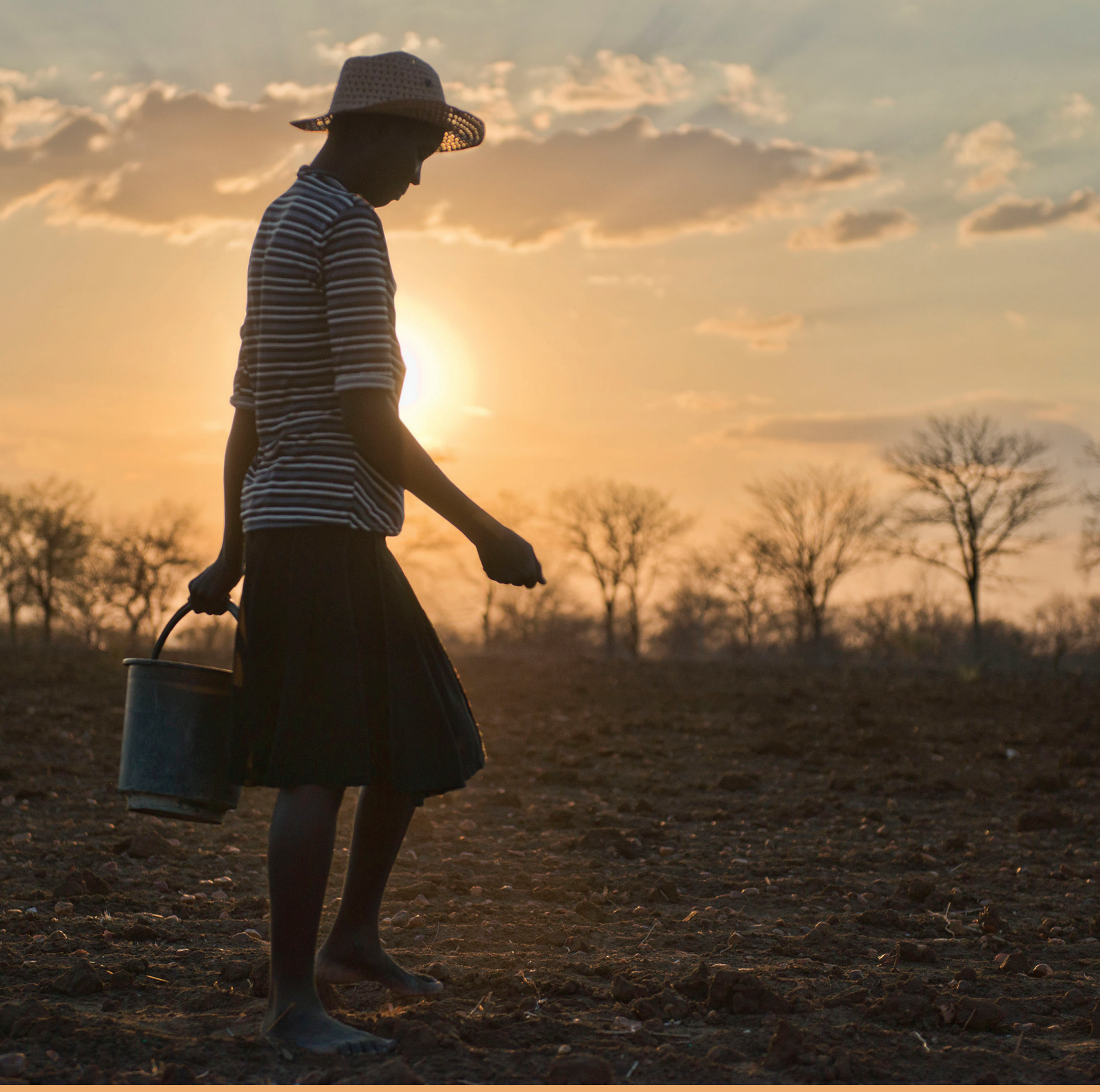

Joint Action for Prevention and Response to Sexual and Gender-based Violence

Training Curriculum and Supporting Documentation

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Acknowledgments

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Introduction

This curriculum guide presents the information needed to run an introductory course on sexual and gender-based violence (SGBV) issues and programmatic interventions in humanitarian emergency response.

It contains the sample agenda, training modules and tools to provide a two and a half-day course (which can be amended to a longer course or a training of trainer module if needed). The target audience is the International Federation of Red Cross and Red Crescent Societies (IFRC) and National Society programme managers (health, disaster management, community services, etc.) and gender and diversity focal persons. It will help the target audience to integrate SGBV interventions into all areas of work with an emphasis on emergencies. The course has been developed as one of the actions set out in the Resolution on Sexual and Gender-based Violence passed by the 32nd International Conference in 2015.

Sexual and gender-based violence: Joint action on prevention and response

At the 32nd International Conference of the Red Cross and Red Crescent, the Movement and States passed the *Resolution on sexual and gender-based violence: Joint action on prevention and response*. This Resolution broke new ground by establishing a measurable plan for how SGBV would be addressed by the IFRC Secretariat, the International Committee of Red Cross (ICRC) and the Red Cross and Red Crescent National Societies.

The Resolution calls on all parties to armed conflict to end all acts of sexual violence; encourages States to make every effort before, during and after disasters and other emergencies to prohibit SGBV; and underlines the need for States to comply with all relevant regulations to prevent sexual violence and ensure accountability for these crimes. It also calls upon States and National Societies to make every effort to ensure that survivors have access to healthcare services, psychological and psychosocial support, legal assistance and socio-economic support.

The Resolution has three parts:

Part I addresses sexual violence in armed conflicts;

Part II discusses sexual and gender-based violence in disasters and other emergencies;

Part III addresses Movement implementation, cooperation and partnerships.

This SGBV training module seeks to address one of the requirements in Part III, which is that the Movement make:

> ***capacity-building on preventing and responding to sexual and gender-based violence*** *one of their priorities, including by specifically training their relevant staff and volunteers at all levels, coordinating and cooperating with each other in line with their respective mandates and roles within the Movement, and exchanging experiences and good practices as appropriate.*[1]

1 International Conference of the Red Cross and Red Crescent, *Sexual and gender-based violence: Joint action on prevention and response Resolution*, 32IC/15/R3; Geneva, Switzerland, 8-10 December 2015; Paragraph 31.

Additional IFRC and National Societies actions include:

- Ensuring that **disaster– and emergency– management plans and activities** include measures to prevent and respond to SGBV;
- **Sharing good practices,** guidelines and experiences related to addressing SGBV in disasters and other emergencies with relevant actors;
- Continuing **research and consultations** with a view to formulating relevant recommendations to prevent and respond to SGBV in disasters and other emergencies;
- **Adopting and enforcing zero-tolerance policies** on sexual exploitation and abuse of affected people by their staff and volunteers, and subject these individuals to sanctions for their actions.

This SGBV course will help the Movement to build common understanding of SGBV issues. It is based on an extensive review of existing tools used by the IFRC and training materials used by other agencies, and on consultation with gender and diversity advisors and Movement partners in a week-long write-shop in Beirut in 2016 followed by further discussion in regional forums in Nairobi and Guatemala City in 2016, and field testing of the tools in 2017.

Course objectives

By the end of the training workshop, participants will:

- **Understand the opportunities and limitations** for the Red Cross and Red Crescent to contribute to or build safe and resilient communities that include attention to SGBV;
- **Be equipped with skills, practical tools and methods** on how to integrate SGBV awareness and prevention or referral in emergency programmes and projects, including multi-sectoral coordination and basic monitoring and evaluation (M&E), taking a "Do No Harm" approach to SGBV, and making links to child protection, community engagement, and accountability measures;
- **Master the core concepts** of Dignity, Access, Participation and Safety as explained in the IFRC Seven Moves Gender and Diversity training; the importance of doing no harm, including in the process of data-gathering; the survivor-centred approach; the need for self-care for staff and volunteers; and recommended interventions to prevent and mitigate risk of SGBV within the participant's sector;
- **Have developed a set of next steps** to act on SGBV appropriate to the Red Cross and Red Crescent context.

What this course does

The course draws on existing good practices and current evidence to: **equip programme managers with the guidelines and information they need to understand the issues of SGBV and obligations of the Movement to address it**. It will help programme managers to identify signs of potential risks to the safety and dignity of specific groups or individuals; establish referral pathways for SGBV survivors to access health, legal and psychosocial

support, and to safely refer survivors based on informed consent and confidentiality. The course will assist teams to implement the *IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming (Pilot Version)* approach. As an additional resource, participants are introduced to the *IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*.

What this course does not do

This course will not equip programme managers to establish or manage complex stand-alone programmes that respond to the immediate, urgent needs of survivors of SGBV. It does not include details of provision of medical care, psychological care, or legal aid services. The Resolution on Sexual and Gender-Based Violence calls on States and National Societies to ensure that survivors have access to these services. The course aims to equip programme and gender and diversity focal persons to know what these services are and should include, to map organisations providing these services, and to establish referral pathways to ensure survivors get access to the care and support they need.

Participant profile

The primary participants in the training are National Society staff. Other participants that should be present are relevant IFRC staff, ICRC staff (especially the Sexual Violence file holder), relevant local community-based organisations (such as women's organisations, health providers, etc), as well as Protection Cluster lead for the country or region. It may be worth inviting the IASC GBV Area of Responsibility (AOR) Regional GBV Advisor (the REGA) to participate or co-facilitate the training where National Societies would like particular guidance on linking to the Protection Clusters and mechanisms.

Participant

- Currently in a mid-level management position that includes programme management and technical responsibilities in disaster management, health, disaster risk reduction or related areas in the IFRC or National Society;
- Has demonstrated experience and support for gender and diversity integrated programming in the IFRC or National Society;
- Manages programmes in which there is capacity to support the integration of SGBV, which includes application of the IASC GBV Guidelines to disaster, emergency or conflict settings;
- Has written an application letter demonstrating an individual commitment to follow up on the key learnings from the training with a plan to be drafted in the course; and has demonstrated the importance of SGBV prevention and response in their field of expertise and their own need for this training to address the topic;
- Fluency in the language used for the training;
- Demonstrated commitment and adherence to the Fundamental Principles of the Red Cross Red Crescent Movement and guiding principles for working with survivors of SGBV: confidentiality, safety, respect and non-discrimination.

The National Society/IFRC office sending the participant to training

- Has demonstrated a need for, or active engagement in gender and diversity in their activities, programmes, services or institutional processes;
- Has a clear commitment and plan for implementing good quality interventions specifically aimed at prevention and/or response to SGBV (even if they do not call it "GBV or SGBV programming");
- Has demonstrated adequate organisational support to the participant including the necessary resources and time to effectively follow up on the knowledge, skills and lessons learned during the training.

Pre-requisites for participants

Participants in this course **must** have completed a foundational course in gender and diversity sensitive humanitarian action, such as the two-day Seven Moves: Gender and Diversity in Emergencies course; or the IASC Different Needs – Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men online course (trainingcentre.unwomen.org). As a facilitator, you may choose to add one or two days prior to running this SGBV training, offering an introduction to the gender and diversity key concepts such as the Seven Moves or the Different Needs Equal Opportunities courses.

All participants in this SGBV course must first complete the UNFPA e-learning course, Managing Gender-Based Violence Programmes in Emergencies, and fill in a pre-training survey (Annex 1). It is best if the UNFPA course is taken in the weeks prior to this training. All participants need to submit their online training certificates to the facilitator one week prior to the training commencement date.

Encouraged pre-requisites, but not required:

- *IFRC online child protection briefing*
- *IFRC Reference Centre for Psychosocial Support*

Linkages to existing training and guidelines

The course builds on the *Seven Moves: Gender and Diversity in Emergencies* training programme, which was developed in 2015 with the aim of raising awareness, enhancing knowledge and skills and changing behaviour in relation to gender, diversity and SGBV prevention in emergency programming. This training draws on the *IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming (Pilot Version)*, a guideline for staff and volunteers. The *Minimum Standard Commitments* draw on IFRC tools and guidance, on the Inter-Agency Standing Committee (IASC) Guidelines on Gender-Based Violence, and on the Sphere Handbook to introduce a framework for the analysis of specific needs of women, girls, men and boys, and persons of diverse gender identities, ages and backgrounds in emergency programming, and to provide guidance on how to integrate practical responses to these needs in emergency programmes provided by the Red Cross and Red Crescent.

This course is separate from the IFRC Reference Centre for Psychosocial Support (PS Centre) training called 'Sexual and gender-based violence: A two-day psychosocial training', which is a sector-specific training for psychosocial support (PSS) for volunteers and staff, and which provides information about different types of SGBV as well as practical guidance to volunteers who are already active in psychosocial responses. It enables volunteers engaged in the direct response to survivors of SGBV. It provides PSS volunteers and staff with skills and knowledge on how to handle disclosures of SGBV and how to provide basic PSS to people affected by SGBV.

Key messages for participants (to be given prior to the course)

- Discrimination against a person who suffers from SGBV is against our Fundamental Principles.
- In the course of any National Society work, our own staff and volunteers will provide services to survivors of SGBV. However, staff and volunteers may not know that the person they are serving is a survivor of such violence. Yet, we have obligations to be sensitive to the fact that a person in the community might be a survivor of violence, and we have some guiding principles to be "ready" at all times to adequately respond to a person who discloses that they have experienced such violence.
- We know from prevalence data that many of our own staff and volunteers are also survivors of SGBV or experience it as part of daily life.
- This training is about ensuring that National Society staff and volunteers are equipped to implement SGBV prevention and response according to the Minimum Standard Commitments to Gender and Diversity in Emergency Programming (Pilot Version). This includes response for survivors of SGBV who are presently experiencing needs based on/ owing to SGBV concerns.
- Completion of this course will not make you or your National Society a specialist in SGBV. It is important to ensure that qualified professionals provide services to SGBV, and therefore not all National Societies are positioned to fully respond to SGBV survivors. However, it is a Minimum Standard Commitment to offer to a survivor of SGBV the information they need about where they can seek the services of an organisation that can give health, counselling, legal and other supports. Offering this information is called "Referral" and as an absolute minimum we offer up-to-date referral to survivors. Therefore, volunteers and staff need to be aware of focal points and referral pathways for psycho social support, protection, health, legal and child protection in emergencies, even if the National Society itself does not offer these services. This course will help your National Society to put this into practice.
- The content in this course can elicit traumatic memories and can be heavy, especially when 'voices of survivors' scenarios are viewed. Let participants know this in advance of the training.

