

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

Overview

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

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

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

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

Training Goals

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

Resource Materials Needed

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

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

UNHCR Guidelines for Prevention & Response to SGBV Against Refugees and Displaced Persons, 2003

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

Key Learning Points

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

Total Time

6–7 hours

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Session 4.1–The Project Life Cycle/APDIME

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

Procedure

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

ASSESS
PLAN
DESIGN
IMPLEMENT
MONITOR
EVALUATE

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Key Discussion Points

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

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

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

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

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

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Session 4.2–Situation Analysis

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

Procedure

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

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Activity 4.2

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

Note about choosing groups and assigning sections of Handout 4.2:

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

Key Discussion Points

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

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Session 4.3–Goals, Objectives, Indicators for GBV Programs

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

Procedure

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

S
M
A
R
T

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

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

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

“good” Objective

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

“not very good” Objective

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

6. Guide participants through a discussion of why one objective is good and one is not very good by comparing each to the elements of SMART.
7. Give participants Handout 4.4, Indicators. Lecture/discuss from the handout.
8. Explain that for multisectoral GBV prevention and response, the recommendation is that interagency teams establish and monitor/measure 6 indicators:
 - 1 for Health response
 - 1 for Psychosocial response
 - 1 for Security response
 - 1 for Legal justice response (or 2–1 for national justice, 1 for traditional)
 - 1 for Coordination
 - 1 for Prevention (or more)

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

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

Activity 4.3

1. Divide participants into five small groups:

Health response
Psychosocial response
Security response
Legal Justice response
Coordination
Prevention

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

Gallery Walk:

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

Key Discussion Points

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

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- Outputs: Were outputs produced? Were they of acceptable quality?
 - Effect: Were effects observed?
 - Impact: Was impact achieved?
- ◆ Indicators are the measurement for these questions. FIRST, you must have goals and objectives. Indicators measure progress toward objectives.

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Session 4.4–Identifying and Engaging Stakeholders

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

Procedure

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

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Activity 4.4a

1. Divide into four discussion groups:

- Health
- Psychosocial
- Security
- Legal Justice

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

Activity 4.4b

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

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

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Key Discussion Points

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

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Session 4.5—Training and Capacity Building

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

Procedure

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

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

Activity 4.5a—Case Study: Team Building and Training

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

Discussion

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

ACTOR	TRAINING NEEDED	AVAILABILITY

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

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

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

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

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

Key Discussion Points

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

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Session 4.6—Make a Bold Move in Prevention

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

Procedure

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

Write a few of these on the flip chart.

Discussion points:

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

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

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Activity 4.6

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

Key Discussion Points

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

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Session 4.7—Workshop Closing

