a range of critical decisions on her behalf.
- Caseworkers should never mediate between a survivor and a perpetrator, even if a survivor requests this type of intervention. This poses a great risk to the survivor, caseworkers, and the organization. Organizations should have clear guidelines on how to respond to requests for mediation in a survivor-centered manner (see Standard 6: GBV Case Management).

Take-Home Activity

-  **SAY:** Think about a few ideas for making legal aid safe and accessible for survivors in your context.
-  **DO:** Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

MEETING SESSION 12

Standard 11: Dignity Kits, Cash, and Voucher Assistance

Episode 11 of the GBV Minimum Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 11: Dignity Kits, Cash and Voucher Assistance.
- ✓ Participants can explain the purpose of dignity kits.
- ✓ Participants can describe safety for women and girls in dignity kits distribution.
- ✓ Participants can identify key considerations before implementing cash and voucher assistance (CVA).

Materials

- Device to play the episode;
- Speaker (if needed)



Start

✓ **DO:** Warmly welcome participants to the space and thank them for joining.

? **ASK:** Ask participants to share reflections on their take-home activity.

- What are three ideas for making legal aid safe and accessible for survivors in your context?
- Sample responses:
 - Respect the wishes of survivors in seeking legal aid and provide all relevant information on available services for them to make a decision.
 - Through the GBV coordination system, establish clear protocols and guidelines for legal aid providers on how to provide legal assistance to GBV survivors in a safe and sensitive manner.
 - Where services are not available, advocate on behalf of survivors for accessible services.
 - Ensure information is updated, including contact information in platforms of communication that are accessible to the survivors (e.g., social media, TVs, radios, women rights groups, etc.)
 - Train legal staff on specialized GBV knowledge, including GBV guiding principles and survivor-centered and trauma-informed care to ensure the safety and confidentiality of survivors.
 - Collaborate with legal aid workers to create awareness about rights and work with informal mechanisms to create this awareness and promote the dignity and rights of women.
 - For legal aid workers:
 - Clear protocols should outline the steps that providers should take and should be communicated clearly to all staff involved in providing legal aid.

- Waive or cater for costs where survivors are required to pay for legal services or processes (e.g., to access a sexual assault reporting form from the police).
- Establish safe and secure helplines available for people to access legal information.
- Adhere to the GBV Guiding Principles in ensuring confidentiality and safety for survivors. GBV survivors may be reluctant to seek legal aid due to concerns about confidentiality and safety among other challenges.
- Connect with other GBV providers to provide holistic support and referral for other services to support survivors in their recovery and help them rebuild their lives.
- Partner with local or civil society organizations, especially women-led organizations, to ensure that legal aid services are accessible and culturally appropriate. Local organizations can also provide critical support to survivors and help build trust within the community and among women and girls accessing services.
- Support or lead advocacy for policy changes to create an enabling environment for legal aid and support survivors of GBV. This can include advocating for changes in policies and laws that promote gender equality and protect survivors' rights.

Listen

✓ **DO:**

- Before playing the episode, make sure everyone is sitting comfortably in a circle.
- Remind the group to listen quietly so everyone can hear.
- Play Episode 11 and listen together as a group.
- When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?

? **ASK:** What is the purpose of dignity kits?

- Dignity kits can be used in the context of GBV programming in several ways:
- As an entry point to begin working with women to identify GBV risks in the community.
- As an income-generating activity for women and girls affected by crisis who can make the items in a dignity kit.
- To provide an opportunity to raise awareness and encourage communities to engage in discussions on important topics, such as preventing and responding to GBV.
- To use the exercise to also share information on where women can access GBV services.

- To reach women at risk, including GBV survivors and pregnant and lactating women, and to ensure women know where and how to access available services.

? ASK: Why are dignity kits important to women and girls?

- In times of crisis, women and girls often struggle to meet essential material needs. They lack items that enhance their safety, facilitate basic hygiene, enable access to humanitarian services, and promote their mobility and presence in public spaces. Women and girls need basic items to interact comfortably in public and maintain personal hygiene, particularly menstrual hygiene.
- By providing essential supplies in dignity kits, humanitarian actors can help enable women and girls to use their limited resources to purchase other critical items, such as food.
- Without access to culturally appropriate clothing and hygiene products, women and adolescent girls are at greater risk of GBV, their health becomes compromised, their mobility is restricted, and they may become increasingly isolated. Preserving dignity is essential to maintaining self-esteem and confidence, which are critical to protection and coping in stressful humanitarian situations.

? ASK: What type of items are typically included in a dignity kit?

- Menstrual hygiene materials, soap, underwear, basic clothing items, and information on available GBV services, including where and how to access those services. Dignity kits may also include items that may help mitigate GBV risks such as radios, whistles, and lights.

- GBV responders should identify items that may be produced by women locally to provide psychosocial support and an income-generating activity. Organize local women and girls, women's or girls' groups, or women's organizations and networks to assemble the dignity kits and support distribution.

? ASK: What questions could you ask women and girls to determine from their perspective what should be included in dignity kits?

- What are the basic hygiene products that you need to stay clean and healthy?
- Do you have what you need to wash your body? (If not, what would be useful?)
- Do you have what you need to wash clothes? (If not, what would be useful?)
- What kinds of items would help you to move around more freely and spend time outside your shelter?
- Do you need any specific clothing items to conduct your daily tasks?
- Are there items that you need to help you stay safe or access information, aid, and services?
- Is there any other item you need for your daily life here (in the camp, shelter, etc.)?
- What items do you miss from home that would provide comfort if you had them?
- What types of menstrual hygiene materials do you usually use during menstruation? If the answer to the question is reusable cloth, also ask: Do you have safe access to water to wash the cloth?
- In what type of bag/package should the dignity kit be provided?