Using this training curriculum

This curriculum guide provides a sample course agenda, modules to be used in each part of the course agenda, slide presentations, case studies, and recommended assessment tools to assess whether the above objectives have been met. Each module includes:


Topic – The topic of the session (such as "Key concepts")


Length of time – Estimated time needed to complete the module

 **Objectives** – Specific skills, competencies or knowledge participants should be able to demonstrate after completing the module

 **Module content** – A series of steps or activities that participants should go through to learn the material

 **Materials** – Any materials needed for this session

 **Training notes** – Specific instructions to guide the trainer

 **Recommended co-facilitators** – Staff and service providers who can be invited to co-facilitate specific sessions

 **Assessment** – What should be assessed for this module, and how the assessment should be done to evaluate whether the objectives for this module were met

Given the diversity of contexts in which the Red Cross and Red Crescent work, trainers are encouraged to adapt the materials and the agenda as needed and to find local examples and partners for the training. For this reason, a range of scenarios are also provided, drawn directly from Red Cross and Red Crescent experience, which trainers may also wish to adapt as needed.

Advance preparation

Trainers (course facilitators) should have expertise in SGBV and in emergency programme management for the Red Cross and Red Crescent, and should have extensive training experience. Trainers should be skilled at interactive and dynamic teaching skills, and should encourage participants to share their own experience and expertise through facilitated discussions during the course. Trainers should use multiple communication methods (visual, verbal, experiential) adapted to a range of learning styles.

Trainers should review the modules in this manual and ensure that all materials are prepared in advance. There is a pre-training survey that needs to be completed by participants and the results should be reviewed at least one week prior to the training.

It is also critical that trainers adapt the slides, quizzes and scenarios to the context that the training is being offered and gather information (ahead of time) on the following:

- What words and terms are used that are culturally appropriate? What taboos are there?
- How do gender roles operate in this context?
- What are the main forms of SGBV in this context?
- Who are the vulnerable groups in this context?
- What is the legal framework for SGBV in this context?
- What services are available for referral in this context? Are they able to respond appropriately?
- What are the procedures within the National Society regarding confidentiality and referrals?

- What other support systems are available in this context, including traditional ways of dealing with SGBV?
- If available, where the post-exposure prophylaxis (PEP) kits are kept?
- If a staff or volunteer participant in the training discloses that they are a survivor of violence, what referral information will be offered to them and by whom?
- How will I, as facilitator, contain any disclosure in this context, so that participants are not put at risk?

Where possible, invitation for co-facilitation should be extended to ICRC and the PS Centre. Trainers are also encouraged to invite community-based service providers, cluster leads, law enforcement and legal services to co-facilitate relevant sessions. Careful selection of and briefing with external speakers should be done by the trainers ahead of the training.

If participants from external agencies are invited (which is encouraged), trainers should ensure that those organisations have a clear opportunity to demonstrate how they fit into the wider response system; and likewise they should be briefed prior to the training that this training is specific to the Red Cross Red Crescent way of working and it is a good opportunity for others to learn about our response systems.

It is recommended that the trainers spend some time arranging the groups based on the background and expertise of participants, such as writing up group lists in advance. Much of the course is spent working on complex scenarios, and developing multi-sectoral coordination skills, so ensuring the participants have diverse expertise is recommended to enable everyone to get the most out of the group work. If the participants do not already know one another, they may need time to develop communication and trust within each small group. For this reason, it is recommended to have small groups planned and assigned from the beginning of the course, and to use the same groups on days one and two.

Lastly, the trainers may wish to arrange a site-visit to a health or counselling or legal aid service to demonstrate the survivor-centred approach in action. It is important to arrange this ahead of time, to ensure that the centre can manage a group visit of 20-30 participants and that such a visit will not pose a threat or risk to survivors who access the centre. Factoring in traffic time and some time to debrief the group after the visit and to ensure linkages to the training objectives is very important, because visits to such services can elicit an emotional response from group participants. The topic of SGBV is complex. As a facilitator, you are required to provide a survivor-centred and rights-based approach when you run this training.

A note for facilitators on the topic of SGBV in different cultural contexts

Facilitators should be mindful of the fact that some participants in the training may have difficulty saying words like sex and rape out loud due to linguistic barriers or taboos around use of such words. It is important to remind participants that when we work on SGBV we need to be precise about the types of violence we are discussing ("are we discussing rape, or domestic violence or marital rape or sexual harassment in this context?") and also to encourage participants who may be shy to practise using these words and concepts out loud.

Training agenda

The below training agenda is a sample agenda for a full 2.5-day training, including time to develop draft action plans. Trainers should adapt the agenda as needed to suit their specific contexts and needs. For example, if time allows a visit to the field can be added to the programme.

Day 1	08:30 – 9:00	**Opening ceremony and registration (if applicable)**
	09:00 – 10:00	**Session 1: Introductions** • Welcome • Introductions • Objectives and agenda • Confidentiality agreement • Voices of survivors
	10:00 – 12:00	**Session 2: Key concepts** • Key terms • Survivor-centred response • Do no harm • Movement mandate • The international humanitarian system-wide SGBV response • Self-care for staff and volunteers
	12:00 – 13:00	Lunch
	13:00 – 14:00	**Session 3a: Conducting a situation analysis** • Magnitude and prevalent types of SGBV • Diverse vulnerabilities • Social and cultural norms • Ethical issues in data collection • Legal and policy frameworks
	14:00 – 17:00	**Session 3b: Situation analysis in practice** • Mapping the field group work
Day 2	09:00 – 09:30	**Session 4: Review and discussion**
	09:30 – 12:00	**Session 5: Risk mitigation and response** • Voices of survivors • Minimum Standard Commitments: SGBV mainstreaming and response • Making referrals and sharing data • Field coordination • Group work on scenarios
	12:00 – 13:00	Lunch
	13:00 - 14:00	**Session 5: Continue and complete the group work**
	14:00 – 14:45	**Session 6: Developing action plans**
	15:00 – 15:45	**Session 7: Basic issues in monitoring and evaluation** • Group work on relevant indicators • Discussion on ethical considerations
	15:45 – 17:00	**Optional session: Visit to a survivor-centred care servicer provider**
Day 3	09:00 – 10:00	**Session 8: Internal protection systems** • Voices of survivors • Code of conduct • Child protection • Protection from sexual exploitation and abuse
	10:00 – 11:00	**Session 9: Basic staff and volunteer care** • SGBV at the workplace and staff care
	11:00 – 12:00	**Session 10: Evaluation and next steps** • Follow up and next steps • Course evaluations • Certificates

Notes for preparation:

- Cabaret seating (a group of tables with 4 to 6 people seated at each table) is recommended, to enable small group discussions and other work.
- We recommend creating a list of participants, ideally no more than 25-30, organised into groups of 4 to 6. It is recommended to look at the participants' experience and divide them up based on the sectors in which they work, and to pre-assign seats to ensure that each small group is diverse and that the sectors needed for specific scenarios are represented in the relevant groups (the scenarios include a list of which sectors are needed). Name cards or table tents can be set out to mark the assigned seats.

Course modules

SESSION 1
Introductions

Length of time: 1 hour

1.1 Welcome and introductions – 20 minutes

1.2 Objectives and course agenda – 15 minutes

1.3 Confidentiality agreement – 10 minutes

1.4 Voices of survivors – 15 minutes

Objectives:

- Participants will learn about others in the room, understand what collective experience they have, and understand the course objectives and agenda.
- Participants will be oriented towards the voices of SGBV survivors, who should be at the centre of the process of planning and implementing programmes.

Session content:

1.1 The trainer **welcomes participants.**

- The trainer briefly introduces her/himself, then leads an introductory exercise, asking the participants at each table to turn to the person next to them and learn each other's names, professional background (medical, disaster management, legal, etc.), and number of years of experience working in programmes that include attention to SGBV. The trainer asks one person at each table to introduce the others to the rest of the room. The trainer keeps a running tally of the number of years of experience working on SGBV at the front of the room and totals it up for everyone in the room at the end. The trainer points out that there is some collective experience in the room and much that everyone can learn from each other.
- (Optional) The trainer then asks each table to work together to complete the key concepts quiz (Annex 2). The purpose of the quiz is to ensure that all group participants have the same knowledge of the basic concepts, and it acts as a warm up. Once the tables have had five minutes to complete the quiz, the trainer then asks for each table to volunteer their answer to each question and some discussion can be had if needed. The correct answers to the quiz are: 1 (c), 2 (b), 3 (d), 4 (d), 5 (d), and 6 (a).
- Time for this step: 20 minutes

1.2 The trainer **reviews the objectives** for the course, explaining that by the end of the course, participants will

- Understand the opportunities and limitations for the Movement to contribute to or build safe and resilient communities that include attention to SGBV.

- Be equipped with skills, practical tools and methods on how to integrate SGBV in emergency programmes and projects, including multi-sectoral coordination.
- Master the core concepts of Dignity, Access, Participation and Safety; the importance of doing no harm, including in the process of data-gathering; the survivor-centred approach; the need for self-care for staff and volunteers; and an evidence-based approach to programme design and evaluation.
- Have developed a set of next steps to act on SGBV instances appropriate to the Red Cross Red Crescent Movement context that enhances their institutions and programmes.
- The trainer **reviews the agenda** of the course, explaining that the first day reviews core concepts and then covers skills for situation analysis. The second day focuses on prevention and risk mitigation interventions using the Minimum Standard Commitments and applying these to case studies derived from National Society actual experiences. The course ends with developing a draft plan to apply what has been learned in the contexts where participants work.
- (Optional) The trainer can additionally give a summary of the participants pre-training survey expectations and what will NOT be met within those expectations.
- The trainer notes location of bathrooms and any logistical issues as well as emergency evacuation procedures.
- Time for this step: 15 minutes

1.3 The trainer introduces the concept of confidentiality by explaining that when working with sensitive topics such as SGBV, building trust is essential.

- The trainer explains that survivors always have the right to choose to whom they will or will not tell their story, and this information should only be shared with the informed consent of the survivor (with exception of children).
- The trainer continues by describing the difference between consent and informed consent by underlining that informed consent is voluntarily and freely given based upon a clear understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the survivor must have all relevant facts at the time consent is given and be able to assess and understand the consequences of an action.
- The trainer explains that the survivor always has the power to exercise his/her right to refuse to disclose and/or to not be coerced (i.e. being persuaded based on force or threats). Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of sharing information, and they may not understand or be empowered to exercise their right to refuse.
- There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory, or developmental disabilities.
- Confidentiality should be maintained at all times; it is therefore vital that the participants agree to keep information confidential within the group. Personal stories may be shared and participants may expose themselves emotionally. It is important to agree that everything that is shared within the group will remain confidential.
- The trainer concludes the session by inviting everyone to sign a confidentiality agreement that is written on the flipchart.
- Time for this step: 10 minutes

1.4 The trainer gives a message to the group that content on SGBV can be very depressing and saddening, and that we all need to take care of each other in this space. We need to recognise that when we talk about these issues there are people who will know of loved ones who have experienced SGBV, and we therefore need to give a warning that content can be distressing. Let the participants know that they can come and talk to the facilitators in the break time or privately about any questions or issues. After giving this content warning, the trainer introduces a short video of under five minutes (or a short case study if this is what you as a trainer prefer). It is important to present a first-person story from a survivor, and emphasise that while the content and stories can be distressing, it is part of our approach to listen to and understand the feelings and point of view of the survivor. The trainer notes, these short stories help to introduce some of the challenging topics to be addressed in the course.

- The trainer **plays the video or reads out a short case study that they have prepared** (the trainer will have chosen the appropriate approach beforehand)
- After the video/case study the trainer leads a short discussion to help participants to identify questions they may have based on the content and messages, and to identify challenges that will be addressed during the course.
- The trainer asks the group to reflect on the following questions:

  a. What are the forms of SGBV in the case study?

  b. What are the impacts of this on the survivor?

  c. What are the impacts on their family?

  d. What are the services that the survivor needs?

  e. What are the services that the survivor receives?
- The trainer emphasizes that SGBV is widespread in emergencies, but it can be prevented and mitigated. In developing programmes to address SGBV, it is important to think about the complex needs of survivors, to hear their voices, and to also think about self-care for staff and volunteers, who will be deeply affected by the process of caring for survivors.
- The trainer should address safety in the context of the course. SGBV is a challenging topic, and can trigger emotional responses, especially for survivors. Participants should take the time they need and feel free to take breaks if needed during the course. The trainer should have identified somewhere that he/she can refer staff if they have had a traumatic past experience and if this course triggers an emotional response. The trainer should seek to ensure that no one discloses their own experiences in the group, and should contain any such discussions by letting people know they can seek discussions and support information from the trainer in the break.
- Time for this step: 15 minutes

Materials:

- Paper and pens for each table
- Flipchart or board at front of the room
- Screen and projector with audio
- Internet connection
- Video of 2-3 minutes selected from *https://avarchives.icrc.org* or the course syllabus/other source or case studies you have developed drawn from survivors' personal stories

SESSION 1

- Printed agendas, including the objectives
- Printed confidentiality agreement (PPT)

Training notes:

Trainers may wish to use some alternate ice-breaker or introductory activities. Here are some options:

- Story of your name: This can be done in seats, or with participants mingling in the room. Each participant should learn the story behind the name of another participant, and tell someone the story of her/his own name. After 10 minutes, invite a few participants to share the stories they learned.
- I've done that: Hand out a dozen coloured beads to each participant. Each participant takes a turn to share one thing she has done or skills she has that is unusual or unique: "I ran a marathon," or "I speak (a language)", or "I know how to cook (something unusual)," etc. Each person who has NOT done that or does not have the skill must give the speaker a bead. Go around the circle twice. This is a good activity for people who think they know each other well, as there are always surprises.
- Walk in another person's shoes: Have all participants stand together in a circle. Ask each participant to remove her or his right shoe and throw it in the middle of the circle. Mix the shoes up together. Participants then race to put on the shoe closest to them, regardless of whether it fits or not, and stand next to the two people with matching shoes. This gets people moving, gets them connected to one another, and emphasizes empathy - "you can't understand someone until you have walked a mile in his shoes."
- Tony Nose I (Heart) You: Ask participants to stand up and stretch. Then tell them that Tony Knows I Love You. Then ask them to touch their Toes, their Knees, their Nose, their Eyes, their Heart and to use their hands to show 'You'.