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

Procedure

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

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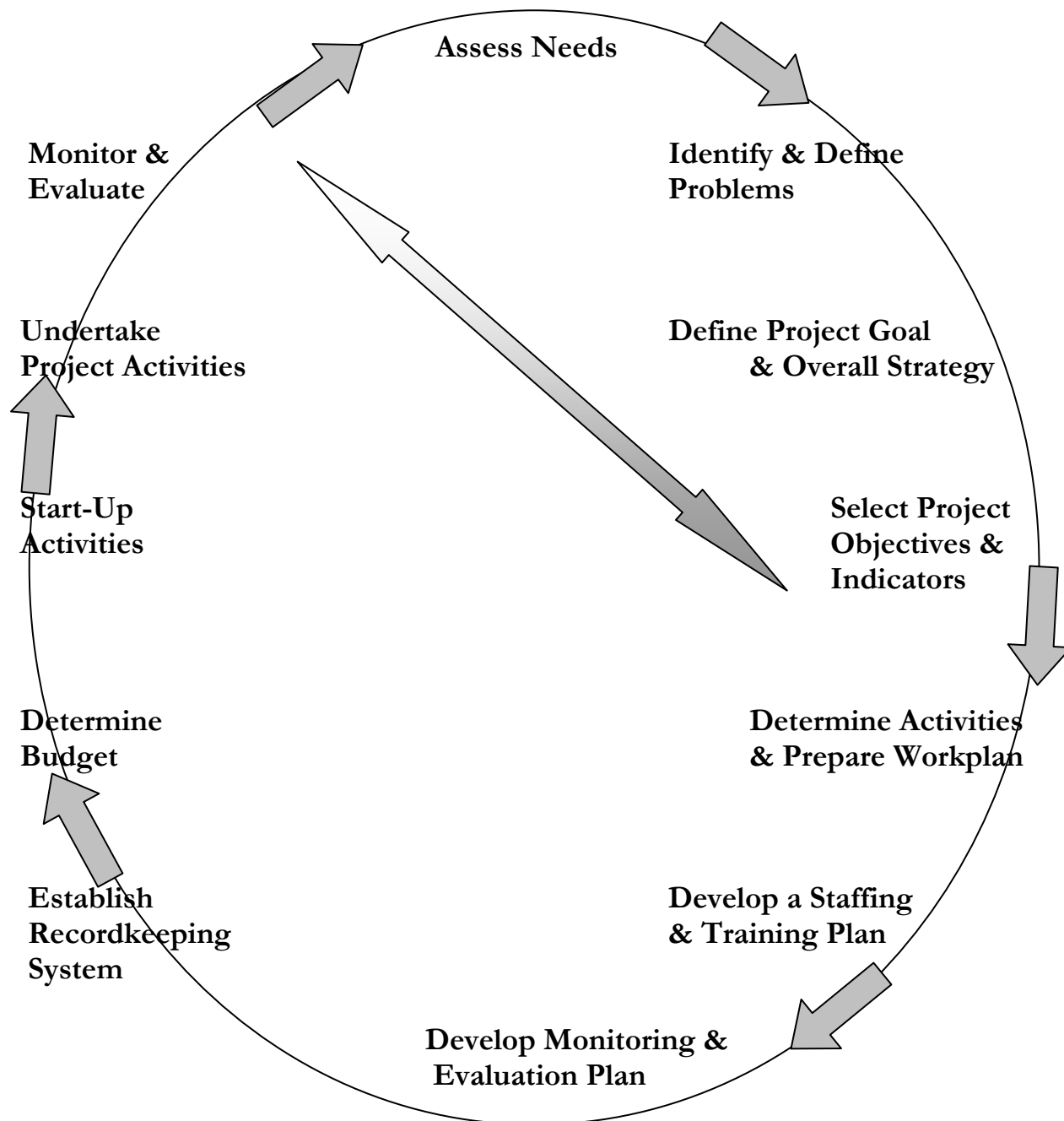
3. Ask participants what they will do after the workshop to carry forward the lessons and discussions and plans made here. Facilitate a short discussion to bring out a few action steps that will indeed carry action forward. Some examples:
 - ◆ Return to my organization and conduct this kind of training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

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HANDOUTS

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HANDOUT 4.1 The Project Life Cycle¹



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

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HANDOUT 4.3 –1 Goals and Objectives for GBV Programs

Goals

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

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

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

Objectives

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

Should be:

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

Formulation of an objective for EFFECT or “IMPACT”:

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

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

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

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

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

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

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Formulation of an objective for OUTPUT:

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

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

Sample “good” Objective for OUTPUT:

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

Sample “not very good” Objective for OUTPUT:

To train clinic staff in GBV health care.

Examples of Goals & Objectives

Sample 1:

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

Objectives—Year One

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

Intended Effects/Impact—Year One:

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

Sample 2:

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

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Objectives Year Four

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

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HANDOUT 4.2–Situation Analysis Worksheet

HEALTH

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

PSYCHO-SOCIAL

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

SECURITY

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

LEGAL JUSTICE

NATIONAL

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

TRADITIONAL

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

DOCUMENTATION, MONITORING

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

COORDINATION

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

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

PREVENTION

Community and key stakeholders are involved in prevention to:
Identify contributing factors in the setting and develop prevention strategies to address them
Use BCC principles used in designing and implementing prevention activities

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HANDOUT 4.3–2—Indicators for GBV Programs

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

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

Monitoring and evaluation answers these questions:

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

Inputs: Were program inputs available, adequate, timely?

Activities: Were activities performed on schedule?

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

Effect: Were effects observed?

Impact: Was impact achieved?

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

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

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

Output Indicators

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

Advantages of Output Indicators:

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

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Disadvantages of Output Indicators:

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

Effect Indicators

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

Sample desired effects for GBV programs might include:

Knowledge: The population should know . . .

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

Attitudes: The population should believe that . . .

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

Skills: The population should be able to . . .

- Avert potential violence by recognizing risks and taking safe action

Behavior or Practices: Population should/could . . .

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

Advantages of Effect Indicators:

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

Disadvantages of Effect Indicators:

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

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

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

PSYCHO-SOCIAL: INDIVIDUAL AND COMMUNITY

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

POLICE AND SECURITY SYSTEMS

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

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

FORMAL LEGAL JUSTICE SYSTEM

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

INFORMAL LEGAL JUSTICE SYSTEM

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

INTERAGENCY, MULTISECTORAL ACTION AND COORDINATION

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

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HANDOUT 4.4—Small Group Discussion: Resistance

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

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

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

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

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

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

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HANDOUT 4.5–1 CASE STUDY: Training and Capacity Building

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

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

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

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

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

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HANDOUT 4.6—MAKE A BOLD MOVE!!!

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

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

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

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

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

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

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

Post your cards on the wall.