

# IRC Women's Protection and Empowerment (WPE) Learning Brief

Irish Aid GBV Strategic Partnership  
Violence Prevention and Response Technical Unit



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Cover image:

Asha, Ampiya and Nurta are Somali refugees and participants in Girl Shine sessions in Helowyn camp, Ethiopia. For 15-year-old Asha, the best thing she has learned from Girl Shine is how to protect herself from early marriage, and where to get support if she faces violence.

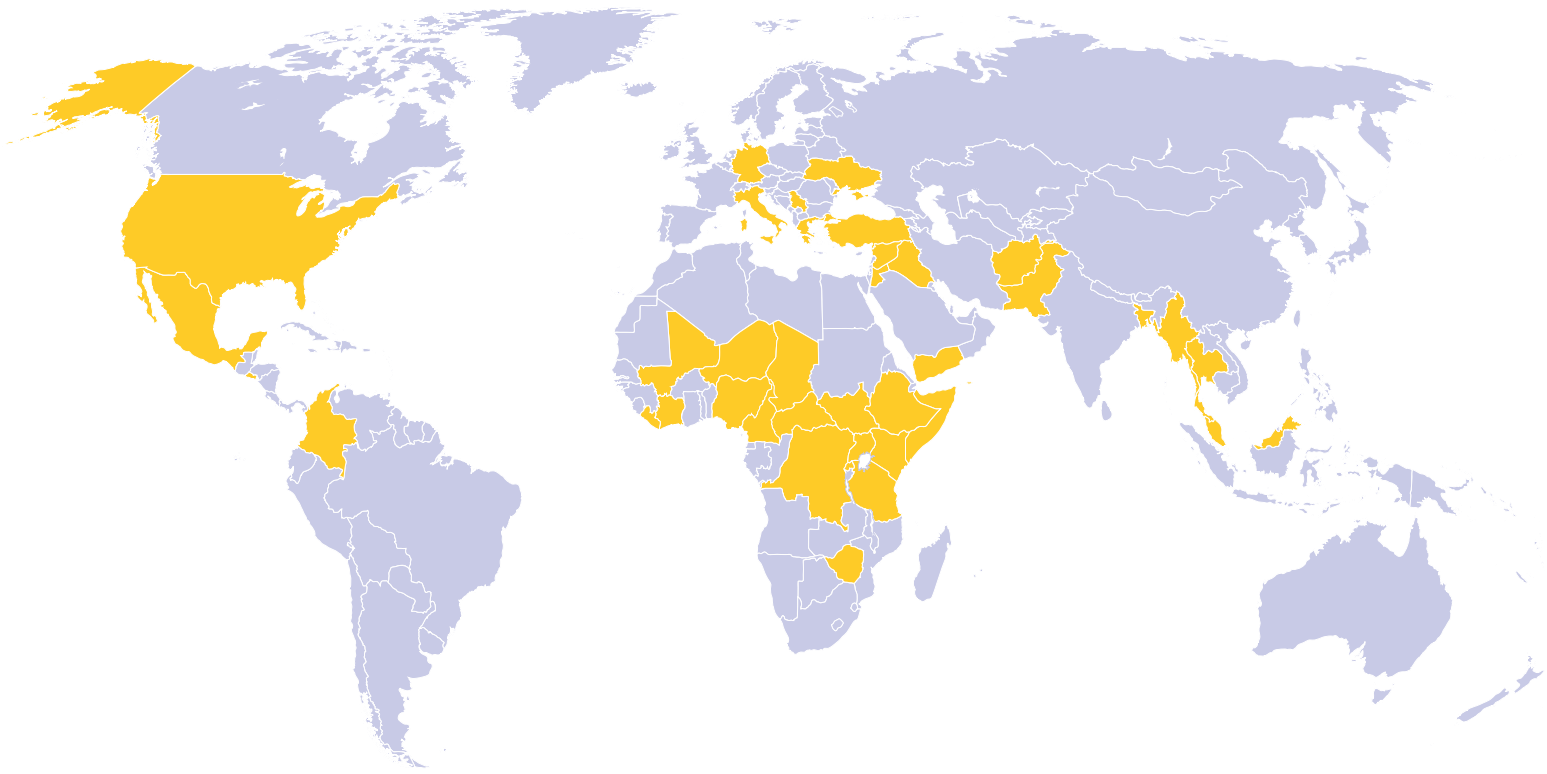
# Introduction

This learning brief was created through the Women’s Protection and Empowerment (WPE) Irish Aid-International Rescue Committee (IRC) GBV Strategic Partnership which focuses on **responding effectively and with accountability to women and girls experiencing gender-based violence (GBV) in humanitarian settings.**

This learning brief shares reflections from the global WPE Learning Forum which was held in Nairobi, Kenya in June 2024. This four-day workshop brought together WPE teams and partners from 38 countries across Asia, the Middle East, Africa, Europe and Latin America.



Figure 1: WPE Learning Forum 2024 design, created by Tizita Tekletsadik, WPE technical advisor for US programmes.



**The IRC's Women's Protection and Empowerment programmes and partners reach women and girls in 45 countries across Asia, Africa, the Middle East, Latin America, Europe and the United States.**

The IRC is grateful to Irish Aid for their continued support of this strategic partnership which began in 2014. The partnership supports a breadth of critically needed WPE activities. These include:

- acute emergency WPE response funds,
- long-term transformative WPE programming in protracted crisis in East Africa,
- WPE policy and advocacy, and
- shared learning spaces between WPE teams across the world.