? ASK: How do you decide when and how to distribute dignity kits?

- Consult with women and girls to inform dignity kit content selection, including identifying the menstrual hygiene management practices women and girls prefer.
- Use assessment information related to women and girls most at risk of GBV to guide the distribution of dignity kits.
- Assess the context and security risks to determine the best channels for dignity kit distribution.
- Coordinate effective distribution of kits by:
 - Determining, in partnership with women and girls in the affected community, the best timing, location, and process of distribution to decrease the risk of GBV.
 - Providing information prior to distribution (e.g., what, when, where, how) so women and adolescent girls are aware that the dignity kits will be available and are able to safely and comfortably collect or receive them.
 - Organizing the distribution in an appropriate place and time so that women and girls do not miss other distributions. Avoiding locations that are a long distance from shelters as this may increase GBV risks.
 - Partnering with local organizations and networks.
 - Provide stipends to women from the affected community to distribute the dignity kits. They should be able to explain the dignity kit contents using local language and terminology, share information on local health services, explain how to dispose of menstrual hygiene materials with the least environmental impact, and provide other critical information (e.g., awareness-raising on rights and hygiene issues, additional services).

- Select a security focal point for the distribution and ensure that distribution personnel know the available referral pathways and services so they can provide information and assist GBV survivors if necessary.
- Require all dignity kit assembly and distribution staff to sign a code of conduct.
- Conduct post-distribution monitoring to assess satisfaction with distributed items and determine whether any additional risks were created because of the distribution.

? ASK: How can cash assistance be lifesaving?

- It can help a survivor meet the costs (e.g., rent, temporary shelter, transportation, food, clothing) associated with fleeing an abusive relationship. The flexibility of cash transfers can enable a timely response to meet urgent needs. When a GBV survivor discloses an imminent risk of violence, cash can support risk mitigation and the prevention of violence. As such, cash can be both a risk mitigation modality and a component of survivor-centered GBV case management services in humanitarian settings. In situations where core GBV response services (e.g., health or legal services) have associated costs and/or are not available free of charge, cash transfers can facilitate access and support recovery.
- The possible risks associated with cash distribution should be assessed with input from women and girls, and the necessary mitigation measures put in place.

Wrap-Up

✓ DO: Summarize key points from the session:

- The distribution of kits is an opportunity to meet and speak with women and girls, provide necessary information, and better understand their concerns. Therefore, dignity kit distribution should not be a stand-alone activity, but accompanied by explanations of the items and their disposal, and by discussions about safety, information on services, and awareness-raising on rights and hygiene issues.
- The exception to this is when dignity kit distribution is undertaken as an acute emergency response activity—for example, in the first three days of an emergency. In general, dignity kit provision should serve as an entry point for broader GBV programming and response services.
- In addition to dignity kits, there is evidence that cash and voucher assistance (CVA), when used as part of a broader protection intervention, may help address a range of commodity-based needs, particularly in urban settings where markets and banking systems are in place.
- The ways in which CVA can facilitate access and reduce risks are contextual and a participatory assessment is needed before implementation. It is critical to engage with women and girls of different ages, women and girls living with disabilities, and women and girls with other diverse characteristics in early and regular consultations to feed into intervention design and adaptations.
- Routine monitoring is vital to identify and address issues that arise or were missed in the initial assessment. Create and make available multiple passive and active feedback mechanisms preferred

by women and girls to provide feedback on what is or is not working.

- Risk analysis and feedback loops are clear and necessary steps towards utilizing CVA. Because CVA can potentially create or increase existing risks, it is important to assess potential risks, benefits, mitigation strategies, and the feasibility of different assistance approaches based on the context. Information on how to best use the resources distributed should accompany CVA.
- Further learning and guidance are required on the protection outcomes of cash for women and girls. Some research has suggested that women within households who received cash experienced negative protection outcomes and increases in violence.
- Risks of sexual exploitation and abuse must also be mitigated through the design of CVA interventions. These concerns underscore the need for humanitarian actors to consult with women and girls regarding appropriate risk mitigation measures before choosing to deliver cash or vouchers rather than providing material assistance.

Take-Home Activity

💬 SAY: Think about the systems you have in place for risk assessment, analysis, and monitoring of dignity kits distribution or cash and voucher assistance.

✓ DO: Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

Standard 12: Economic Empowerment and Livelihoods

Episode 12 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 12: Economic Empowerment and Livelihoods.
- ✓ Participants can explain why economic empowerment is important for women and girls.
- ✓ Participants can list women's and girls' barriers to economic empowerment and livelihoods programming.
- ✓ Participants can identify key considerations for women's and girls' participation in economic empowerment and livelihoods programming.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

- ✓ **DO:** Warmly welcome participants to the space and thank them for joining.
- ? **ASK:** Ask participants to share reflections on their take-home activity.
 - What systems are in place in your or our organization for risk analysis and monitoring of dignity kits and cash and voucher assistance?
 - Formal risk assessment mechanism prior to dignity kit and CVA distribution.
 - Regular feedback from women and girls on the assessment of their protection concerns before, during, and after dignity kits and CVA distribution.
 - Structured and anonymous feedback mechanisms.
 - Routine monitoring and evaluation.