Additional voices of survivors sample videos:

- ICRC: Sexual violence in DRC: Pascaline's story. Online at *https://avarchives.icrc.org/Film/18645* English; French.
- ICRC: Democratic republic of Congo: sexual violence (male survivor). Online at *https://avarchives.icrc.org/Film/1314* English.
- Voices of Vietnam: Testimonial-Mrs Nguyen Thi Bach Tuyet. Online at *https://www.youtube.com/watch?v=gJ0SaCiAOrk* English subtitles.
- Refugee Law Project: They slept with me. Online at *https://www.youtube.com/watch?v=6dxaFqezrXg* (first five minutes). English.
- Force Marriage. A Survivor's Story. Online at: *https://www.youtube.com/watch?v=nmor6P_6A_Q* (fifteen minutes). English.
- GBV survivor from Tulear, Madagascar – UNFPA Madagascar. Online at: *https://www.youtube.com/watch?v=wCbirU15bUI* English.
- Silent Tears: Gender-Based Violence in Nepal Part 1: Divia's story. *https://www.youtube.com/watch?v=P5qgMlkxWcM* Start 1:15 (very long intro) and stop at 3.50 (2.5 min) (IPV, domestic violence, physical and sexual violence). English.
- Silent Tears: Gender Based Violence in Nepal Part 2: Preety's story *https://www.youtube.com/watch?v=3KH0ZVJWcjE* Stop at 2.25 (early and forced marriage, sexual exploitation, physical and sexual violence against girls). English.

- Human trafficking in India: Anita's story. Online at: *https://www.youtube.com/watch?v=MQ6006Cb8KY* Stop at 4.36 (4.36 min) (trafficking, sexual exploitation and abuse, children in brothels). English.
- Bangladesh's dowry-related violence: acid victim. Online at: *https://www.youtube.com/watch?v=fJONvqW2TMQ* Start at 10.57, stop at 13.44 (2.45 min). This is part of an Al Jazeera story and the clip also including a comment by an expert, so not the best testimony video but important case) (dowry-related violence, acid attacks). English.
- Violence against women in India – domestic abuse survivor speaks out *https://www.youtube.com/watch?v=q6fpS-KlVBw* English subtitles.
- More short videos are available on the ICRC audiovisual archives at *https://avarchives.icrc.org/Search/AdvancedSearch* Videos are available in a number of languages, including English, French, Spanish and Arabic.

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group

Assessment:

- Voices of survivors discussion

SESSION 2
Key concepts

Length of time: 120 minutes

2.1 Opening quiz and discussion – 15 minutes

2.2 Key concepts slide presentation – 30 minutes

2.3 Activity on survivor-centred approach – 15 minutes

2.4 Key concepts slide presentation continued – 40 minutes

2.5 Small group discussion – 20 minutes

Objectives:

- Participants will review what they learned in the Seven Moves training on gender and diversity; the Minimum Standard Commitments and the Resolution on SGBV.
- Participants will master key concepts of a survivor-centred response, elements of prevention and mitigation, the concept of "Do No Harm", and begin to brainstorm what is the role of the National Society in referring survivors.
- Participants will review and explore own experiences, contexts and how these relate to a survivor-centred approach, and to the "Do No Harm" principle.

Session content:

2.1 The session can begin with a 15-minute **multiple choice quiz** (Annex 3). The trainer may use several options for this exercise: some trainers may prefer to use a written quiz, or the Kahoot! online quiz platform may be used where wifi is available and where languages match those offered by *Kahoot!* In other cases, trainers may choose to assign pairs or groups to work on the quizzes together.

- If the trainer is using a quiz, it is recommended to explain that the quiz will not be graded or shared externally, and that the purpose of the quiz is just to help the trainer to understand what areas may need review. After participants complete the quiz, the trainer can ask the group what they answered for each question and then discuss with the group why they chose their answer, then identifying the correct answers to each question. During the discussion, participants grade the answers as correct or incorrect, and the quizzes are given to the trainer at the end. The correct answers to the quiz are: (1) a., (2) a., (3) b., (4) b., (5) a., (6) a., (7) a. (although there is also a need for more evidence, answer c), (8) c., (9) b., (10) d., (11) a.
- The trainer should use his/her discretion in deciding how quickly to move through the above content. Some groups will be familiar and comfortable with discussions of gender, diversity and SGBV. Other groups may benefit from additional time to explore their own views and feelings about these concepts.

- The trainer can opt to distribute the "Key terms" handout (Annex 4) after the quiz.
- Time for this step: 15 minutes

2.2 The trainer delivers the Key concepts slide presentation and provides any clarifications requested by participants.

- Time for this step: 30 minutes

2.3 **Group Activity** (Annex 5): The trainer invites everyone to stand in a big circle and explains that they represent a diverse community group. The trainer gives out the role cards to participants (note, there may not be enough for everyone to have one). The trainer asks each person to hold up their card, so everyone can see it.

- Start by asking the person playing the 18-year-old Alena to go in the middle of the circle.
- Explain that whenever you mention a different person in the story, that person takes a step towards the survivor. This continues until you have finished reading the story.
- By the end of the story, the group should have moved closer to the survivor standing in the middle.
- Invite the person who played the survivor to comment how it felt when surrounded by all these people. Then invite everyone to join in the discussion.
- The trainer can use these prompt questions if needed:
  - What happened?
  - Why are there so many people in the centre?
  - How many people heard the girl's story?
  - What impact might this have had on the girl and her mother?
  - What could they have done differently?
  - What could other members of the community have done differently?
  - What could the Red Cross Red Crescent staff and the other professional staff have done differently?
- Conclude by emphasising the serious and potentially life-threatening consequences for the survivor and those supporting them in sharing information inappropriately.
- Time for this step: 15 minutes

2.4 Trainer continues the Key concept slide presentation.

- It is important that the trainer covers thoroughly the following topics:
  - Survivor-centred response.
  - SGBV Resolution.
  - Red Cross Red Crescent Approach: Prevention and Mitigation.
  - The International Humanitarian System-wide GBV Response (where possible, delivered with a Protection Cluster Lead for the country or region).
- Time for this step: 40 minutes

SESSION 2

2.5 The trainer asks participants to discuss in small groups what are some of the ways and good practices to maintain the well-being of staff and volunteers when caring for SGBV survivors.

- The trainer ends the session by underlining that only professionals should be providing services to SGBV survivors; whereas volunteers should be able to give a survivor information about the appropriate person or agency having the requisite capacity and expertise. Therefore, it is important that volunteers are aware of focal points on site for psychosocial support, protection, health, legal and child protection. For specific cases where volunteer-driven activities or services are the only points of support for survivors around, careful consideration should be taken if the National Society/branch wants to offer some SGBV survivor services with plans on how to ensure minimum standard requirements for the sector.
- Time for this step: 20 minutes

Materials:

- Key concepts quiz (Annex 3)
- Key terms handout (Annex 4)
- Survivor-centred approach activity handout (Annex 5)
- Key concepts slide presentation
- Pads of paper or notebooks
- Pens or pencils
- Flipchart or large sheets of paper
- Markers

Training notes:

It is especially important that participants have a clear grasp of the difference between sex and gender (in other words, that a person can have a different gender identity than their biological sex), and that they understand that specific vulnerabilities make people more at-risk to SGBV in different ways in an emergency response. These are addressed in the Seven Moves training, the UNFPA online course and in the IASC Different Needs – Equal Opportunities online training, which are pre-requisites for this course. However, trainers who feel participants need a refresher on this content may wish to draw from those courses to review relevant concepts with the participants.

The UNFPA e-course is available online at *Managing Gender-Based Violence Programmes in Emergencies*. There is also a companion guide in English, French, Arabic and Spanish for free download: *http://www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies.*

The IASC Different Needs – Equal Opportunities e-course is available online on the *IFRC learning platform*.

It is also important that the participants begin to comprehend:

- That survivors have the right to a range of services as part of a survivor-centred response, but that not all services should be provided (or can realistically be provided) by the Red Cross Red Crescent. Instead, they should focus on coordination and ensuring access to services provided by other agencies.
- That informed consent and confidentiality are important in order to avoid doing harm.

- That staff and volunteers can also be affected by hearing traumatic experiences, and that care of staff and volunteers should also be addressed.
- That per the "Do No Harm" principle we should not provide referral or mention SGBV in communities where there are no services for communities.

More resources for this session are available in the course syllabus.

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group
- Sub-Cluster or Cluster lead
- PSS Staff

Assessment:

- Introductory quiz in the Key concepts slide presentation
- Group discussion

SESSION 3a
Conducting a situation analysis

Length of time: 60 minutes

3.1 Situation analysis slide presentation and discussion – 60 minutes

Objectives:

- Participants understand the opportunities and limitations for the Movement to contribute to building safe and resilient communities that include attention to SGBV.
- Participants understand the risks related to data collection.
- Participants know what type and where to look for information for a basic situation analysis that will inform programming.

Session content:

3.1 The trainer delivers the Conducting a situation analysis slide presentation which covers the following sub themes:

  - Types of SGBV
  - Especially at-risk populations
  - Social and cultural norms
  - Ethical issues in data gathering
  - Informed consent and its importance
  - Laws and policies that exist
  - Mapping existing services

- Presentation gives an overview to the kinds of information needed to start a programme (including magnitude of the problem, social and cultural norms, legal and policy frameworks, and existing services), needs of survivors, establishment of referral pathways, as well as the challenges and risks in gathering information and how to mitigate risks.
- Time for this step: 60 minutes

Materials:

- Conducting a situation analysis slide presentation.
- Handouts to show what referral pathways look like to demonstrate Standard Operating Procedures (SOPs) and directory (see Annex 6 or course syllabus for more examples)
  - You can download relevant examples here and add them to the package from the following sites, or find your own

1. Protection Cluster Practical Guidelines for Referral of GBV Survivors – Nepal Earthquake, *http://thegenderagency.org/wp-content/uploads/2015/05/Practical-Guide-GBV-Referral-_v1-05_11_15.pdf*
2. GBV Referral Pathway for Juba, South Sudan, *https://www.humanitarianresponse.info/system/files/documents/files/updated_gbv_referral_pathway_juba_-_updated_march_2016.pdf*

Training notes:

- It is extremely important that participants understand the risks and ethical issues involved in data collection, and that it is best to draw on a) secondary sources (information gathered by other expert agencies) and b) an assumption that staff should take a proactive approach to SGBV and not wait for evidence of SGBV to come to light.
- Review this section to see if there are specific flash points that need to be addressed - such as termination of pregnancy.
- It is recommended to do some advance research on laws and how they are applied in the contexts that will be discussed.
- Specific talking points are included in the notes section of the slides.
- It is useful to find contextually specific examples of SGBV (such as culturally specific forms of SGBV) to use in the presentation and the trainer should consider whether there are different laws that apply for different ethnic groups.

Experiential activities:

As an alternative to delivery of slides, the trainer could prepare some pieces of paper with the following headings written on yellow card:

- Types of SGBV
- Especially at-risk populations
- Social and cultural norms
- Ethical issues in data gathering
- Informed consent and its importance
- Laws and policies that exist
- Mapping existing services

And the following written on blue card:

- Rape
- Domestic violence
- Sexual harassment
- Female genital mutilation
- Persons with disabilities
- Women
- Girls
- Men
- Boys

- Transgender and LGB persons
- Domestic Violence Laws
- Criminal Act
- Confidentiality
- Safe storage of information
- Counselling Services
- Minimum initial services package (MISP)
- Post exposure prophylaxis (PEP) kits
- Legal services
- Psychosocial support
- Protection services

Then ask participants to match blue cards with yellow cards, and facilitate a discussion about the key analysis that needs to occur to Map the Field.

Additional resources (you may wish to bring some hard copies of these, or include some of the resource pages as handouts in the training information packages):

- Inter-Agency Standing Committee (IASC) ***Guidelines for Integrating Gender-based Violence (GBV) Interventions in Humanitarian Action*** (2015), these are detailed inter-agency sector-based guidelines that include action, monitoring plans, links to country-specific resources and serve as the agreed global humanitarian GBV standard. *http://gbvguidelines.org/en/home*
- UNFPA for the IASC, ***The Minimum Standards for Prevention and Response to Gender-Base Violence in Emergencies*** (2015) is a guideline used for establishing a GBV coordination mechanism in preparedness and response. They provide clarity on what constitutes effective and appropriate GBV prevention and response in emergencies by offering concrete actions that can be applied across various emergency contexts. *http://www.unfpa.org/sites/default/files/pub-pdf/GBVIE.Minimum.Standards.Publication.FINAL_.ENG_.pdf*
- The GBV Area of Responsibility has developed Standard Operating Procedures on GBV in humanitarian settings, available online: *http://gbvaor.net/?s=standard+operating*
- The IASC Gender-based Violence Information Management System was created by UNFPA, IRC and UNHCR to standardise GBV data collection: *http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf*
- ICRC info on sexual violence and International Humanitarian Law (IHL) online: *https://www.icrc.org/en/what-we-do/sexual-violence*

<u>On diversity and community consultation:</u>

- The Women's Refugee Commission has published guidance on how to consult with the community about inclusion of women, men, girls and boys with different types of disabilities in GBV interventions, and other community-based protection efforts.