**Please read our annual Irish Aid funded learning briefs and WPE policy reports to dive deeper into the IRC's WPE work, partners, and advocacy efforts in the strategic partnership since 2014.**

According to the IRC's 2023 annual statistics, WPE programming:

- reached more than 45,000 women and girls through **GBV case management** support.
- enabled 790,000 visits to **Women and Girls Safe Spaces** (WGSS).
- supported more than 37,000 girls who completed **Girl Shine** life skill sessions.
- trained 17,000 individuals on **WPE technical concepts** to strengthen GBV response.
- provided 1.8 million individuals with **community-based GBV response and prevention**.
- reached 230,000 men and women through **SASA!** This evidence-based community mobilisation approach aims to improve knowledge, attitudes and behaviours to prevent violence against women and girls and promote gender equality and non-violence.
- provided 430,000 women and girls with **focused psychological support** through initiatives like Women Rise.

# WPE Learning Forum 2024 highlights

In June 2024, 93 WPE colleagues assembled in Nairobi for a three-day WPE Learning Forum organised by the IRC's Violence Prevention and Response Technical Unit (VPRU) WPE team. The event brought together staff from 38 countries across Asia, Africa, the Middle East, Europe, North and South America. Based on feedback from the previous WPE Learning Forum in 2023 and team priorities identified throughout the year, the forum addressed the following topics: quality case management, GBV case management supervision, GBV outcome scales, cash, scale, and diverse SOGIESC inclusion.

The forum also included a session for regional teams to convene and discuss shared challenges, and it concluded with an additional day-long session for teams implementing the Irish Aid-International Rescue Committee (IRC) GBV Strategic Partnership to reflect on learnings from the three-year partnership. Sessions were led by a mix of global and country programme teams and interpretation throughout the forum was provided in Arabic, English, French and Spanish.