Listen

- ✓ **DO:**
 - Before playing the episode, make sure everyone is sitting comfortably in a circle.
 - Remind the group to listen quietly so everyone can hear.
 - Play Episode 12 and listen together as a group.
 - When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

- ? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?
- ? **ASK:** Why is economic empowerment important to women and girls?
 - Supporting women's and adolescent girls' access to and control over economic resources can be an effective means to enhance resilience, reduce vulnerability, mitigate the risk of GBV in emergencies, and help ensure that the needs of women, girls, and their families are met. Access to education, vocational training, and skills development can promote self-sufficiency, empowerment, and resilience. Economic empowerment programs also can help shift negative gender and social norms that confine women to the domestic sphere, build women's agency and participation in public life, and enhance the economic, physical, and psychological well-being of individuals, families, and communities.
 - Participation in well-planned, targeted livelihood interventions can lead to an increase in women's and girls' access to resources, opportunities, and decision-making power, and can, over time, also contribute to changing social, cultural, and gender norms. In addition to helping to meet immediate basic needs, livelihood interventions can improve the future prospects of women and adolescent girls and change the way the community treats them when their contribution to economic security is recognized.

- ? **ASK:** What does "livelihoods" mean?

- Livelihoods refers to the capabilities, assets, and strategies that people use to make a living. Livelihood programming encompasses a variety of activities, including but not limited to asset restoration (e.g., livestock and tools, access and/or tenure over land), training and placement programs, building in-camp economies, income-generating activities, and village savings and loans associations.

- ? **ASK:** What are some barriers for women and girls to economic empowerment and livelihoods?

- Women, adolescent girls, and other at-risk groups face particular obstacles related to gender power dynamics and harmful social and cultural norms.
- Economic empowerment and livelihoods activities may not be designed to accommodate diverse women and girls, including women and girls with disabilities.
- Stigma and discrimination may also exclude women from economic opportunities.
- A lack of safe livelihoods opportunities for women not only increases economic dependence on men but can also increase risks of violence.
- At the same time, women and girls earning an income may be seen as a threat to existing power structures, which could lead to violence from the family, including intimate partners and community members.

- ? **ASK:** What are key considerations for women's and girls' participation in economic empowerment and livelihoods programming?

- Take gender and cultural norms into account to reduce the risk of backlash and heightened risk of violence against women and girls.

- Consider a range of economic empowerment and livelihoods activities that include diverse women and girls from the outset, including women and girls with disabilities.
- Engage the community, including male household members, to support women's participation in livelihoods programming as an important step to mitigate risk.
- Do not make GBV survivors the sole participants of a specific livelihood program, as this can increase stigma and compromise confidentiality, safety, and security.
- Do not exclude women and adolescent girls from economic activities because of potential risks, but rather engage them directly in designing programs that address and mitigate these risks.
- Apply a "do no harm" approach to reduce the possibility that livelihood programs exacerbate protection risks for women and adolescent girls, or isolate or further stigmatize GBV survivors.

? ASK: What are some things that livelihood programming for women and older adolescent girls should not do?

- Reinforce women's traditional roles.
- Add burdens by increasing workloads without exploring ways of addressing the gender dynamics to alleviate this—for example, by reducing some of the other roles women undertake at the household level or enabling them to pay for some roles.
- Fuel conflict and violence within the household or community. When women are engaged in economic empowerment and earn an income, this is seen as changing gender norms and/or shifting the balance of control over assets between men and women.

Projects should aim to add a component that allows for discussions on gender dynamics, especially at the household level, by engaging male heads of households in gender discussions to mitigate against violence because of the economic activities.

- Support only women and girls without disabilities. Economic activities should be designed to ensure diverse women and girls, including those with disabilities, can safely access.
- ? ASK:** What is important to understand in designing livelihoods programs in emergencies?
- Understand the context in the design process.
- Understand and identify safe, market-based opportunities for women and older adolescent girls from diverse groups.
- Address unpaid work across livelihood programming, which may include support for childcare.
- Mitigate negative consequences.

Wrap-Up

✓ DO: Summarize key points from the session:

- Any program intervention that could lead to disclosures of violence from women and girls or increase women's and girls' risk of violence must first ensure GBV responses services are available in the community.
- Livelihood interventions must consider risks to women and older adolescent girls before, during, and after the program to mitigate potential harm to participants. It is important to apply a "do no harm" approach to reduce the possibility that livelihood programs further exacerbate protection risks for

women and adolescent girls, or isolate or further stigmatize GBV survivors.

- Economic empowerment and livelihoods programs should consider diverse women and girls, including women and girls with disabilities.
- Introducing livelihood programs in humanitarian contexts without taking gender and
- cultural norms into account can create a backlash and heighten the risk of violence against women and girls.
- Engaging male and female decision-makers and community members can mitigate backlash by facilitating wider community understanding and support for women's participation in livelihood programming is an important step to mitigate risk.
- GBV programs should actively monitor both positive and negative unintended consequences of programming—for example, by visiting a small number of program participants every few months to ask about any unexpected outcomes of their participation in the program or any other feedback they would like to share.

Take-Home Activity

💬 SAY: Think about examples of strategies you can use to mitigate negative consequences and risk to violence of women and girls from participating in economic empowerment and livelihoods programming.

✓ DO: Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

MEETING SESSION 14

Standard 13: Transforming Systems and Social Norms

Episode 13 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 13: Transforming Systems and Social Norms.
- ✓ Participants can define a “social norm.”
- ✓ Participants can reflect on their current programming or role to promote positive gender and social norms in their setting.
- ✓ Participants can explain accountability to women and girls in transforming systems and social norms.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

✓ **DO:** Warmly welcome participants to the space and thank them for joining.

? **ASK:** Ask participants to share reflections on their take-home activity.