SESSION 3a

1. GBV against children and youth with disabilities: A toolkit for child protection actors *https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/289- youth-disabilities-toolkit*

2. Disability inclusion in GBV programming: A Toolkit for GBV practitioners *https://www.womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173*

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group
- Legal Advisor
- Sub-Cluster or Cluster lead
- Community-based service providers (carefully selected and briefed)

Assessment:

- This is addressed in the following session

SESSION 3b
Conducting a situation analysis in practice

Length of time: 120 – 180 minutes

3.2 Mapping the field group work – 120 - 180 minutes

Objectives:

- Continuation of the previous session

Session content:

3.2 The trainer divides participants into small groups of four-five participants and assigns one case study to each group or pre-selects one (locally contextualized) case-study that all participants will work on (Annex 8), as well as the "Mapping the field" handout (Annex 7).

- Explain that each group will work with the scenario for the rest of the course. The scenarios were written by National Society staff and draw from real life. They include a variety of different scenarios that are typically encountered.
- Ask each group to have one person read the scenario aloud, and to discuss together any questions participants may have.
- Using the "Mapping the field" handout, each group should identify answers to the questions needed for a basic situation analysis. They should identify areas where the information needed is not available in the case study, and brainstorm potential ways to obtain the information they need. (If participants have laptops, they may prefer to do this on an electronic version).
- If time permits, participants should identify the at-risk populations, types of SGBV, existing actors, and the plan of action for the IFRC or National Society, both in the emergency moment up to stabilization phase. It is recommended to allow about 60 minutes for the groups to work together. Ask them to identify one person (ideally, someone who has not spoken so much in the course so far) to give a five minute overview to the full group, introducing the overall case study and what information they were able to find and what information they needed. Invite questions or comments from the full group.
- Manage the time carefully – a longer than five minute presentation will lead to loss of focused attention from listeners.
- At the end of the discussion, ask everyone to take a few minutes to identify and note down in writing one follow-up action in their own contexts they could take to improve their understanding of the local context. What is one thing they would like to know, and where will they look for that information? Ask three or four people to share with the full group what their one follow-up action will be.
- Remind the group that these follow-up actions will go into individual plans to be developed over the coming days.
- Time for this step: 120 – 180 minutes

SESSION
3b

Materials:

- "Mapping the field" handouts (or share electronically) (Annex 7)
- Scenarios – printed or shared electronically (Annex 8)
- Flipcharts and markers
- Pens and pencils

Training notes:

- The facilitator can choose between selecting one scenario (adapted to the context) that everyone works on or assign different case studies to each group. All working with one scenario will help save time.
- It is advisable that co-facilitators in this Session 3a-b are floating around and available for any questions from the groups.
- The trainer may opt to end the day with a debrief with participants, offering a few minutes for participants to reflect on what has come up during the day, share feedback, or ask follow-up questions as needed.

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group
- Legal Advisor
- Sub-Cluster or Cluster lead
- Community-based service providers (carefully selected and briefed)

Assessment:

- Group discussion
- Trainers can collect and review the completed "Mapping the field" handouts overnight, returning them to participants with any comments the following morning

SESSION 4
Review and discussion

Length of time: 30 minutes

4.1 Review and discussion – 30 minutes

Objectives:

- Participants reflect on and synthesize what they learned the first day
- The trainer gives feedback on the "Mapping the field" handouts

Session content:

4.1 The trainer opens the discussion by asking participants to share any questions or additional reflections they had overnight about the content of the first day.

- If participants are reluctant to speak, have them stand in a circle, bringing a ball or other soft object that is easy to pass. Explain that the person who has the ball (or other object) speaks, and throw the ball to someone in the circle, asking them to throw it someone else after they speak. Pass the ball until everyone in the circle has had an opportunity to speak.
- Share overall feedback on the "Mapping the field" handouts, noting some things that were well done, and some areas to consider for the future.
- Return the "Mapping the field" handouts to the participants.
- Tell the participants that today they will focus on applying the Minimum Standard Commitments to the scenario(s) they worked on yesterday. In the afternoon, the group will begin working on their own action plans.
- Time for this step: 30 minutes

Materials:

- Ball or other soft object that can be thrown or passed.
- "Mapping the field" handouts completed on the first day, with any notes/comments from the trainer

Training notes:

- This session is an opportunity for any concerns or questions to be raised, and to give participants a chance to reflect on the content from the first day.
- If participants are reluctant or shy, passing the ball may not be an appropriate method. Participants could be asked instead to work in pairs.

SESSION 4

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group

Assessment:

- Group discussion

SESSION 5
Risk mitigation and response

Length of time: 180 – 210 minutes

5.1 Voices of survivors – 20 minutes

5.2 Minimum Standard Commitments: SGBV mainstreaming and response – 35 minutes

5.3 Making referrals and sharing data – 20 minutes

5.4 Field coordination – 15 minutes

5.5 Focus on mitigation: group work on scenarios and plenary – 120 minutes

Objectives:

- Participants understand clearly the role of National Societies in meeting the Minimum Standard Commitments to Gender and Diversity in Emergency Programming and also what are the added considerations if a National Society wishes to develop stand-alone SGBV response (such as PSS support or Health Care for Survivors).
- Participants have a basic understanding of how the protection cluster works and how to coordinate multi-sectoral SGBV response.
- Participants learn to apply the Minimum Standard Commitments to Gender and Diversity in Emergency Programming with particular focus on the safety dimension ('S' in the 'DAPS') to scenarios (Child Protection, Code of Conduct, SGBV referral).

Session content:

5.1 The trainer begins by showing a short video of a survivor and leads a discussion by asking the group to reflect on the following questions:

a. What are the forms of SGBV in the case study? (Remind people to be specific here, is it Rape? Early marriage? etc.)

b. What are the impacts of this on the survivor?

c. What are the impacts on their family?

d. What are the services that the survivor needs?

e. What are the services that the survivor receives?

- Time for this step: 20 minutes

5.2 The trainer tells participants that this session will focus on small group work, using the scenarios, to begin applying the Minimum Standard Commitments. Before moving on to the group work, the trainer delivers Risk mitigation and response slide presentation (until 'Making referrals') reviewing the SGBV mainstreaming standards as per the IASC GBV Guidelines and IFRC's DAPS approach with particular attention to Safety standards.

- From mainstreaming, the trainer moves on to SGBV response by presenting minimum requirements for response including the role and capacity of a National Society in delivering these. For this session, the trainer should refer to the UNFPA Minimum Standards and the IRC checklist.
- **It is important that the trainer emphasizes that there are international minimum requirements that all service providers need to meet before setting up targeted SGBV response activities. Some time should be set aside for a discussion on what National Societies can and should do when there are no services where to refer SGBV survivors.**
- Remind participants that we are discussing specific SGBV prevention and response and not general gender-diversity sensitive programming commitments! Ensure that this message is clearly understood.
- Time for this step: 35 minutes

5.3 The trainer continues the slide presentation explaining that it is important to know how to refer if there is a concern for the welfare of the person and the consent has been given. **Not all choose to be referred.** A survivor-centred approach and rights-based approach support survivors to make their own (informed) choices.

- Those referring also need to know what to do in terms of the procedures they are required to follow in their capacity as a volunteer or staff member (SOPs). When referring keep in mind the four principles of the survivor-centred approach. Always prioritise the confidentiality and security of survivors.
- The trainer continues the slide presentation explaining that one must always be careful when sharing data with others and that there are standard routines on how to collect SGBV data. Informed consent from the survivors must be obtained whenever sensitive data is shared.
- Time for this step: 20 minutes

5.4 The trainer moves on to give an overview on Inter-Agency Coordination and explains the role of Red Cross Red Crescent Movement in the field coordination. It is advised that this session is co-facilitated with a Cluster or Sub-Cluster lead for the country or region.

- Time for this step: 15 minutes

5.5 The trainer introduces the group work explaining that this activity will focus on small group work, using the scenarios, to begin applying the Minimum Standard Commitments (Annex 8). Again, the trainer may decide to take one of the scenarios and adapt it to the context and then give all groups just one (locally-contextualized) scenario which can be useful for plenary discussions (to check if all groups picked up on the same issues).

- It is important to emphasize that it is not easy to meet our Minimum Standard Commitments let alone creating stand-alone programming for SGBV and therefore we need to ensure our “Do No Harm” approach is well considered.
- Do No Harm means that our action should not cause more harm than good, and therefore (for example) if there are no other agencies providing support services for survivors of SGBV in a given context, we should not be asking questions about SGBV as we risk putting people at harm.
- The emphasis of the National Society in these scenarios should be on a) developing referral pathways for survivors, to ensure their access to a survivor-centred

SESSION 5

response, and b) prevention and mitigation of SGBV. It is important here to highlight the coordination with different actors and map out who at the relevant agencies/stakeholders to reach out to and what are the avenues for this.

- Explain that the first step is to conduct a needs assessment for each scenario (See tool included in the Minimum Standard Commitments). Encourage participants to begin by completing the Needs Assessment section of the Minimum Standard Commitments activity handout (Annex 9).
- Explain that the Minimum Standard Commitments are organised by sector: Emergency health, food security, water, sanitation and hygiene (WASH), emergency shelter, livelihoods, non-food items, and disaster risk reduction. Within each sector, activities are organised according to four areas of focus: Dignity, Access, Participation and Safety (DAPS).
- Once the participants have conducted the needs assessment, they should assign relevant sectors to individual members of the group, and identify actions each member can take. If they do not find enough specifics that are relevant to their scenarios in the Minimum Standard Commitments, they should be encouraged to identify interventions from the relevant sector in the IASC Guidelines.
- Then the group should come together and agree how they will work together to ensure multi-sectoral coordination and ensure survivors access to essential services.
- Finally, the small groups report back to the full group of participants on high-level decisions they made, and gather feedback from the trainer and the full group.
- Time for this step: 120 minutes

Materials:

- Risk mitigation and response slide presentation
- Scenarios shared on the first day – may be necessary to have additional copies in case any were damaged or misplaced
- Printed copies of the Minimum Standard Commitments (ideally, one per participant)
- The full set of the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action: *http://gbvguidelines.org* (ideally, either online access, or one per group)
- Minimum Standard Commitments activity handout (Annex 9)
- Flipcharts and markers

Training notes:

- In preparation for the session on referrals, it is very important to find out the procedures for making a referral in the organizations/community where the participants are working, if possible. Look specifically at the responsibilities for staff and volunteers. It is likely there will be different procedures for staff and volunteers.
- Trainers are responsible for adapting the selected case studies as needed according to the specific context, expertise and backgrounds of the participants.
- Before this exercise, review the participants' backgrounds and the sectors identified for each assignment. Note that not all scenarios address all sectors. As much as possible, try to assign seating to groups so that individuals from relevant sectors are working on scenarios where they can draw on their real-life sectoral expertise.

- Some groups will need more time to complete this exercise than other groups. If a group finishes far in advance of the others, the trainer can provide them with some options: either individuals can sit in and observe other groups that are still working on their scenarios, or they could begin to work on their own individual action plans.
- In reporting back to the full group at the end, the trainer could encourage someone to speak on behalf of the group, or to develop a poster and use a World Cafe approach in which posters are put on the walls with a short description of the scenario and the recommended interventions, and one person from each group standing by the poster to answer questions as other participants circulate and see all the posters.
- In group discussion, go over lessons learned and good practice from National Societies or external partners, so that the answers are matched with real experiences.
- Collect the handouts for review and comment overnight.

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group
- ICRC Sexual Violence Advisor
- Sub-Cluster or Cluster lead

Assessment:

- Minimum Standard Commitments activity handouts
- Group discussion and presentation

SESSION 6
Developing action plans

Length of time: 45 minutes

6.1 Identifying top three actions – 45 minutes

Objectives:

- Participants begin to draw on what they have learned to develop plans for action when they return to their own contexts.

Session content:

6.1 Explain that participants will begin to think about how to apply what they have learned over these two days to their own contexts. Distribute the Action plan handout (Annex 10). Encourage participants to keep this as a reference document because when they return to their daily work they can use the template (steps 1 – 3) to: map the field and identify actors and at risk groups.

- Ask participants to identify the top three (or more) **specific actions they can take within their sector**, based on the Minimum Standard Commitments and the IASC Guidelines, to reduce the risk of SGBV in their sector
- Ask participants to share their ideas very briefly
- Time for this step: 45 minutes

Materials:

- Action plan handouts for each participant (Annex 10)
- Pens or pencils
- Minimum Standard Commitments and IASC Guidelines
- Laptops or phones and internet access, if available

Training notes:

- While individuals are working on their plans, be available for questions or discussion. Help them to identify actions that are practical and within their area of responsibility. Encourage each participant to come up with at least three specific actions they can follow up on when they return to their own contexts.
- The trainer may wish to encourage participants to turn in their work for review and comment overnight.
- The trainer may opt to end the day with a debrief with participants, offering a few minutes for participants to reflect on what has come up during the day, share feedback, or ask follow-up questions as needed.

- The trainer should consider inviting an external speaker to present the local referral pathways (such as the Sub-Cluster or Cluster lead).
- The trainer should find relevant country-level information such as gender and diversity analysis or SGBV studies from expert agencies to share with the participants to show that helpful analysis is already available.

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group
- ICRC Sexual Violence Advisor
- Sub-Cluster or Cluster lead

Assessment:

- Observation
- Draft action plan worksheets

SESSION 7
Monitoring and evaluation

Length of time: 45 minutes

7.1 Group work – 15 minutes

7.2 Discussion – 30 minutes

Objectives:

- Participants begin to understand the complexity of monitoring and evaluating SGBV interventions.