The WPE Learning Forum, Nairobi, June 2024

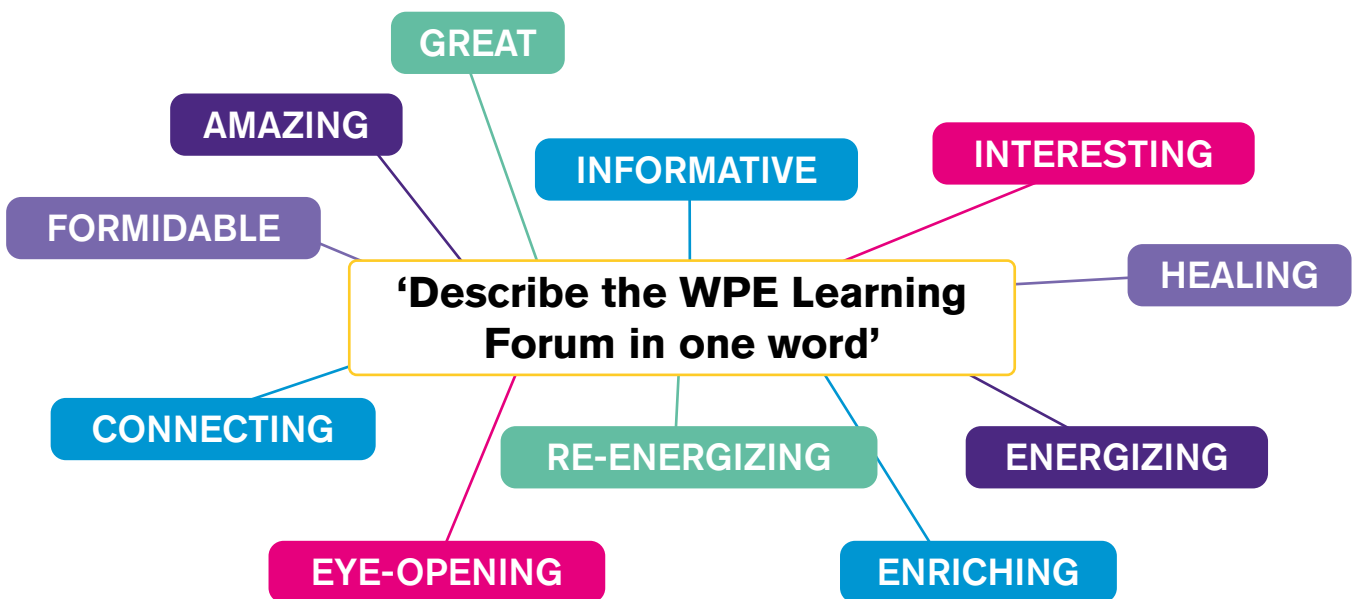
## Feedback on the forum

Participants were asked to reflect on the WPE Learning Forum a few weeks after the event, and 100% of respondents felt the forum had been informative and that they had enjoyed it. 93% reported being able to share their own experiences and learning, and being able to hear about the experiences and learning of their colleagues. 86% of respondents said that they would use what they had learned in their day-to-day work, particularly in terms of strengthening case management and supporting case workers. 57% of respondents indicated that the agenda left enough time for conversations and side meetings with colleagues. This was also reflected in feedback requesting that future forums be four days long, and that regional forums be hosted to enable more contextualised learning and include time for detailed discussions. Additional recommendations for future forums included featuring more partner representation and hearing from beneficiaries.

When asked what they most enjoyed about the forum, respondents said that they appreciated being able to engage with diverse colleagues in person and share their experiences.

*“What I enjoyed most about the 2024 WPE Learning Forum was the rich exchange of experiences and insights from colleagues across different country programmes. It provided a unique opportunity to learn from diverse perspectives and approaches to WPE, which enhanced my understanding of the work we do collectively. Additionally, the forum fostered connections with peers, allowing for deeper collaboration and the sharing of innovative practices. The atmosphere of openness and mutual support made the experience truly engaging and inspiring.”*

WPE Learning Forum participant



WPE Learning Forum participant feedback to the question, 'Describe the WPE Learning Forum in one word'.



Participants during the WPE Learning Forum 2024

## Quality GBV case management

As part of the WPE Learning Forum, teams came together to discuss what makes good quality case management, using role play and case study examples to identify good and bad practices. The session concluded with each country making a commitment to improve their programming based on the GBV inter-agency minimum standards for case management.

WPE teams continuously centred survivors when defining good quality GBV case management, noting that women should be empowered throughout the process to know their rights and make informed decisions.

The importance of safety for survivors and of well-trained staff was also highlighted. Country staff shared reflections of how they effectively provided safe and accessible services in their contexts, such as understanding and meeting minimum standards using safety audits, working with the community to understand challenges and solutions, and coordinating with economic empowerment programmes for more holistic support.