- What three strategies did you come up with to mitigate risk for economic empowerment and livelihoods programming?
 - Involve diverse women and girls in the design of the economic empowerment and livelihoods programming from the start.
 - Create an anonymous feedback mechanism for women and girls participating in this program.
 - Include risk assessment questions in routine monitoring and evaluation.
 - Assure any market assessments reflect on risk and gender and social norms particular to women and girls.
 - Engage male heads of households and community leaders in understanding and supporting women's livelihood activities.

Listen

✓ **DO:**

- Before playing the episode, make sure everyone is sitting comfortably in a circle.
- Remind the group to listen quietly so everyone can hear.
- Play Episode 13 and listen together as a group.
- When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?

? **ASK:** What is a “social norm”?

- A social norm is a shared belief about what behavior is typical, normal, appropriate, and expected in a group. Social norms are generally maintained by social approval or disapproval.

💬 **SAY:** Social norms and systemic change interventions should only be implemented when basic GBV response services are functional. Programming that does NOT promote positive gender and social norms—such as shared control of resources and decision-making—reinforces harmful stereotypes or compounds risks to women and girls. A GBV prevention strategy is incomplete and unsafe unless it includes specific measures and resources to support women and girls, including survivors, to recover and build support and solidarity. Transformative programming must be undertaken carefully and requires gauging community openness before engaging in conversations on deep-rooted issues.

? **ASK:** What does transformative GBV programming do?

- Shifts social expectations, not just individual attitudes.
- Publicizes the changes.
- Catalyzes and reinforces new norms and behaviors.
- Recognizes the importance of increasing women's agency, widening women's spaces to act, and engaging with and transforming the systems that maintain inequality.

- Assumes cultural diversity—NOT consensus—and identifies allies and opinion leaders who can promote positive shifts to prevent GBV.
- Listens to and centers the voices of women and girls.

? **ASK:**

- Does your current programming or role promote positive gender and social norms? How?
- Is your prevention strategy “safe” for women and girls? Why or why not?
- Does your prevention strategy include specific measures and resources to support women and girls toward recovery and support and solidarity?


? **ASK:** In your setting, what does (or could) it look like to mobilize community members (women, adolescent girls, adolescent boys, and men) committed to gender equality, inclusive of marginalized groups, to act as community activists?


? **ASK:** GBV prevention requires working along a spectrum, from immediate risk mitigation in the acute stage of the emergency (see Standard 9: Safety and Risk Mitigation) to longer-term social norms and systemic change. What are the different approaches of prevention work?

- Risk mitigation: Aims to reduce the risk of exposure to GBV through all aspects of service provision; focuses primarily on addressing “contributing factors” to GBV that might expose women and girls to increased risk of violence. Sample interventions may include designing camps and other temporary structures to mitigate GBV risk (e.g., appropriate lighting, location of bathrooms).
- Primary prevention: Strategies that focus on preventing GBV before it occurs by tackling its root cause—gender inequality. Approaches focus on

behavior modification and attitudinal change and require long-term resources. A GBV prevention strategy is incomplete and unsafe unless it includes specific measures and resources to support women and girls, including survivors, to recover and build support and solidarity.

- Secondary prevention: Secondary prevention includes strategies that focus on response for survivors and consequences for perpetrators. This includes addressing the consequences of various forms of violence, mitigating the harm this violence can cause, and taking steps to prevent the violence from happening again. Sample interventions may include ongoing psychosocial or mental health support, access to health care, and treatment for injury.
- Tertiary prevention: Tertiary prevention includes actions that focus on the long-term impact of violence when untreated. Sample interventions may include legal support, shelter, and so on.


 **SAY:** Accountability to women and girls when working with men and boys is critical to ethical and effective GBV programming and to securing women's and girls' full and equal rights.

 **ASK:** Within the context of male engagement efforts, what does accountability mean?

- Promoting and ensuring women's and girls' leadership in work on GBV.
- Listening to the demands and advice of diverse women and girls when undertaking male engagement efforts.
- Recognizing the existing gender hierarchy and striving to transform a system of inequality from which men benefit.

- Working at both individual and structural levels to change personal behavior while transforming patriarchal systems.
- Ensuring that male involvement efforts demonstrably empower women and girls and honor women's leadership.
- Examining funding decisions to ensure that gender hierarchies are not inadvertently reproduced.

Wrap-Up

 **DO:** Summarize key points from the session:


- Transforming norms and systems that perpetuate gender inequality can have a tangible impact on women's and girls' health, safety, and security. It is possible to promote women's and girls' participation and create opportunities for increased decision-making from the start of the emergency.
- Ensure that staff and volunteers working on prevention programming are aware of how to safely refer GBV survivors who disclose GBV during community outreach activities and wish to access support services.
- GBV is rooted in unequal power relationships between women and men that are replicated across different levels of society, from individual expectations and attitudes to social norms, policies, and legal frameworks and systems (see Introduction). The root causes of GBV relate to the "attitudes, beliefs, norms and structures that promote and/or condone gender-based discrimination and unequal power."⁵ Often,


⁵ Inter-Agency Standing Committee. "Guidelines: Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery," pp. 9-10, August 2015.

discriminatory social and gender norms make up the underlying causes of exclusion, violations, and denial of rights. Therefore, promoting positive social norms can prevent GBV by challenging the norms that support violence and a culture of impunity. It can also improve the response to GBV by reducing victim blaming and social stigma that survivors experience and by promoting help-seeking behaviors.