Session content:

7.1 Distribute the indicator handouts from the IASC GBV Guidelines (which can be found here and matched to the sectors in the scenarios that your teams are using – *http://gbvguidelines.org/en/home*) and ask participants to choose two indicators relevant for their scenario based on the work from the 'Mitigation and response' session.

- Time for this step: 15 minutes

7.2 The trainer leads a discussion on the challenges of data collection reinforcing the importance of ethics, and the need to ensure services are in place to meet the immediate needs of survivors before survivors are identified and potentially re-traumatized. Privacy, confidentiality and informed consent are essential in data collection.

- The trainer should lead a wrap-up discussion with the group about ways to continue to check in as action plans are finalized and implemented in their National Society. Ask each participant to think of ways they can monitor and evaluate the top three actions they identified in the last activity. Ask them to write them down.
- Discuss how the participants in the training will disseminate lessons learned from the training or activities to other colleagues? For example, the group could agree to keep in touch via basecamp, email or social media. They could agree to pair up to support one another as action plans are implemented, or could agree to a group conference call in a month's time to check in on progress. Participants should be encouraged to contact the gender and diversity advisors in their regions, as well as the team at IFRC in Geneva. They should also be encouraged to join the gender and diversity network(s) in their regions to take advantage of opportunities for peer-to-peer learning and mutual support.
- Time for this step: 30 minutes

SESSION 7

Materials:

- Handouts of sample indicators from the IASC GBV Guidelines – *http://gbvguidelines.org/en/home*

Training notes:

- Ensure that the instructions are clear and that you have the handouts from the IASC Guidelines pre-downloaded.

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group
- PMER Advisor

Assessment:

- Group discussion

SESSION 8
Internal protection systems

Length of time: 1 hour

8.1 Voices of survivors – 15 minutes

8.2 Internal protection systems (Code of Conduct, Child Protection, Protection from Sexual Exploitation and Abuse) – 30 minutes

8.3 Discussion – 15 minutes

Objectives:

- Participants will gain an understanding of available protection systems in the Movement (i.e. Code of Conduct and Child Protection Policy).
- Participants will gain knowledge of sexual abuse and exploitation by humanitarian staff and what are the key considerations to be included in the Protection from Sexual Exploitation and Abuse (PSEA) policy.

Session content:

8.1 The trainer begins by showing a short video of a survivor (or reads a case study) and leads a discussion by asking the group to reflection on the following questions:

a. What are the forms of SGBV in the case study?

b. What are the impacts of this on the survivor?

c. What are the impacts on their family?

d. What are the services that the survivor needs?

e. What are the services that the survivor receives?

- Time for this step: 15 minutes

8.2 The trainer delivers the Internal protection systems slide presentation and explains to the participants that these policies are about safeguarding beneficiaries against abuses committed against them by our own people (staff and volunteers) and we have safeguards in place to protect those who we serve and our own emblems from being associated with abuse.

- Unfortunately, it is common that aid workers (and other people in positions of power) abuse those who are in a situation of need. The risks of this are predictable and preventable and our minimum standard is to ensure that our Code of Conduct and Child Protection mechanisms function well.
- Time for this step: 30 minutes

8.3 The trainer then asks each table to identify some best practices and opportunities to strengthen approaches in their National Society (who needs to do what, what are human resources obligations, what are manager obligations, how do we increase practices that protect beneficiaries from SEA issues?).

- In plenary, the trainer hosts a discussion on the challenges and opportunities to strengthen our safeguarding policies, and restates that each National Society needs to develop its own functioning system and that IFRC can offer technical support for policy development.
- Time for this step: 15 minutes

Materials:

- Internal protection systems slide presentation
- An example of functioning Child Protection and Code of Conduct reporting, or a template for monitoring and evaluating Child Protection measures. You might ask your Secretary General to come and talk about this issue and the National Society policies in this regard
- More resources for this session, including developing and implementing a PSEA policy, are available in the course syllabus

Training notes:

- Note that in some cases there might be participants who wish to report breaches of the Code of Conduct or Child Protection policy to you in the break and that you should have previously discussed this with the relevant NS authorities.

Experiential activities:

As an alternative to delivery of slides, the trainer can opt for the 'speed debating' exercise from the Seven Moves training package.

- Ask the participants to stand up and to form two lines facing each other.
- Read participants a statement regarding abuse of power that is also displayed on a slide or flipchart and instruct participants to discuss it with their partner, for two minutes only. You can instruct one side to agree with the statement and the other side to disagree.
- After the two minutes, interrupt the discussions and invite participants to share any interesting points they raised. Take one or two comments only and move on quickly. Ask a participant on one side of the row to move one person to their left.
- Read another statement and allow another two minutes to discuss and then invite comments. Repeat for a total of five to six statements.
- After the last two-minute discussion, thank participants and instruct them to return to their original seats.

Below are some sample statements, but facilitators should devise their own statements, tailored to the context and to participants' interests:

- people' with: Red Cross Red Crescent staff should be allowed to have sex with anyone over the age of consent in the country concerned, even if that age is lower than 18.

SESSION 8

- Sexual violence and exploitation by respected members of the community, such as doctors, religious leaders or teachers, is very rare.
- A young woman who brings a baby to your National Society and says the father was wearing a Red Cross Red Crescent vest when he raped her must be lying.
- Sexual violence is an issue that impacts affected people only.

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group
- Human Resources Advisor
- Child Protection Advisor
- Secretary General or Senior Manager

Assessment:

- Discussion and observation

SESSION 9
Basic staff and volunteer care

Length of time: 1 hour

9.1 Basic staff care and SGBV at workplace – 30 minutes

9.2 Discussion – 30 minutes

Objectives:

- Participants will gain an understanding of secondary traumatisation (vicarious trauma) and some helpful resources for planning staff care.
- Participants will gain knowledge of SGBV and violence against staff and volunteers and what support to offer those staff or volunteers.

Session content:

9.1 The trainer delivers the slideshow on secondary traumatisation (vicarious trauma) and on SGBV against aid workers/staff. It is recommended to co-facilitate this session with PSS or a Staff Health Advisor and a Security Advisor.

- Time for this step: 30 minutes.

9.2 The trainer invites each group to return to the scenario they are using and (as a team) to identify: What plans will be in place to address secondary traumatisation of staff and volunteers and what steps need to be taken to ensure that staff and volunteers who experience SGBV are taken care of.

- In plenary seek each group's feedback in two minutes.
- Time for this step: 30 minutes

Materials:

- Basic staff and volunteer care slide presentation
- Scenarios shared on the first day

Training notes:

- Note that there may be some discussions on what obligations a National Society has for a staff member experiencing an ongoing situation of daily violence (i.e. domestic violence) and for issues such as rape during humanitarian response work.
- Suggested action: Place a glass on a table (away from electrical cables) and use a jug to fill it with water. Fill it until it overflows. Explain that this is an example of how vicarious trauma can affect individuals. They feel overwhelmed and too full with information and it starts to overflow. This is dangerous for the individual (their stress level is too high) and dangerous for survivors (the person may need to debrief so much that they start telling survivors stories to people).

SESSION 9

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group
- PSS Staff
- Staff Health Advisor
- Security Advisor

Assessment:

- Discussion and observation

SESSION 10
Evaluation and next steps

Length of time: 1 hour

10.1 Next steps – 40 minutes

10.2 Course evaluation – 10 minutes

10.3 Course certificates – 10 minutes

Objectives:

- The group has a clear follow-up plan, which may include disseminating content learned in the course among other colleagues.
- Participants complete evaluations of the course.

Session content:

10.1 The trainer leads a wrap-up discussion with the group about ways to continue to check in as action plans are finalized and implemented. Do the draft plans include actions to disseminate lessons learned from the training to other colleagues? For example, the group could agree to keep in touch via basecamp, email or social media. They could agree to pair up to support one another as action plans are implemented, or could agree to a group conference call in a month's time to check in on progress.

- Participants should be encouraged to contact the regional gender and diversity advisors in their regions, as well as the team at IFRC in Geneva. They should also be encouraged to join the gender and diversity network(s) in their regions to take advantage of opportunities for peer-to-peer learning and mutual support.
- Time for this step: 40 minutes

10.2 The trainer circulates a course evaluation form to gather feedback from participants (Annex 11).

- Time for this step: 10 minutes

10.3 Finally, the trainer distributes signed course certificates to the participants.

- Thank everyone for their active participation and allow time for everyone to say goodbye to each another.
- Time for this step: 10 minutes

Materials:

- Course evaluation handout (Annex 11)
- Signed course certificates – a sample form is available in the course syllabus

SESSION 10

Training notes:

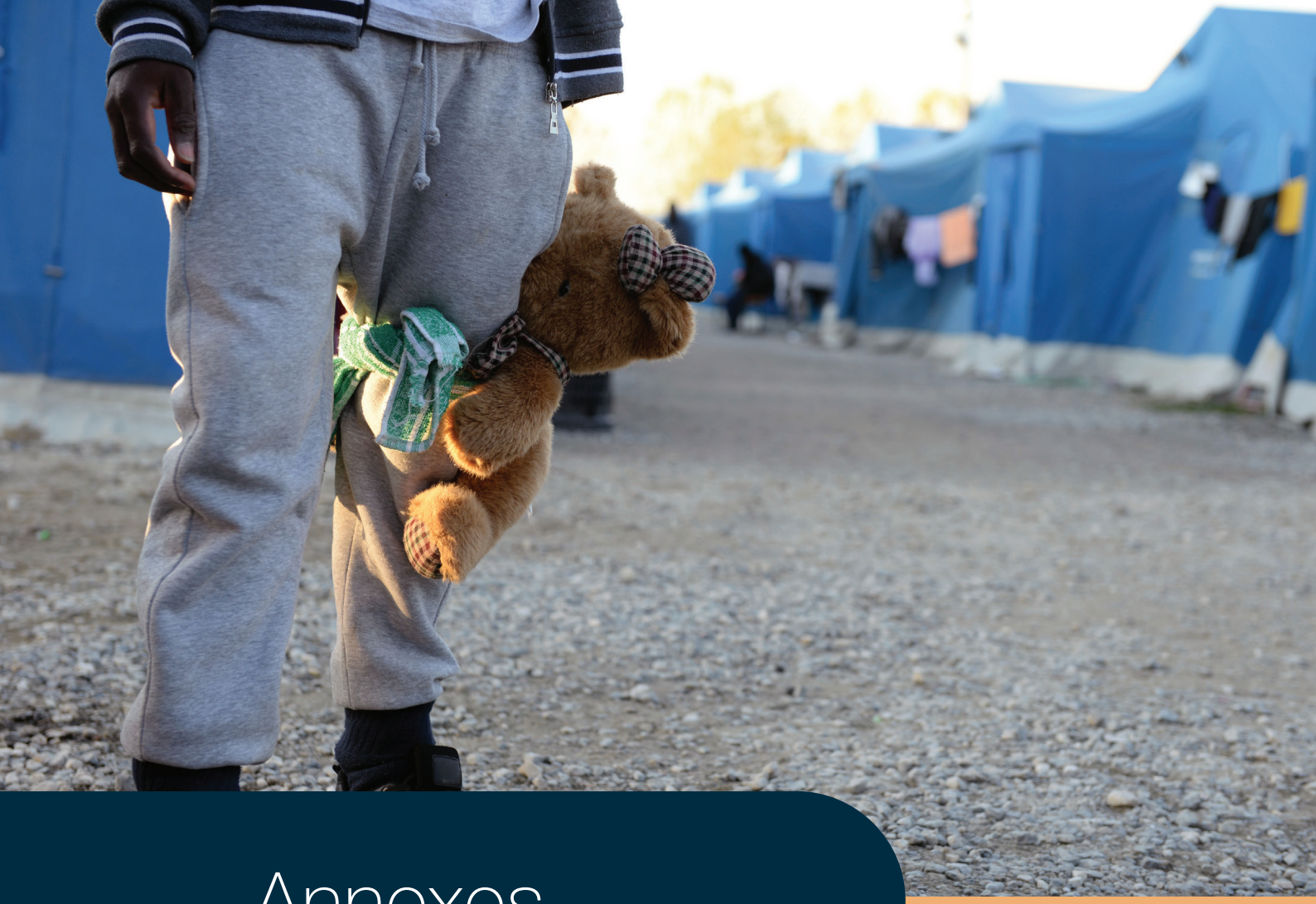
- It is generally best if participants are given time to complete the evaluation forms in the classroom – once they leave, unfortunately, the forms are unlikely to be completed.

Recommended co-facilitators:

- Gender and Diversity Network, SGBV and Disability Inclusion Working Group
- Host National Society

Assessment:

- Discussions
- At the end of the training, ensure that you record the feedback and learn from the inputs of the group. Include the outcomes of the evaluation in your report and provide it back to participants within one month of the training via email. Ensure that feedback remains anonymous



Annexes

ANNEX 1
Pre-training survey

Joint Action for Prevention and Response to Sexual and Gender-based Violence

Pre-training Survey

Name	
Job title	
Organization	

PART 1 Experience and Training

Have you completed the Seven Moves: Gender and Diversity in Emergencies Training (on how to use the Minimum Standard Commitments to Gender and Diversity in Emergency Programming/DAPS)?

Where and when did you attend the Seven Moves training?

Have you attended other training on SGBV? *(please give some details of the training and topics covered)*

What do you hope to get out of this training? *(your expectations)*

What are the main SGBV issues related to your work? *(briefly, please!)*

Briefly describe the biggest challenges you have in your context when it comes to working on SGBV?

Does your National Society have a policy that prohibits Sexual Exploitation and Abuse?