## Case management supervision

Going deeper into good quality case management, participants in the WPE Learning Forum continued to discuss how to provide quality supervision. They presented their own examples of receiving good supervision and exchanged ideas on the importance of case management supervision. When asked to share the qualities of a good supervisor, one participant from Jordan noted that her supervisor was “supportive, an active listener, and always asks us if we have any challenges. [...] She’s always there, provides tips, guidelines, and guidance for all of the team members. She helps us find solutions and appropriate resources.”

***“We talked about the quality of case management – we cannot ensure quality service without supervision. This ensures principles are respected and is essential to ensure quality services.”***

**WPE Learning Forum participant**

The sessions then heard from two WPE country programmes in Venezuela and Nigeria about their experiences and learnings related to supervision. After this, participants broke into small groups and discussed two case studies to further identify best practices. Some of the main best practices that were identified in this session included:

- Conducting a capacity assessment of case workers to understand their needs and challenges and provide appropriate training.
- Adapting your approach to your context. For example, if you are working with local partners, ensure the tools and reporting process are adjusted to reflect the context while maintaining minimum standards.
- Conducting monthly and quarterly case management review meetings and using spot checks to monitor quality and support gaps.
- Promoting self-care among case workers and strengthening positive relationships and collaboration between case workers and supervisors.





The WPE Learning Forum, Nairobi, June 2024

## **GBV case management outcomes**

Ongoing discussions about the GBV Case Management Outcome Scales had identified challenges with both administering and using the scores for decision-making. As a result, a session was held to dive into teams' levels of comfort and knowledge around the outcome scales, and to pinpoint the barriers to their effective use. A survey conducted during the session found that although most staff had heard of the outcome scales, few technical or monitoring, evaluation, accountability and learning (MEAL) staff had been trained on them.

Participants noted that training and guidance on the scales were lacking, with case workers being overwhelmed by the need to contextualise or translate them and opting to use client satisfaction surveys instead as they are a part of

the MEAL system. Particular challenges arose around the guidance to administer the scales during the 4th and 7th sessions. In cases of displacement or emergencies, survivors often do not attend all sessions, and participants shared that the scales felt more like assessments and MEAL requirements rather than an integral step in the case management process. Discussions around changing guidelines to align with individual survivors' case management process – such as once during the assessment phase and once after the action plan has been completed – prompted questions around standardisation.

The session ended with participants working through possible actions to take when analysing outcome scale trends, and how various types of change-over-time scores can be interpreted and acted upon to improve case management.

## Cash

Given the increasing importance of cash and voucher assistance in the sector, a session was held to focus on cash for protection. The purpose of this session was to provide an in-depth understanding of the Programme Implementation Note (PIN) for Cash for Protection and to facilitate a collaborative discussion on the challenges and best practices related to implementing cash assistance in protection programmes. By exploring the objectives, components, and specific strategies outlined in the PIN, participants gained insights into how cash assistance can align with organisational goals and protection outcomes. The session aimed to identify and address common challenges and encourage participants to share their experiences and brainstorm solutions to enhance the effectiveness and safety of cash distribution in protection contexts.

Identified challenges included ensuring the confidentiality and security of cash recipients, working around financial and logistical constraints, managing internal procedures and processes, and cultural and contextual barriers to the acceptance of cash assistance. Participants then outlined a series of mitigation strategies. These involved using various disbursement methods such as vouchers or direct partnerships with service providers, training programme and finance staff on PIN for cash protection using country-specific SOPs, and partnering with financial service providers to improve access, especially in remote areas. A participant from Uganda shared an example of how they implemented a SOP for case management emergency funds to address the issue of bureaucracy in delivering emergency support within 24 hours. This prioritisation helped streamline the process and ensure timely assistance.