- The primary outcome of GBV prevention programming remains the improved safety and equality of women and girls. Without accountability, GBV program actors will not know if interventions endanger women and girls or make them safer. Approaches that fail to center women and girls may reproduce the dynamics of patriarchy, where women and girls are not agents of their own well-being, and men's concerns and priorities overshadow those of women and girls. Such approaches may regress rather than enhance women's status and agency.
- Prevention work, like all GBV programming, needs to take an intersectional approach considering how women and girls in their diversity (e.g., age, ethnic origins, language use, with and without disabilities, of diverse sexual orientation and gender identity, etc.) may experience GBV risk differently. This analysis should be applied to the design of prevention programming.

Take-Home Activity

 **SAY:** Is your organization engaging in GBV prevention work? Consider 2-3 strategies that have been working well and those that have not worked well.

 **DO:** Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

Standard 14: Collection and Use of Survivor Data

Episode 14 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 14: Collection and Use of Survivor Data.
- ✓ Participants can describe the purpose of data collection.
- ✓ Participants can list the five general activities involved in managing survivor data.
- ✓ Participants can describe why informed consent is important in the collection and use of survivor data.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

✓ **DO:** Warmly welcome participants to the space and thank them for joining.

? **ASK:** Ask participants to share reflections on their take-home activity.

- What prevention strategies have been working well for you and where have you had challenges?

Listen

✓ **DO:**

- Before playing the episode, make sure everyone is sitting comfortably in a circle.
- Remind the group to listen quietly so everyone can hear.
- Play Episode 14 and listen together as a group.
- When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?

? **ASK:** What is the primary purpose of data collection?

- To support the quality of service delivery by providing a source of record-keeping for caseworkers with multiple cases

- To enable supervisors to assess the quality of care, check progress, and ensure continuity of services.

- To help us understand who we are reaching and where the gaps are in service provision.

? **ASK:** What are the minimum requirements for GBV survivor data management?

- Services (e.g., health or psychosocial support) must be available to GBV survivors if data are to be gathered from them.
- Survivor or incident data must be collected in a way that limits identification and, if shared for analytical or reporting purposes, must be non-identifiable.
- Survivor or incident data can only be shared with the informed consent of the client.
- Identifiable case information (e.g., referral forms or, in situations of a case transfer, relevant portions of the case file) is only shared within the context of a referral and with the consent of the survivor.
- Client data must always be protected and only shared with those who are authorized.
- Before data is shared, an agreement must be established in collaboration with service providers to determine how data will be shared, protected, used, and for what purpose.

? **ASK:** Why is informed consent so important?

- Survivors have the right to know what data is being collected and what will be done with the information collected. Data should only be collected with survivors' informed consent. Service providers must always assess whether the benefits of data collection outweigh the risks.

- Informed Assent: Under international law, children below the age of 18 are not eligible to give consent. Children can only provide "informed assent," defined as: "The expressed willingness to participate in services."⁶

- For younger children, who are, by definition, too young to give informed consent but old enough to understand and agree to participate in services, the child's "informed assent" is sought.

? **ASK:** What are the five general activities involved in managing survivor data?

- Data Collection: The process by which survivor data are gathered or obtained.
- Informed Consent: Survivors have the right to know what data are being collected and what will be done with them. Data should only be collected with survivors' informed consent.
- Data Storage: All data must be stored safely and confidentially, whether in paper or electronic form.
- Data Analysis: Allows organizations to understand the data collected, extract meaning from it, and draw informed conclusions to strengthen GBV programming.
- Data Sharing: Occurs when survivor data are shared with or accessed by a source other than the one that collected it. There are two types of data sharing: (1) identifiable individual-level data that are shared for referrals to other services and (2) non-identifiable, aggregate-level data that are shared for producing compiled reports to inform programming and advocacy.

⁶ IRC, UNICEF. "Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings," p16, 2012.

? ASK: What is one thing we need to be aware of when interpreting survivor data?

- There are many limitations in interpreting survivor data in isolation from other data. In order to obtain a more representative understanding of the GBV situation in each context, other sources of information must be included in the analysis.

? ASK: What's the danger in sharing survivor information such as GBV case numbers?

- If the information is regarding an individual, it could be used to identify the survivor and could put her at risk of harm, retaliation, or stigma. It will also risk the reputation of the program if survivors cannot trust service providers to uphold confidentiality.
- It is not recommended to report GBV case numbers, as these can be easily misinterpreted, and doing so can compromise confidentiality, particularly in situations where numbers of cases or service providers are low. Moreover, this information is not useful and can be misleading as it undermines the extent to which GBV is happening. Trend data, such as data generated by the GBV information management system (IMS) (see Guidance Note 2)⁷, allow for more informed decision-making based on patterns over time. Trend data are also more helpful for informing decision-making on programming and advocacy than raw numbers, which are not reliable.

? ASK: What systems are used in your setting to manage survivor case management data?

- The sensitivity of GBV information requires that clear guidelines and information-sharing agreements are in place to ensure that safe and ethical data-sharing

can take place among organizations. These agreements, referred to as information-sharing protocols (ISP), involve sharing aggregate-level non-identifiable data. GBV program actors should not be pressured to share data outside of the information-sharing protocol or other interagency protocols, as these protocols are in place to protect survivors' safety and confidentiality and to promote the trust of survivors and the wider community in service provision.

? ASK: Is there an information-sharing protocol in place in your setting to help regulate the sharing of aggregate GBV data?

Wrap-Up

✓ DO: Summarize key points from the session:

- The primary purpose of data collection is to support the quality of service delivery. Service provision, including survivors' immediate well-being, comes first. Data collection is a secondary priority that supports service provision.
- The sensitive nature of survivor data and the potential harm that can result from misuse make it necessary for service providers to store data in a manner that maximizes protection for the survivor, the community, and those collecting the data.
- Data should only be collected with survivors' informed consent. Service providers must always assess whether the benefits of data collection outweigh the risks.