PART 2 'Sexual and gender-based violence: Joint action on prevention and response' Resolution
Does your National Society carry out or support activities that help to implement the 2015 International Conference Resolution on sexual and gender-based violence? *If yes, please briefly describe them.*
Briefly describe any challenges that your National Society may have faced when implementing the Resolution, or which prevented you from implementing it.
Has your National Society launched or signed a specific pledge on sexual violence or SGBV at the 2015 International Conference? If yes, briefly describe activities carried out to fulfil the pledge and the challenges that you faced in fulfilling the pledge. *Find pledges here.*
Is there any support you would like to receive from the IFRC or ICRC in working on the implementation of the Resolution going forward?

ANNEX 2
Introduction Activity Quiz

Please circle the letter next to the correct answer for each question. The quiz should take about 15 minutes.

1. What is the difference between sex and gender?

a. There is no difference. They are the same thing.

b. Gender refers to biological differences between men and women. Sex refers to the roles we are socialized in over time.

c. Sex refers to biological differences between men and women. Gender refers to the roles we are socialized to learn.

d. All the above.

e. None of the above.

2. What is sexual and gender-based violence?

a. It is basically rape.

b. Any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a person on the basis of their gender.

c. Violence against women only, does not include violence against men and boys.

d. All the above.

e. None of the above.

3. What are some forms of diversity that should be considered in an emergency response?

a. Language and ethnicity.

b. Physical abilities.

c. Age.

d. All the above.

e. None of the above: they are not urgent considerations.

4. How should gender and diversity be considered in a needs assessment on the scene of a disaster?

a. Sex and age – disaggregated data – Data broken out by sex and age group.

b. Gender analysis – Roles and responsibilities of women and men, access to and control of resources.

c. Diversity analysis – The realities of persons of different ages, abilities, and other factors (e.g. ethnicity).

d. All the above.

e. None of the above.

5. What are the Minimum Standard Commitments to Gender and Diversity in Emergency Programming?

a. Guidance for Red Cross and Red Crescent staff on emergency programming that are based on the IASC Guidelines on Gender-based Violence, as well as other guidance.

b. Guidance for Red Cross Red Crescent staff on practical standards to uphold dignity, access, participation and safety in emergency programming.

c. Guidance for Red Cross Red Crescent staff on how to analyse and respond to distinct needs of females and males of all ages and backgrounds in emergency programming.

d. All the above.

e. None of the above.

6. Why might children have specific SGBV protection needs in emergencies?

a. Their age, size, and dependence on others.

b. Their refusal to listen to parents.

c. The higher chance that they will seek out risky behaviours.

d. All the above.

e. None of the above.

ANNEX 3
Key SGBV Concepts Quiz (please amend to contextually specific quiz)

1. **What does SGBV stand for?**
   a. Sexual and Gender-based Violence
   b. Sexual and Gross Bodily Violence
   c. Sexual or Gendered Bullying and Violence

2. **What is SGBV?**
   a. Physical, sexual, psychological or economic violence against a person because of their gender
   b. Violence during wars and conflict
   c. Physical violence against women only

3. **Violence studies from 86 countries across Africa, the Americas, Eastern Mediterranean, Europe, South-East Asia and the Western Pacific, show that up to _____% of women have experienced physical and/or sexual violence in their lifetime from an intimate partner (a husband, a boyfriend, or spouse).**
   a. 28%
   b. 68%
   c. 88%

4. **Globally, 1 out of every _____women will become a victim of rape or attempted rape over the course of her lifetime**
   a. 3
   b. 5
   c. 10

5. **In Nepal, only ____% of women (who participated in a nation-wide GBV survey) were aware that rape within marriage is illegal and only ____% were aware that there is a specific law against domestic violence?**
   a. 9 and 13
   b. 12 and 20
   c. 25 and 50

6. **Catcalling someone on the street (sometimes called ve teasing in South Asia and piropos in South America) is a form of Gender-based Violence and is harmful?**
   a. True
   b. False

7. **Gender-based Violence is known to increase after disasters?**
   a. True
   b. False
   c. Not enough evidence

8. **In South Africa, a woman is raped every _____ seconds.**
   a. 63
   b. 67
   c. 83
   d. 87

9. **How many million women and girls die each year as a result of so called "Honour Killing"? (Source: To Protect Her Honour)**
   a. 1 million
   b. 5 million
   c. 10 million

10. **Male survivors of GBV may be less likely to report violence because of:**
    a. Individual factors – shame, fear for safety, health fears
    b. Societal factors – loss of income
    c. Community factors – stigma, isolation
    d. All of the above

11. **The following characteristics underpin a Survivor-Centred Approach:**
    a. Safety, Dignity, Confidentiality, Non-Discrimination
    b. Safety, Security, Standard Response, Dignity
    c. Case management, Psychosocial Care, Healthcare

ANNEX 4
Key Terms handout

In the field of SGBV programming, every organisation has its own definitions and mandates. These are the definitions agreed by the Red Cross and Red Crescent Movement.

Gender: A concept that describes the socially constructed differences between females and males throughout their life cycles. Gender – together with factors such as age, race and class – influence, notably, the expected attributes, behaviour, roles, power, needs, resources, constraints and opportunities for people in any culture. Gender is also an analytical tool that enables a better understanding of factors of vulnerability with a view to more appropriately responding to need.

Gender-based violence (GBV): An umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Gender-based violence is a result of gender inequality and abuse of power. Gender-based violence includes but is not limited to sexual violence, domestic violence, trafficking, forced or early marriage, forced prostitution and sexual exploitation and abuse.

Sexual violence: Acts of a sexual nature committed against any person by force, threat of force or coercion. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against another person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person's incapacity to give genuine consent. It furthermore includes acts of a sexual nature a person is caused to engage in by force, threat of force or coercion, against that person or another person, or by taking advantage of a coercive environment or the person's incapacity to give genuine consent. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy or enforced sterilization.

Note: For sexual violence as defined above to fall under the scope of international humanitarian law, it needs to take place in the context of and be associated with an armed conflict.

ANNEX 5
Survivor-Centred Approach: Alena's story

Alena is 18-year-old woman living in an urban shelter with her mother, four siblings and three other female-headed families.

One day Alena tells her **mother** that a **male teacher** at her school has raped her. The mother does not know what to do, so she asks advice from **one of the women** they share shelter with, telling her the story.

The woman tells her to take her daughter to the **local healer**. She goes to the healer and repeats the story of the abuse by the teacher.

The healer examines the girl, gives her some medicine and tells the mother to go to the local Red Cross Red Crescent community centre.

The male **volunteer** is at the centre, so the mother tells him the story. He says she should go to the female **field officer**. They go to her and tell her the story again and ask for advice. She then says they must go to the doctor to get an examination.

On the way, they must pass a **check point** where they explain that they are going to the doctor for an examination.

Alena meets with the **doctor**, telling her story who then examines Alena and tells them to go to the police.

After explaining what happened to Alena, the **police officer** tells the mother they need a certificate from the doctor.

The doctor gives the certificate. The mother hands over the certificate to the police officer.

Some days later, the mother is very worried because the teacher has been threatening Alena. He has heard about her going to the authorities.

Survivor-Centred Approach: Community Role Cards

Alena (Survivor)	RCRC Field Officer
Mother	Doctor
Woman living in the shelter	Military police at the checkpoint
Local healer	Police Officer
RCRC Volunteer	Teacher (perpetrator)
RCRC Field Officer	

ANNEX 6
Sample Referral Pathway – Nepal Earthquake Response

Access the original high-resolution file here and print it out for participants
http://thegenderagency.org/wp-content/uploads/2015/05/Practical-Guide-GBV-Referral-_v1-05_11_15.pdf

GBV subcluster of the Protection cluster
Practical Guide for Referrals of GBV survivors – Nepal Earthquake (v.1)

--The following provides a practical guide for referring survivors of GBV to relevant services, ensuring a survivor-centered approach and in line with key guiding principles of respect, safety and confidentiality. It is not intended to replace exiting protocols, but rather guide adequate treatment of survivors and referrals.

You are informed of an incident of GBV, such as sexual violence (i.e. rape), physical violence (i.e. domestic violence), psychological violence (i.e. verbal abuse)

Key Guidelines :

- Always **protect the identity, confidentiality, and safety of the survivor**.
- Treat the survivor with **respect** and ensure all communications are done in a safe place
- **Do not share the information of the incident without the survivor's consent.**
- Do not share information about a survivor over email. One-on-one discussions are best. **Information about survivors should never be shared in large group meetings**, and only over the phone if absolutely necessary.
- Provide **reliable and comprehensive information on the available services** and support to survivors of GBV
- It is not your job to investigate the case. The **priority is to get the survivor the immediate care and support** that she/he needs.
- Information on follow-up of cases should only be **discussed among a small core group of key actors or coordinators** providing services to GBV survivors, and/or **technical and trained staff**.
- If a survivor **does not wish to report to the police, she/he can access health care in a private facility.** If a survivor **does wish to pursue justice, she/he must be referred to police and be treated at a government facility** in order for the medical certificate to be recognized in a court of law. This information should be clearly informed to the survivor.
- If a survivor comes to you with another person, **identify someone else to engage with her/his companion, while you conduct a private and confidential discussion with the survivor**.
- Ensure the **Child survivor is consulted and takes part in the decision** which will affect her/him
- When family/guardians make a decisions on behalf of the Child, **ensure the best interest of the survivor** is given priority.

Possible Results of Seeking Support (for survivor information):

BENEFITS	CONSEQUENCES
• Treatment of injuries • Access to medical care within **3 days for Emergency Contraception and Post-Exposure Prophylaxis,** and within **5 days for STI prevention** • Access to emotional and psychosocial support • Able to conduct forensic report and file case with police/court	• Compromised confidentiality of survivor • Compromised safety of survivor • Possible inappropriate treatment by service providers • Breach of confidentiality

IF THE SURVIVOR HAS GIVEN CONSENT, THE IMMEDIATE RESPONSE SHOULD BE:

Sexual Violence	**Physical Violence**	**If there is a safety risk and for legal reporting**	**Psychological Violence**
Ensure immediate (**within 72 hrs**) access to medical care	It is advisable to seek health service		
↓	↓	↓	↓
Prioritize Health Care		**Prioritize Safety & Security of Survivor**	**Psychosocial Support**
Hospital or Specialized Medical NGO		**POLICE**	Counselling / Mental health care
↓		↓	↓
Psychosocial Support		**Legal aid**	
Counselling/ Mental health care Women's Safe shelter home		Human Rights Defenders, Prosecutors	

After an immediate response, follow up actions and services may include:

• On-going psychosocial support activities	• Access to legal aid- Protection officer-	• Follow-up medical	• Livelihood opportunities for rehabilitation

ANNEX 7
Mapping the Field – An exercise for mapping out the needs, services and gaps for provision of Sexual and Gender-based Violence Response and Mitigation in Emergencies

Reading the scenario assigned to your group, please complete the following table to conduct a situation analysis.

	What information is in the scenario?	What else do we need to know?	Where could we find additional information?
Magnitude of the problem • Types of SGBV			
Specific groups that may be vulnerable/at-risk • persons with disabilities • ethnic, linguistic, national minorities • religious groups • LGBTI persons • sex workers • children • women and girls • men and boys • old people			
Basic response services in place for survivors: • medical • psychological/ psychosocial • legal aid • protection Who are other actors addressing SGBV? Are these programmes providing all needed services? Are these services inclusive of diverse vulnerabilities? Are these services confidential and respectful of survivors' privacy?			

	What information is in the scenario?	**What else do we need to know?**	**Where could we find additional information?**
Laws and policies • Definition of rape and SGBV • Policies on HIV, STI treatment and care • Laws on age of consent • Laws on reproductive rights • Laws on homosexuality • Criminal laws, standards of evidence • Other laws…? How are these laws implemented in practice?			
Local social and cultural norms • Gender roles and responsibilities • Marriage practices and customs, including dowry • Decision-making within the family • How property is inherited or managed • Community leadership • Norms of communication and decision-making • Places and times where specific groups gather – e.g., where women may gather to talk without men present, or where men gather to talk without women • Major holidays or festivals • Religious or other sacred traditions Other?			

ANNEX 8
Scenarios

SCENARIO 1	A flood in a country affected by armed conflict
Sectors	Emergency health Food security WASH Emergency shelter Non-food items
	This is a conservative society in a mountainous country, which is prone to floods and affected by protracted armed conflict. Almost 10,000 people have been displaced by a recent flood, and forced to flee their homes that are now destroyed. Many have walked for several days in wet weather and treacherous conditions to seek safety. Following the initial displacement because of the flood, the National Society responded by providing temporary shelters in a displacement camp. Due to armed conflict between two religious groups within the flood-affected region, the area is not safe and access to healthcare is difficult. 6,000 displaced people from both religious communities have arrived into the camp, seeking refuge from the cold. 4,000 people are still in an insecure area where clashes have erupted between the various armed actors. Most displaced people belong to one religious group; those from a minority religious group are reluctant to register for fear of violence. There are several checkpoints and a peacekeeping base in the area surrounding the camp. People are faced with the direct threat of being caught up in violence, while facing increased difficulty in obtaining food and other essentials. The protracted armed conflict has resulted in the destruction of essential infrastructure, including water and electricity, and this is compounded by the destruction caused by the flood. Rumours have emerged that a humanitarian NGO has been trading food for sex with boys. A group of mothers in the camp have approached the National Society to allege incidents in which young women and girls were brought onto the peacekeeping base at night. The National Society is joined by a number of Partner National Societies, IFRC, and the ICRC in the country. The National Society is relatively strong in the capital of the country and has strong branches in non-flood-affected areas, but access to remote flood-affected areas and the camp surrounds is challenging. There is an ICRC delegation in the capital and an ICRC sub-delegation two hours by car from the displacement camp. There is a Partner National Society operating a maternal and child health programme nearby the camp. A MSF clinic provides 24-hour emergency medical services to survivors of sexual violence, but is located two hours away from the displacement site on an unimproved road.