Panel discussion of country teams and partners during the Scale session

## Scaling in GBV response programming

Acknowledging the importance of scaling our work and the role of scale in VPRU-wide and IRC-wide strategies, the WPE Learning Forum dedicated a session to improve understanding and solutions to scale. Participants first discussed scale in emergencies, and the importance of having quality programming from the onset. Participants also discussed the impact of scaling-out quality – and the risk that if services are poor quality and get scaled, you can end up reaching more clients with poor quality services. In order to mitigate this problem and to ensure quality in emergencies, the IRC has developed the Structured Toolkit for Emergency Planning (STEP) which shows how to set up and build out quality services in GBV case management, PSS, and risk reduction.

A panel discussion was then held to hear lessons from country programmes on how they

have scaled during protracted emergencies, including through partners. The panel consisted of KNWO, a partner from Myanmar, and WPE teams from Myanmar, Chad and Yemen. They reflected on shifting from humanitarian to development settings and highlighted how they scaled GBV response through women's association and health activities.

Participants then worked in small groups to discuss their own experiences on issues with scaling, shared best practices and ways to improve, and developed feedback for the IRC on how they see scaling. Conversations were centred around how best to engage governments and civil society organisations (CSOs), empowering women-led organisations (WLOs) to own and implement GBV case management, and how we can continue to shift the IRC out of implementation to maintain the momentum once we have phased out.

## Coordinating case management

In recognition of the importance of stronger coordination and integration of WPE work, a session was held on the coordination between WPE, child protection (CP) and Protection and Rule of Law (PRoL) case management. Discussions were fostered on how women and girls benefit from this coordination, and strategies to strengthen it. Facilitators developed a Jeopardy-style game to test the forum participants' knowledge of various types of case management. Discussions around child protection case management revealed that its 'best interest of the child' principle should complement the survivor-centred approach used in WPE programming. Questions about protection case management uncovered that although it is not GBV case management, it can sometimes be used by survivors for non-GBV issues. Protection case management prioritises protection risks to ensure they reach clients

at heightened risks through a context-specific protection analysis. Participants also explored the similarities and differences between GBV, child protection and protection case management approaches.

The facilitator then shared some helpful resources for coordination among the three technical teams (WPE, CP and PRoL). These included the Safe at Home Co-Occurring Intimate Partner Violence and Child Maltreatment Guidance, the Caring for Child Survivors of Sexual Abuse (CCS) Operational Guidance, and the VPRU's forthcoming Case Management Coordination Operational Guidance. After this, participants developed recommendations for ways to strengthen coordination between all case management approaches to benefit women and girls. These have been integrated into the wider recommendations listed at the end of this report.

Regional team meeting session



## Diverse sexual orientation, gender identity and expression, and sexual characteristics (SOGIESC) inclusion

Previous reflections on the IRC's WPE work had emphasised the importance and interest from teams in exploring how to safely engage with communities with diverse SOGIESC. As a result, a session on diverse SOGIESC inclusion was led during the forum, facilitated by the VPRU's diverse SOGIESC Inclusion Senior Specialist and WPE colleagues from North and Central America who have already worked on these issues in their region.

The session began with an activity around terminology to match new SOGIESC terms with their definitions. This exercise highlighted the complexities of this issue, with most participants sharing they had learned new terms and concepts. Discussions then moved

to integrating diverse SOGIESC inclusion into their work, with cultural norms and stigma, legal barriers, and lack of staff knowledge coming up as recurring challenges.

Participants shared positive feedback on the session, as indicated in Figure 2, and requested additional support and training to further improve their inclusion work. Requests for more contextualised examples and approaches to adapting diverse SOGIESC materials to their contexts were frequent, in addition to guidance on more inclusive data collection and case management. It was also noted that training on diverse SOGIESC topics as well as training on how to address staff attitudes would be useful.