- At the individual level, identifiable information on survivors may be shared with their informed consent for referrals among service providers. Forms and protocols should be in place at the organization and inter-agency level (i.e., GBV sub-cluster or working group standard operating procedures) to ensure that referrals are made safely and confidentially.
- The sensitivity of GBV information requires that clear guidelines and information-sharing agreements are in place to ensure that safe and ethical data sharing can take place among organizations. These agreements, referred to as information-sharing protocols, involve sharing aggregate-level non-identifiable data.

Take-Home Activity

💬 SAY: Think about the challenges you have encountered when conducting GBV data collection and how you overcame the challenges?

✓ DO: Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

⁷ Gender-Based Violence Area of Responsibility. "The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming," p.111, UNICEF, 2019.

Standard 15: GBV Coordination

Episode 15 of the GBV Minimum Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 15: GBV Coordination.
- ✓ Participants can explain why coordination is critical to GBV programming.
- ✓ Participants can list the six core functions of a GBV coordination group.
- ✓ Participants can identify local actors that are part of coordination forums in their contexts.

Materials

- Device to play the episode;
- Speaker (if needed)



Start

- ✓ **DO:** Warmly welcome participants to the space and thank them for joining.
- ? **ASK:** Ask participants to share reflections on their take-home activity.
 - What challenges have you identified in collecting GBV data and how have you overcome them?
 - Lack of an organized system.
 - Manual analysis of data.
 - No collection of consent.
 - Manual analysis.
 - Over-sharing of data.

Listen

- ✓ **DO:**
 - Before playing the episode, make sure everyone is sitting comfortably in a circle.
 - Remind the group to listen quietly so everyone can hear.
 - Play Episode 15 and listen together as a group.
 - When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

- ? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?
- ? **ASK:** GBV coordination meetings are supposed to be facilitated in an accessible and accountable manner to support meaningful participation of diverse GBV program actors, including local and national organizations and government entities. How are the coordination meetings organized in your setting?
- ? **ASK:** Why is coordination so critical to GBV programming?
 - Facilitates service delivery to ensure accessible, safe, quality services are prioritized and available to survivors through strategic planning.
 - Promotes a common understanding of GBV issues among key humanitarian actors.
 - Identifies and addresses capacity and service delivery gaps and avoids duplication.
 - Identifies concerns and advocacy on behalf of the coordination group, members, and affected people.
 - Upholds accountability by promoting adherence to core guidelines and standards, including the GBV minimum standards, GBV guiding principles, accountability to affected populations, and do no harm.
 - Facilitates information-sharing and best practices.
 - Creates contingency plans and improves preparedness to respond to GBV in emergencies.
 - Secures sufficient funding to support GBV-specialized programming.

- Improves the accuracy of monitoring and assessment data for a more effective, contextualized response.
- Promotes appropriate attention to mitigation of GBV across sectors and actors in line with the IASC GBV guidelines.
- ? **ASK:** What are the six core functions of a GBV coordination group?
 - To support service delivery.
 - To inform strategic decision-making by the Humanitarian Coordinator/ Humanitarian Country Team/ Refugee Coordinator, the government, or other key actors.
 - To plan and implement the sub-cluster or sector strategy.
 - To monitor and evaluate performance.
 - To build national capacity in preparedness and contingency planning.
 - To support robust advocacy.

Optional Questions⁸

? **ASK:** What actions or interventions have you carried out in relation to these six core functions?

1 To support service delivery by:

- Providing a platform that ensures service delivery is driven by the Humanitarian/ Refugee Response Plan and strategic priorities.
- Developing mechanisms to eliminate duplication of service delivery.

2 To inform strategic decision-making by the Humanitarian Coordinator/ Humanitarian Country Team/ Refugee Coordinator by:

- Preparing needs assessments and gap analyses to inform priority-setting.
- Identifying and finding solutions for (emerging) gaps, obstacles, duplication, and cross-cutting issues.
- Formulating priorities based on analysis.

3 To plan and implement the sub-cluster or sector strategy by:

- Developing a GBV sectoral plan, objectives, and indicators that directly support realization of the overall response's strategic objectives.
- Applying and adhering to common standards and guidelines.
- Clarifying funding requirements, helping to set priorities, and agreeing on sub-cluster or sector contributions in overall humanitarian funding

proposals by the Humanitarian Coordinator/ Humanitarian Country Team/ Refugee Coordinator.

4 To monitor and evaluate performance by:

- Monitoring and reporting on activities and needs.
- Measuring progress against the sub-cluster or sector strategy and agreed results.
- Recommending corrective action where necessary.

5 To build national capacity in preparedness and contingency planning.

6 To support robust advocacy by:

- Identifying concerns and contributing key information for messaging and action by the Humanitarian Coordinator/ Humanitarian Country Team.
- Undertaking advocacy on behalf of the cluster or sector, its members, and affected people.

? **ASK:** What is the role of the GBV Area of Responsibility (AoR)?

- The GBV AoR leads GBV coordination within the Global Protection Cluster. UNFPA (UN Population Fund) is the IASC-mandated AoR lead.
- The GBV AoR aims to develop effective and inclusive protection mechanisms that promote a coherent, comprehensive, and coordinated approach to GBV prevention and response at the field level.
- At the country level, UNFPA co-chairs and manages, with an NGO or government co-lead, an interagency forum (GBV sub-cluster or working group) that

supports information-sharing and joint action to address GBV risks and programming gaps.