The National Society is working in partnership with both the ICRC and the Partner National Society on different activities. The National Society has experience, due to the disaster- and conflict-prone environment, in conducting activities linked to emergency shelter, mobile health, first aid and food distribution.

An international NGO is setting up a small primary health clinic for the local population near the evacuation site, implemented by local staff. However, the NGO has very limited resources in terms of capacity and clinical knowledge. There is no capacity for clinical management of rape, no confidential spaces and no training of health staff on SGBV. The American Bar Association has a small legal team of two lawyers who visit once a week to provide free legal advice to displaced people, and there is usually a long queue of people waiting for legal advice.

There is a SGBV sub-cluster that meets at the national level and a SGBV sub-cluster working group that meets irregularly at field level where several International non-governmental organisations (INGOs) and NGOs are based, including components of the Movement (ICRC, Partner National Society, National Society volunteer team).

Male-only teams from the National Society are typically deployed to the conflict and flood affected region. It is often only groups of male volunteers who undertake such field trips, as women are not given permission by their families to undertake such activities, even though women are involved in many National Society activities run from the national headquarters. Female youth volunteers wish to be more involved.

The volunteers, while having experience in responding to first aid, shelter and emergency food needs, have not been trained on SGBV. The National Society volunteers are working with the ICRC in the camp on restoring family links. A small HIV treatment programme is also being established.

Some additional issues to consider:

- There are many unaccompanied children, girls and boys, in the camp.
- Risks for boys – forced recruitment with armed forces or groups.
- Armed actors, not wearing uniforms, are trying to infiltrate the displacement camps to access food distribution.
- There are allegations that rape and other forms of sexual violence have been perpetrated by armed actors in the camps, as well as sexual violence perpetrated against children.
- There is reported increase in intimate partner violence.
- Men and boys are also survivors of SGBV.
- There are allegations that husbands have been forced to watch rape of wives and children, including gang rape.

SCENARIO 2	A protracted crisis
Sectors	Emergency health Food security WASH Livelihoods Non-food items Disaster risk reduction
	About a decade ago, the country experienced three consecutive years of drought conditions and crop failure and, consequently, widespread food shortage. Thousands of people, especially the most vulnerable – infants, young children, the elderly and the chronically ill – died of malnutrition. Experts have advised that the weather patterns predicted for the next few years could lead to another serious drought if climate change adaptation plans are not put in place. The National Society is very active in this country, with a significant presence in the capital and in branch offices in the worst-affected areas. They are the first responders in emergencies, and are working with the government's National Disaster Management Authority (NDMA) at the national and local levels on disaster risk reduction and preparedness planning, including new climate smart approaches. The National Society has 2,000 volunteers, about 1,000 at the capital/HQ level and another 1,000 spread across four branch offices in the most affected areas. These volunteers work on community-based health and first aid (CBHFA) programmes. They also distribute essential food and non-food items during emergencies. At the branch levels, considerable investment has been made by the NDMA to provide warehouses with pre-positioned stocks of shelter kits, essential medicines, menstrual hygiene products, and dry foods, that the National Society can distribute during a crisis. The IFRC has been present in country for some years and continues to work with and provide support to the local National Society. The IFRC, supporting the National Society, also supports the NDMA in their disaster risk reduction and preparedness work, supporting development of disaster laws. Key initiatives by the National Society include social mobilisation to ensure accurate messaging about disaster risk reduction and preparedness. The National Society is trusted in the community, which has also led to a high level of expectations for staff and volunteers. SGBV, especially sexual exploitation of adolescent girls, domestic violence and early marriage, are recognised issues in the country. An initiative by UNICEF and UNFPA has publicly raised SGBV and gender inequality as drivers of the HIV epidemic, which is widespread. Efforts have been made by civil society organisations and local and international NGOs to address the issues in longer-term programming and service provision.

In one disturbing incident, a National Society staff person resigned after she was assaulted by a client.

If another drought occurs, an increase in SGBV can be expected to put a considerable strain on already-limited health care facilities. The nearest health clinic is a two-hour drive away from the most affected communities.

Experience from the previous drought and famine showed that many volunteers were recruited from affected communities. Because the demand for first responders was high, there was little time for training or for follow up with volunteers to ensure their self-care. In the last drought, some cultural restrictions on women's mobility went unaddressed, and therefore 80% of the volunteers in the most affected areas were male. The other 20% were older, mostly widowed women. In the last crisis, male responders heard indirectly about a considerable increase of SGBV against women and girls. The women and girls affected by SGBV said they lacked support systems and had few livelihood options that would allow them to support themselves. As a result, reports published by international NGOs found that many young and adolescent girls were relying on older men in the community for shelter and food in order to survive, and men were expecting those girls to exchange sex for shelter and food. The legal age of consent for marriage is 15 for girls, 16 for boys.

In this area, HIV is a risk factor due to the increase in sexual violence but also due to the lack of sexual health information, lack of access to condoms, and lack of access to antiretroviral treatment in health clinics. The age of consent for seeking medical care is 18, making it difficult for young women to access reproductive health services. Abortion is not illegal, but recently a religious leader in the community spoke out against abortion, calling it immoral. The nearest health clinic is two hours away from the worst-affected areas. In the previous crisis, women who were single heads of households with small children found it difficult to travel and access these services. Persons with disabilities are often left at home alone during the day while family members go out to work.

In the past, volunteers responded to the reports they received of violence by taking down contacts and details of those making the reports. They had not been trained to handle such situations and since that last crisis have not received any training on the issue. They are not aware of how or where to refer people to for further support.

SCENARIO 3	A refugee camp
Sectors	Emergency health Food security WASH Emergency shelter Livelihoods
	The setting for this scenario is a refugee camp in a country where armed conflict recently erupted, and to which thousands of people affected by armed conflict have fled. The camp has existed for approximately three months. There are no established other camps nearby. It is anticipated that this will be a protracted situation and that the camp will exist for at least six to nine months more, if not much longer (even possibly many years). The camp accommodates a majority and a minority ethnic group, and there are frequent clashes between the two groups. There have also been violent attacks on men accused of being gay. Gulbibi and Amos are a married couple from the minority group. They have three children: two girls aged 12 and 14, and a boy who is 10, who has a physical disability. Amos was abducted by armed forces during the middle of the night and Gulbibi and her three children were chased from the house. The son lost his crutch in the flight. Nobody knows where Amos was taken. After travelling for a week, and clandestinely crossing the border near a military checkpoint, Gulbibi and her three children arrived at the refugee camp. The camp has been set up rapidly by UNHCR in response to a sudden influx of people crossing the border. The ICRC and the National Society are present in the camp, supported by IFRC shelter delegates. The National Society is supporting UNHCR in allocating emergency shelter provisions, including common areas and water and sanitation facilities. They also manage food distribution. The National Society, staffed by ICRC health delegates and National Society health workers, also run an emergency first aid centre, because many people are suffering from severe injuries and physical trauma. Some National Society volunteers have organised an arts programme for children, and Gulbibi takes her children there sometimes. UNHCR has established a small Protection Unit in the camp and the International Rescue Committee (IRC) is running a reproductive, maternal and child health centre, including offering post-exposure prophylaxis (PEP) to people who have experienced sexual violence, including humanitarian staff. Increasing numbers of women and girls who have experienced SGBV are reporting to the centre, which thus is providing clinical management of rape. Gulbibi takes her children to get her family registered for shelter. Because of the large number of people arriving and the shortage of shelter, she and her children are allocated a partitioned area in a large warehouse-type shelter that accommodates about 15 families.

At first, she is relieved to have reached the shelter, but she soon starts to feel uncomfortable as the shelter has both men and women from the majority group living in it. The partitions are flimsy with very little space between partitioned areas. Latrines are located outside the building and are not lit at night. To obtain water and food, she or her children must go to a remote location together where there are often crowds of men and women. She does not want to leave her children alone, not even to go to the bathroom for a few minutes.

One day Amos arrives in the camp. He says that he was tortured, as one of the armed groups thought he had information about the opposing group. He is obviously in pain and has problems walking and sitting for long periods of time, but does not want to talk about what happened to him. One day the pain is so bad that Gulbibi insists on accompanying him to the first aid centre run by the National Society.

When they arrive, they find a large group of people waiting to see the health worker. There is a table in the middle of the crowd where the male health worker is sitting. Amos is very reluctant to approach the doctor. After several hours of waiting, when the health worker is alone and packing up to leave, Amos finally approaches him. Amos reports that he was raped in the prison. The health worker tells him that according to national laws, rape is defined as between a man and a woman. Homosexuality is illegal in the country, and if Amos reports the crime to the police, he may be arrested and charged with violating the law. The only clinic available in the camp assists girls and women who have been raped. The health worker gives Amos a pain killer and asks him to return in two days' time.

Some of the other people in the camp hear that Amos was raped and start to taunt him. One morning Gulbibi wakes up and Amos is gone.

Gulbibi and her children continue to have problems getting food. Not surprisingly, Gulbibi's physical and mental health begin to suffer, and she finds it increasingly difficult to care for herself or her children. When she is approached by people in the camp who propose marriage between her two young daughters and men in the families in exchange for food, clothes and safety, she gives the offer serious consideration. She privately approaches a National Society volunteer in the arts programme to share her problem and ask for advice.

SCENARIO 4	Global asylum crisis
Sectors	Emergency health Emergency shelter
	In the past year, tens of thousands of people have crossed the border into a European country, fleeing the ongoing armed conflict in a neighbouring region. The country is reluctant to accept the refugees or register them, but has allowed for some processes that will eventually allow UNHCR to begin processing some who are found to be refugees for resettlement. There is a significant backlog of cases. Razana is a 16-year-old. Her life has been spent in a country affected by armed conflict for more than a decade. She, like many young people in the country, was desperate to get away. She feared that her family, who had been struggling to provide for Razana and her siblings, were arranging her marriage to an older man. With very little money, one night Razana and her 14-year-old brother left their home town and travelled to a port city. Spending the last of their money, the two paid to join hundreds of others on the perilous journey by sea. An older man from their home country approached Razana and her brother and told them that he had money to buy them food, knew of a place they could find work in Europe, and that it was dangerous for them at sea, but that he would protect them if they pretended to be his sister and brother. It soon became clear that he sought to exploit Razana. He sexually abused her and then started to regularly rape her. Razana was horrified, and was worried about not having her period. She felt helpless as she had no money, could not speak to anyone about what was going on, was worried about the safety of her brother, and felt at fault for what was happening. Arriving at the European transit centre, the man presented Razana and her brother as his siblings to the all-male officers and was told he would receive family benefits. He warned Razana and her brother not to speak for themselves, or he would report Razana to the police as a prostitute and she would be imprisoned, expelled from the country and sent home in shame to their family. In any case, Razana and her brother did not speak the language of this country, saw no female officials at the centre and were afraid to speak about their experience. The European transit centre had been established for about six months. As well as the local and national authorities, there are several local and international NGOs providing various services to this and the other centres in the area. The services include shelter, very basic water and sanitation facilities, food and clothes. UNHCR has a presence in the area for over a year and has a small Protection Unit. The shelter that the centre provides is extremely overcrowded. The National Society was very active in the area before this current situation. It provides first aid classes and basic psychosocial support, shelter and food distribution.

	One day, encouraged by the friendliness of a female National Society volunteer that she meets in the women's bathrooms, Razana manages to communicate her situation in the few English words she has learned while travelling. She is frightened of more abuse and that she may be pregnant. Increasing numbers of National Society volunteers are hearing disturbing stories similar to Razana's. There is a very large number of unaccompanied children and young women among the asylum seekers.

SCENARIO 5	A natural disaster affecting an urban and surrounding rural area
Sectors	Emergency health WASH Emergency shelter Disaster risk reduction
	A hurricane suddenly hits a coastal city with a population of 250,000 people. The city is surrounded by agricultural land on which the city depends for food and which has a population of another 250,000, spread over a wide and inaccessible area. The city links to the surrounding areas with one bridge, which has been destroyed due to the hurricane. Thousands of men from the surrounding rural areas have migrated to the city in search of work. There are also hundreds of street children, both male and female, in the city. There are also many sex workers within the city, largely to serve migrant laborers, and allegedly some humanitarian responders. The army is responding to the crisis in rural areas. The population in the surrounding agricultural area are mostly elderly, female-headed households and persons with disabilities now that men have migrated for work. The government began warning people of the hurricane before it hit the shore, but the storm arrived earlier than anticipated, so the teams were not well prepared. The hurricane has resulted in the breakdown of water and sanitation systems in parts of the city and much of the surrounding areas. Food is already becoming scarce, as farm lands were destroyed by the hurricane. The National Society has its headquarters in the city. There are 300 volunteers who regularly participate in activities, with another 200 who can be called upon in case of a crisis. The National Society carries out first aid and Maternal, Newborn and Child Health (MNCH) services, assessments, Restoring Family Links (RFL) related to the disaster affected population, especially the street children, and the distribution of food and non-items during emergencies. There is a local branch of the National Society with some trained volunteers in the rural areas who also have the same capacities as the volunteers at the headquarters. There are many spontaneous volunteers who have self-deployed because they want to help. Families of some of the volunteers from the local National Society have been affected but do not meet the criteria for getting support; some of the families are putting pressure on the National Society volunteers to get them some of the aid items. None of the volunteers have received training on SGBV but they have had training on First Aid, Basic Information, Education and Communications (IEC) for MNCH services, RFL and blood mobilisation.

Four women's associations provide reproductive health and maternal services, clinical management of rape, and have a referral system in place to provide legal aid to survivors. These services are still operational even after the hurricane. Each of the women's association programmes has the capacity to attend to about ten people in a day, and each has one (female) nurse supported by a health care worker.