Figure 2: Feedback from session participants



## 10 years of Gender-Based Violence Information Management System (GBVIMS) data

The IRC recently published a report on 10 years of GBVIMS WPE data from 31 countries – the first of its kind, representing over 174,000 incidents. In order to hear reflections and recommendations from the teams whose work contributed to this report, a session was organised to share key trends and gather feedback from staff. Some of the key trends and findings identified in the report included:

- The vast majority of survivors seeking services were between 18 and 49 years old. Elderly and adolescent survivors are not accessing services at the same rate.
- The majority of perpetrators are intimate partners or former partners and, overall, the vast majority of perpetrators are close to the survivors (within the same family or community).
- 62% of survivors were referred to health services, while 26% had accessed health services prior to receiving case management.
- Women and girls are at most risk of violence while in their homes or communities, or after they've fled violence and found a place of refuge.
- Survivors of rape display a nuanced reporting pattern. Incidents of rape are most commonly reported within 72 hours of occurrence or more than a month afterwards.
- During their initial interactions with case workers, women and girls don't prioritise immediate access to justice. The majority decline referrals to police and legal assistance.
- Many survivors lack access to both safe housing and the means to support themselves financially.

Participants were then invited to reflect on these findings and to develop recommendations to address the identified gaps. Many of these have been included in the section below.

# Recommendations

The following recommendations are rooted in learnings, feedback and findings from the WPE Learning Forum. They aim to support both the IRC and the wider sector to respond to GBV more effectively.

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**1** All case managers should be provided with training in managing GBV, CP, and ProL cases, with a focus on making effective referrals to ensure comprehensive support for clients.

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**2** WPE teams should use a coordinated assessment form to identify different needs and make safe referrals to CP and ProL, avoiding the duplication of efforts.

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**3** A joint protection analysis should be conducted by the ProL, CP and WPE teams to discuss findings and identify specific GBV and child protection issues. By working together, teams will be able to identify areas of synergy and increase access to services. Initial coordinated assessments and meetings will help clarify roles and responsibilities, ensuring holistic service coordination.



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**4** WPE teams should continue to invest in community structures and community protection systems. They should design programmes that build support systems for women and girls in camps and in their hometowns.

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**5** The IRC should continue to focus on EMAP PLUS and invest in adolescent boys and men. Educating adolescent boys is important because they are in a critical developmental period where attitudes towards violence are often formed, which makes early intervention highly effective in preventing future violent behaviours. Educating men is also crucial because they are the key decision makers in many communities.

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**6** WPE teams should continue strengthening their links and integration with sectors outside of the VPRU, including the health, education and Economic Recovery and Development (ERD) sectors.

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**7** WPE teams should reflect on whether services are adolescent girl- or older woman-friendly and whether these groups have been adequately targeted.

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**8** Approaches that empower girls and women and ensure participants are aware of the services that are available to them should continue, for example Girl Shine and EA\$E.

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**9** WPE technical teams should review the case management guidance to ensure the deployment of baseline and endline questions is useful and appropriate to different contexts.

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**10** The IRC should provide guidance to programme teams on how to approach diverse SOGIESC inclusion in their work through training and contextualised examples and resources.

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**11** Country teams should reflect on their commitments to improve GBV emergency programming based on the inter-agency minimum standards and ensure their workplans and approaches enable them to meet such commitments.

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**12** The IRC should establish clear, standardised procedures for cash distribution that can be adapted to local contexts. They should develop protocols for immediate cash support in urgent cases and integrate them into SOPs.

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**13** Country teams should conduct post-distribution monitoring to ensure cash support does not increase risks for survivors. They should also explore digital transfer options to enhance safety and confidentiality.

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**14** The IRC should engage with the Cash Working Groups and include security checks in the Programme Implementation Note, while also consulting with women and girls on their preferences and what is feasible in their contexts.

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**15** WPE teams should provide consistent support and supervision to case workers, both to promote self-care and to provide technical solutions to challenges.



**The International Rescue Committee (IRC)** helps people affected by humanitarian crises—including the climate crisis—to survive, recover and rebuild their lives. Founded at the call of Albert Einstein in 1933, the IRC is now at work in over 40 crisis-affected countries as well as communities throughout Europe and the Americas. We deliver lasting impact by providing health care, helping children learn, and empowering individuals and communities to become self-reliant, always seeking to address the inequalities facing women and girls.

[Rescue.org](https://www.rescue.org)