? **ASK:** What does GBV coordination look like at the global level?

- At the global level, GBV coordination is led by the GBV AoR, headed by UNFPA, within the Global Protection Cluster.
- In refugee contexts, UNHCR (UN Refugee Agency) provides coordination and leadership structured around sectors and working groups based on its Refugee Coordination Model.
- In some contexts, formal "cluster" systems are active. In other contexts, a cluster approach may be adapted and can be led through national systems or other forms of international coordination. The cluster approach may coexist with other forms of national or international coordination.

? **ASK:** What are the roles of the GBV coordination group?

- The GBV coordination group is responsible for setting the standard for ethical, safe, and effective programming in each setting.
- All activities of the GBV coordination body should reflect humanitarian and GBV guiding principles.
- The personal biases or attitudes of coordination partners must not compromise the GBV guiding principles, and all partners must take a unified approach in implementing programming.

⁸ The optional questions can benefit groups or participants who would like to learn more about the GBV sub-cluster, sector, or working group, if they exist and are relevant to the local context.

? ASK: The involvement and participation of women's rights organizations, including women-focused and -led organizations and feminist movements is a core principle for humanitarian action. How many local actors are part of coordination forums in your contexts? Do they represent different diverse groups of women and girls?

? ASK: What does the PSEA network look like in your setting?

Wrap-Up

✓ DO: Summarize key points from the session:

- Good coordination promotes a common understanding of GBV issues among key humanitarian actors, upholds the GBV minimum standards, monitors adherence to the GBV guiding principles, facilitates information-sharing and best practice, and promotes timely action to prevent and respond to GBV.
- The primary goals of GBV coordination are to:
 - Ensure accessible, safe, quality services are prioritized and available to survivors through strategic planning.
 - Promote appropriate attention to the prevention of GBV across sectors and actors in line with the IASC GBV guidelines.
 - Secure sufficient funding to support GBV-specialized programming.
- A key coordination task for GBV coordination group members is to engage regularly with women and girls to monitor their understanding of access points in the referral pathway and any harmful unintended consequences (e.g., breaches of the GBV guiding principles of confidentiality, safety, respect, and non-discrimination).

- Coordination can, and should, happen at all levels—formal to informal, local to regional, and national to international.
- Formal coordination mechanisms and communication channels are important and should be used to inform assessments, activities, and plans developed by the GBV coordination group so that there is a common understanding and to coordinate gaps in programming across the system.
- Even where formal coordination groups do not exist, “coordination” can and should still happen. Organizations or agencies in the same area can still meet bilaterally or convene meetings amongst each other.
- Coordination systems can support actors to understand what is happening and where, where the gaps are, and where your organization can intervene most effectively. They can also help to avoid duplicating efforts. Importantly, coordination systems are a good forum for raising issues that you want other organizations or coordination groups to address—for example, when organizations are not responding to the needs of women and girls, or there is a lack of responsiveness to gaps in risk mitigation interventions that increase risk of GBV for women and girls.
- It is critical that GBV coordination forums include a range of GBV program actors. The involvement and participation of local actors is a core principle for humanitarian action and is essential for assessing whether humanitarian assistance and protection are timely, relevant, and accountable to women, girls, and other community members. Local organizations not only bring significant expertise in the local context but may also reflect the critical voices and perspectives of women and girls.

Take-Home Activity

💬 SAY: Think about how GBV coordination works in your context.

✓ DO: Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

Standard 16: Assessment, Monitoring, and Evaluation

Episode 16 of the GBV Minimum
Standards Podcast Mini-Series

Session Objectives

- ✓ Learn about Standard 16: Assessment, Monitoring, and Evaluation.
- ✓ Participants can list the risks related to GBV data collection.
- ✓ Participants can define “monitoring” and “evaluation.”

Materials

- Device to play the episode;
- Speaker (if needed)



Start

- ✓ **DO:** Warmly welcome participants to the space and thank them for joining.
- ? **ASK:** Ask participants to share reflections on their take-home activity.
- Can you share some examples of GBV coordination activities or processes happening in your context?

Listen

- ✓ **DO:**
 - Before playing the episode, make sure everyone is sitting comfortably in a circle.
 - Remind the group to listen quietly so everyone can hear.
 - Play Episode 16 and listen together as a group.
 - When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

(choose 3-5 questions to discuss as a group)

- ? **ASK:** Thinking through everything you heard in the program, what do you think this episode was about?
- ? **ASK:** What are the risks with GBV data collection in humanitarian settings?
 - Potential to cause harm to beneficiaries, including creating safety risks for survivors and other women and girls.

- Shortage of qualified, female enumerators or data collectors.
- Stigma facing survivors who report GBV incidents.
- Insecurity, including the risk of retaliation by perpetrators or the community.
- Impunity of perpetrators.
- Lack of harmonized GBV-related data collection tools and data collection methods.
- Lack of or weak data-protection mechanisms to ensure the safety, security, confidentiality, and anonymity of case information.
- Lack of service infrastructure.
- Lack of effective and quality case management services for GBV survivors.
- Limitations on the mobility of typically marginalized segments of the female population (e.g., older women, adolescent girls, women and girls with disabilities).
- Restricted humanitarian access by the affected population, especially women and girls.
- Limited time to establish trust and rapport with affected populations.
- Difficulty establishing adequate interview settings that ensure basic privacy.

- ? **ASK:** What do we mean by monitoring?
 - Monitoring is the systematic and continuous process of collecting, analyzing, and using information to track a program's progress towards reaching its objectives and to guide management decisions.