There are only five doctors and one psychologist within the city. There is one doctor in the area that specializes in the clinical management of rape. The rural community has a network of midwives and traditional birth attendants who work the rural areas providing services to the community. It is not clear at this stage if they are still able to perform this task as there has been no communication with them. Schools are closed because of the hurricane and there are no activities to engage the children during the day.

The government has local representation in the city and has set up 10 temporary evacuation shelters within the city – each with a capacity of between 200 and 1,000 people. The shelters are in schools and other buildings, and all are open spaces where the community can gather and some have some rooms at the back that can be used by some community members. Each shelter has water and sanitation facilities but the latrines do not have doors. There are also informal temporary shelters that have sprung up across the city in the uphill areas of the city and within closed schools. As this is an area prone to hurricanes, there is a national disaster management plan and authority and the presence of the regional humanitarian community represented by the UN and IFRC team. A Regional Disaster Response Team (RDRT) has been deployed to support the Field Assessment and Coordination Team (FACT) leaders, and is in country approximately two days and is mobilising to carry out an assessment.

The volunteers have started identifying SGBV issues as they go about their response especially in the shelters, and some of the community members are also reporting on SGBV issues that are occurring. These issues include domestic violence, and sexual exploitation and abuse of the street children, including boys and girls, women and females with disabilities. Both buying and selling sex are criminalized, and local NGOs have published reports of police abuse of sex workers. Some volunteers have also reported personal experience of SGBV.

SCENARIO 6	A tsunami affecting a disaster-prone country
Sectors	Emergency health Food security WASH Emergency shelter Non-food items
	This is a conservative society in a country comprised of three islands. The islands are all large and mountainous, with low lying flatlands on the western portion of each island. All islands are prone to seasonal flooding, and regular typhoons. The islands are affected by earthquakes as well as volcanic activity. The largest island has recently been impacted by a tsunami, following a shallow earthquake out to sea. The tsunami has impacted a 'food bowl' area from which the national capital city derives fish, some small staple crops and fresh water (from a reservoir). Hundreds of boats are destroyed or missing. The tsunami has destroyed land assets and all bridges linking to town. Almost 10,000 people have been displaced by the tsunami, all of whom were forced to flee their homes suddenly and seek safety on higher ground. Many people walked for two days to reach an area that was not too mosquito prone. 10,000 people are in need of emergency shelter, although reportedly nearly 4,000 people are trying to find boats to travel to stay with family on the neighbouring island. Following the initial displacement, the National Society responded by providing temporary shelters to affected people, through its local branches, which gave out their pre-positioned shelter kits. However, tensions between community groups are growing, and there is fear that tensions might result in some violence. The shelter areas have therefore been determined as unsafe, while community leaders discuss solutions. Routes to healthcare services are inaccessible or blocked due to tension. Rumours have emerged that a humanitarian NGO staff member who works between several evacuation centres and temporary shelter sites has been trading food or medicines for sex with boys. A National Society volunteer has reported a case of a group of girls harassing some transgender individuals and disallowing access to humanitarian services. A group of mothers has approached the National Society to allege incidents in which young women and girls were invited to an NGO office at night. Homosexuality is highly stigmatised and a group of gay men in the camp have quietly approached National Society staff to state that they have been threatened with sexual violence by young men and would like to live somewhere safer.

The National Society is joined by a number of Partner National Societies, IFRC, and by one representative of ICRC in the country.

The National Society is relatively strong in the capital of the country and has strong branches in non-tsunami-affected areas including one branch in the mountainous are that most tsunami-affected people have moved to. The branch in the tsunami-affected area had some shelter kits which were not damaged, and which were transported for distribution by a local business owner, but now has no more supplies. All responding branches have only very few staff and few volunteers.

There is a Partner National Society operating a maternal and child health programme nearby to the evacuation centres, and there was one centre in the middle of the tsunami-affected town. A CARE clinic provides 24-hour emergency medical services to survivors of sexual violence, but is located two hours away from the displacement site on an unimproved road across areas where there are some tensions.

The National Society is working in partnership with the Partner National Society on different activities, and recently started work with ICRC on reducing tensions. The National Society has experience, due to the disaster-prone environment, in conducting activities linked to emergency shelter, mobile health, first aid and food distribution and psycho-social support.

An international NGO is setting up a small primary health clinic for the tsunamic (and local) population near the evacuation site, implemented by local staff. However, the NGO has very limited resources in terms of capacity and clinical knowledge. There is no capacity for clinical management of rape, no confidential spaces and no training of health staff on SGBV.

The American Bar Association has a small legal team of two lawyers who visit once a week to provide free legal advice to displaced people, and there is usually a long queue of people waiting for legal advice, sometimes about land rights matters and reclaiming disaster affected assets.

There is a SGBV sub-cluster that meets at the national level and a SGBV sub-cluster working group that meets irregularly at field level where several International non-governmental organisations (INGOs) and NGOs are based, including components of the Movement (ICRC, Partner National Society, National Society volunteer team).

Male-only teams from the National Society are typically deployed to do assessments and to talk with leaders. It is often only groups of male volunteers who undertake field trips and distributions, as women are not given permission by their families to undertake such activities, even though women are involved in many National Society activities run from the national headquarters. Female youth volunteers wish to be more involved.

	The volunteers, while having experience in responding to first aid, shelter and emergency food needs, have not been trained on SGBV. A small HIV treatment programme is also being established. Some additional issues to consider: – There are many unaccompanied children, girls and boys, who are separated from their parents. – Risks for boys – being drawn into the rising tensions. – There are allegations that rape and other forms of sexual violence have been perpetrated by the army, who are helping to distribute supplies, as well as other allegations of sexual violence perpetrated against children. – There is reported increases in intimate partner violence. – Men and boys are also survivors of SGBV. – Some women's groups are reporting that incidents of gang rape are occurring and that it is becoming more frequent.

SCENARIO 7	A cyclone hits a coastal village
Sectors	Emergency health WASH Emergency shelter Disaster Risk Reduction
	A cyclone hits a coastal city with a population of 250,000 people. The cyclone has caused destruction to people's homes and land, especially in the rural areas surrounding the city. Access routes in and out of the city have been severely damaged, especially the one bridge which links the city to the surrounding areas. The city's main livelihood is agriculture, particularly rice farming. The government began warning people of the cyclone before it hit the shore, but the storm arrived earlier than anticipated, so the inhabitants were not well prepared. The cyclone has resulted in the breakdown of water and sanitation systems in parts of the city and much of the surrounding areas. Food is already becoming scarce, as farm lands were destroyed by the cyclone. Hundreds of men from the surrounding rural areas have migrated to other cities in search of work. There are hundreds of street children, both male and female, in the city. There are also many sex workers within the city, largely to serve migrant laborers, and allegedly some humanitarian responders. The population in the surrounding agricultural area are mostly elderly, female-headed households and persons with disabilities now that men have migrated for work. The National Society has its headquarters in the city. There are 300 volunteers who regularly participate in activities, with another 200 who can be called upon in case of a crisis. The National Society carries out first aid and Maternal, Newborn and Child Health (MNCH) services, assessments, Restoring Family Links (RFL) related to the disaster-affected population, especially the street children, and the distribution of food and non-food items during emergencies. There is a local branch of the National Society with some trained volunteers in the rural areas who also have the same capacities as the volunteers at the headquarters. There are many spontaneous volunteers who have self-deployed because they want to help. Families of some of the volunteers from the local National Society have been affected but do not meet the criteria for getting support; some of the families are putting pressure on the National Society volunteers to get them some of the aid items. None of the volunteers have received training on SGBV but they have had training on First Aid, Basic Information, Education and Communications (IEC) for MNCH services, RFL and blood mobilisation.

Four women's associations provide reproductive health and maternal services, clinical management of rape, and have a referral system in place to provide legal aid to survivors. The services are still operational even after the cyclone. Each of the women's association programmes has the capacity to attend to about ten people in a day, and each has one (female) nurse supported by a healthcare worker.

There are only five doctors and one psychologist within the city. There is one doctor in the area that specializes in the clinical management of rape. The rural community, on the outskirts of the city, has a network of midwives and traditional birth attendants who provide services to the community. It is not clear at this stage if they are still able to perform this task as there has been no communication with them. Schools are closed because of the cyclone and the damage to some of the school buildings, as well as roads to reach the school. As such, there are no activities to engage the children during the day.

The government has local representation in the city and has set up 10 temporary evacuation shelters within the city, each with a capacity of between 100 and 700 people. The shelters are in schools and other buildings that have not been too damaged by the cyclone. All are open spaces where the community can gather and some have some rooms at the back that can be used by some community members. Each shelter has water and sanitation facilities but the latrines do not have doors. There are also informal temporary shelters that have sprung up across the city, some within closed schools. However, there are concerns as to the safety and stability of these shelters. As this is an area prone to cyclones, there is a national disaster management plan and authority and the presence of the regional humanitarian community represented by the UN and IFRC team. A Regional Disaster Response Team (RDRT) has been deployed to support the Field Assessment and Coordination Team (FACT), and is in country approximately two days and is mobilising to carry out an assessment.

The volunteers have started identifying SGBV issues as they go about their response especially in the shelters, and some of the community members are also reporting on SGBV issues that are occurring. These issues include domestic violence, and sexual exploitation and abuse of the street children, including boys and girls, women and females with disabilities. Both buying and selling sex are criminalized, and local NGOs have published reports of police abuse of sex workers. Some volunteers have also reported personal experience of SGBV.

ANNEX 9
Minimum Standard Commitments Activity: Mitigation and Response

1. **20 – 30 minutes: As a group, complete the Needs Assessment/Gender and Diversity analysis below based on your group's scenario.**

2. **20 – 30 minutes: Identify the sectors that need to address SGBV in the scenario, and assign one or two people in the group to each sector. The sectors in the Minimum Standard Commitments are:**

   - Emergency health
   - Food security
   - Water, Sanitation and Hygiene (WASH)
   - Emergency shelter
   - Livelihoods
   - Non-food items
   - Disaster risk reduction

   Based on the needs assessment, each sector should identify prevention and mitigation actions to take to address the scenario. If you are not able to find what you need in the Minimum Standard Commitments section for their sector, you may wish to consult the same sector in the IASC guidelines as a back-up resource.

3. **30 minutes: Coming back together as a group, discuss which actions you agreed on for each sector. As a group, discuss:**

   - Have you identified a way to refer survivors to essential response services (medical, psychological/psychosocial, legal and protection)?
   - How will your group's sectors coordinate together to minimize re-traumatization of the survivor and protect her/his privacy and confidentiality?
   - How will you address self-care for staff and volunteers?

1. Gender and diversity needs assessment

a. What are the profiles of the affected groups?

b. Besides the groups mentioned above, are there any other potentially at-risk groups in the community?

c. What are some of the specific ways in which the above vulnerable groups are at-risk to SGBV in this scenario?

2. Preventing and mitigating SGBV in your sector

For each sector analyse:

a. What are some practical, immediate interventions you can integrate into your sector to address the vulnerabilities of groups in this community to SGBV?

b. What are other sectors in this scenario with whom you will need to coordinate?

c. Who are other actors in this scenario with whom you will need to coordinate?

d. How can your sector address self-care for staff and volunteers?

ANNEX 10
Top 3 Actions

Name

Identify the key actions you can take as a result of this training

Consider the following as key important actions from this training:

1. **Identify vulnerable groups –** Who are the vulnerable groups in your context? What are some specific forms of vulnerability? What do you know, and what do you need to know?
2. **Map the field –** What are laws, national policies, IFRC or National Society policies, and social or cultural norms relevant to SGBV in your sector? What do you know, and what do you need to know? Where can you go to get additional information?
3. **Who are the other actors?** Is anyone already providing medical services, psychological/psychosocial support services, legal aid services, and protection for survivors of SGBV? Are these services sensitive to the needs of the specific at-risk groups you have identified? Where can you learn more?
4. What are three **specific actions you can take within your sector,** based on the Minimum Standard Commitments and the IASC Guidelines, to reduce the risk of SGBV for the vulnerable groups you have identified?

ANNEX 11
Course Evaluations

Please circle the number that most closely corresponds to your opinion. Your comments are greatly appreciated.

1. **As a result of this course, I feel confident that I can take some concrete actions to prevent and mitigate risk of SGBV in emergency programming.**

Agree		Unsure		Disagree
1	2	3	4	5

Comments:

2. **The time spent on the following areas was helpful in developing my action plan.**

Day One

- ☐ Key concepts (SGBV, Survivor Centred Approach, RCRC Role)
- ☐ Situation analysis (What to include in it)

Day Two

- ☐ Mitigation and Response to SGBV in Emergencies
- ☐ Top Actions
- ☐ M&E

Day Three

- ☐ Internal Protection Mechanisms
- ☐ Basic Staff Care

Comments:

3. **The trainer clearly explained the concepts and information presented in the course.**

Agree		Unsure		Disagree
1	2	3	4	5

Comments:

Any other feedback – feel free to share if you wish. Thank you!

ANNEX 12
Abbreviations handout

CBHFA	Community-based health and first aid
DAPS	Dignity, Access, Participation and Safety
GBV	Gender-based Violence
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IEC	Information, Education and Communications
IFRC	International Federation of Red Cross and Red Crescent Societies
IHL	International Humanitarian Law
INGO	International Non-Governmental Organisation
IRC	International Rescue Committee
LGBTI	Lesbian, gay, bisexual, transgender and intersex
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
MOVEMENT	The International Red Cross and Red Crescent Movement
MSF	Médecins Sans Frontières
NDMA	National Disaster Management Authority
NGO	Non-Governmental Organisation
PEP	Post-exposure prophylaxis
PS Centre	IFRC Reference Centre for Psychosocial Support
PSEA	Protection from sexual exploitation and abuse
RDRT	Regional Disaster Response Team
RFL	Restoring Family Links
SGBV	Sexual and Gender-based Violence
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity / The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality / It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality / In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence / The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service / It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity / There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality / The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

International Federation
of Red Cross and Red Crescent Societies

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