- ? **ASK:** What do we mean by evaluation?

- Evaluation builds on monitoring data to understand how activities met program objectives. It focuses on comparing the expected and achieved program accomplishments.

- ? **ASK:** How can monitoring and evaluation (M&E) data help programs?

- M&E can help practitioners conceptualize their program goals and strategies, facilitate the development of logic models (e.g., causal pathways and logical frameworks), and clarify how a program expects to create change.
- Routine M&E can also help practitioners to learn about their programs and make changes while programming is still ongoing.

- ? **ASK:** What activities are included in M&E?

- Identify key data points needed to measure program progress.
- Design an efficient system or method to collect data in accordance with ethical standards.
- Collect data safely and ethically.
- Analyze data.
- Share data with the program team.
- Share and analyze data with women, girls, and the broader community.
- Adapt program interventions based on engagement with women and girls and on data analysis.
- Adapt the M&E approach as needed.

? ASK: What is the purpose of an assessment?

- Determines how women and girls are at risk for GBV, which interventions will best address the identified problems (e.g., barriers to accessing services), and whether GBV program actors have the appropriate level of resources and capacity to respond. The purpose of an assessment is never to establish whether GBV is occurring.
- Ensures programs are based on an accurate understanding of the distinct protection risks facing women and girls and of the needs of affected women, girls, boys, and men.
- Facilitates the design of more appropriate responses (e.g., cultural relevance and gender-responsiveness of services) and ensures that protection considerations, including GBV, are factored into the design of programs.
- Helps to ensure GBV interventions are tailored and effective in reaching marginalized women and girls.
- Highlights the opportunities, resources, and strengths within the affected community, to encourage them to actively participate in preparedness and early recovery, and to identify and participate in solutions to improve their own protection.
- Facilitates a smoother transition from preparedness to humanitarian assistance to recovery and development.
- Identifies and improves GBV program actors' understanding of the nature and scope of violence against women and girls, protective and risk factors for violence (e.g., age, minority status, disability), gaps in the quality and scale of available multisectoral services, and whether GBV program actors have the appropriate level of resources and

capacity to respond. Assessments do not aim to identify individuals or groups of survivors or whether GBV is happening.

? ASK: Is an assessment required before implementing GBV programming in an acute emergency?

- An assessment is not required before implementing GBV prevention and response programming in the acute phase of a humanitarian response.

? ASK: What is a participatory approach to learning and accountability?

- Participatory approaches refer to data collection and analysis activities that aim to involve and empower local communities and ensure that the results can be used by and for the affected community. In all methods of collecting data, it is essential to promote and facilitate the participation of all relevant community groups, with a focus on women and girls. Community participation in data collection should be encouraged with caution in situations where this poses potential security risks or increases the risk of GBV.

Wrap-Up

✓ DO: Summarize key points from the session:

- All humanitarian actors should assume that GBV is happening to women and girls and should prioritize appropriate response services and prevention and risk mitigation actions.
- A credible and thoughtful assessment is a highly valuable tool for internal and external advocacy efforts and can increase funding and action to address GBV in emergencies. Good assessments produce good interventions.

- Participatory assessments, when conducted safely and ethically, may also have the effect of opening a safe space for affected populations to talk about GBV and may lead some survivors to disclose an incident of violence. Basic response services should be in place prior to the assessment and the assessment team should be briefed on how to respond to reports of GBV or other protection issues that arise during the assessment, including providing information to survivors on how to access care. The assessment may be an intervention itself.
- GBV survivors should not be sought out or targeted as a specific group during assessments.
- Efforts must be made to safely engage diverse groups of women and girls to ensure their participation in data collection (see Standard 2: Women's and Girls' Participation and Empowerment).

Take-Home Activity

💬 SAY: Please share a couple of examples of how you have planned to ensure the safety of women and girls when conducting data collection activities in your context?

? ASK: How do you want to celebrate the completion of the listening and discussion groups in our next session?

✓ DO: Thank everyone for coming and participating in the session. Remind them of the day and time of the next session.

Celebrate!

Episode 17 of the GBV Minimum Standards Podcast Mini-Series

Session Objectives

- ✓ Celebrate!

Materials

- Device to play the episode;
- Speaker (if needed);
- Any materials for celebration (e.g., sweet treats)

Start

- ✓ **DO:** Warmly welcome participants to the space and thank them for joining.
- ? **ASK:** Ask participants to share reflections on their take-home activity.
 - How have you planned to ensure the safety of women and girls when conducting data collection activities in your context?
 - Provided safe and accessible spaces for data collection in collaboration with women and girls in the community.
 - Assured appropriate security protocols for access to data, such as storage of data, password protection, identification of focal points who can access data.
 - Separated personally identifiable information and data (GBV Information Management System (IMS)/ Primero system).

Listen

- ✓ **DO:**
 - Before playing the episode, make sure everyone is sitting comfortably in a circle.
 - Remind the group to listen quietly so everyone can hear.
 - Play Episode 17 and listen together as a group.
 - When the program is finished, give participants a five-minute break or an energizer before starting the discussion.

Discuss

- ? **ASK:** Thinking through everything you heard in the program, what are your “headline” take-aways from listening to and discussing this series?
- ? **ASK:** What is (or could be) the benefit you have seen in your context when a GBV actor adheres to the GBV minimum standards?

*Choose one additional question from below for discussion:
- ? **ASK:** Are there any standards you want to prioritize to improve your programming and services?
- ? **ASK:** What are some resources or tools that can support you to improve the GBV minimum standards application?

Activity

- ➡ Celebrate!