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Training Manual on GENDER-BASED VIOLENCE Prevention and Responses in Niger State

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AUGUST 2021

PREVENTION AND RESPONSES TO GENDER-BASED VIOLENCE

A TRAINING MANUAL

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FOREWORD

This Training Manual for Multisectoral and Interagency Prevention and Response to Gender-based Violence (GBV) is a strategic tool designed to strengthen the capacity of key actors and stakeholders for the purpose of achieving effective prevention and response to the rising incidences of GBV in Niger State.

This Manual is specifically prepared to facilitate proper understanding of, and use of the Niger State Standard Operational Procedures (SOPs) for GBV Prevention and Response developed by the Niger State GBV Prevention and Response Committee

In February, 2020, the COVID-19 pandemic prompted rapid increase in incidences of GBV, which necessitated the need to establish and support a multisectoral approach to address it appropriately. The Gender-based Committee under the Ministry of Women Affairs and Social Development made decisions to have a harmonized standard and work schedule with all stakeholders possessing requisite knowledge and skills to deliver on the various components of GBV prevention and response.

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

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

The GBV Committee will work closely with MDAs, NGOs, International Development Partners and others to fill training gaps and resolve issues of training, planning, and coordination. It is hoped that publication and dissemination of this Training Manual will help to strengthen these efforts and expand training and planning resources in the field.

This Training Manual is offered to be used in the field. The Gender-based Violence Committee and the Niger State Ministry of Women Affairs and Social Development will continue to refine the modules in this manual and add additional modules to the curriculum. Comments and

feedback about the training manual are welcome and encouraged. Please contact us by email at

ACKNOWLEDGEMENTS

This is to acknowledge that many of the exercises were adapted which includes; The Games Trainers Play series by Newstrom and Scannell; RH Jeopardy game by Susan Purdin; and the Oxfam Gender Training Manual. Gender integration and gender-based Violence prevention and response Training Manual (Odukoya, L. A., *et al* 2018) and Preventing Gender Based Violence: A Training Manual (Health Policy Project, 2014).

Worthy of note are the wife of the Executive Governor of Niger State -Dr (Mrs) Amina Abubakar, the Permanent Secretary of MWASD -Mrs Kaltum Dauda Rufai and the Director of Research – Mrs Mary Yisa and the members/staff Ms Olutoyin Falade, team lead; Dr Adebukola Adebayo, Barr Olasupo Ojo and David Jacob) of Innovative Strategy for Human Development (ISHD), Nigeria for the development of this training manual.

Finally, all participants that participated in the first training with the use of this manual contributed to the review that shaped the final copy are highly appreciated for comments and inputs.

Hon Commissioner

Min of Women Affairs and Social Development

List of Abbreviations

SOPs – Standard Operational Procedures

GBV - Gender-based violence

NGO - Non-government organization

RHRC - Reproductive Health Response in Conflict Consortium (formerly known as Reproductive Health for Refugees Consortium)

SGBV - Sexual and gender-based violence

SOV - Survivor of violence

STI - Sexually transmitted infection

VAW - Violence against women

VOV - victim of violence

VAPP – Violence Against Persons

SOP – Smuggling of Persons

UN – United Nations

UNHCR - United Nations High Commissioner for Refugees

Definition of Terms and Concepts

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

Overview of Training Curriculum

The curriculum in this Training Manual enables the trainer to conduct a two to five-day training and planning workshop. The curriculum begins with training and discussion about the basic concepts and principles that will lead participants to a clear understanding of the meaning of the term “gender-based violence.” The curriculum continues with detailed information about consequences of GBV, survivor support services and referral paths needed. The curriculum also covers causes and contributing factors, which leads participants to an understanding of prevention and the ability to develop effective prevention strategies.

The two to five days training in this curriculum can be augmented by training available from other sources.

Olutoyin Falade (Ms)
Lead Trainer/Facilitator/Contributor

Use of the Manual

The manual is designed for an intensive five-day training program and comprises five modules. Each module is a broad topic that is split into relevant sub-topics. It is advisable that the training sequence is aligned with the sequence of the units i.e. the facilitators take module 1,2,3,4 and 5.

However, for other purposes other than the 5-day training that this manual has been designed for, each module may be taken in isolation. It is however advisable that in Situations where the trainees have not been exposed to any previous training on gender-based violence, the facilitators should take Module I & 3 before focusing on any other Module of interest.

Depending on availability of time, the manual may be adapted by experienced trainers for training programs with longer durations. In such situations additional brainstorming, discussion and also role play sessions may be employed. Using their discretion, trainers may also expatiate on topics in different sessions so as to adequately expand the session.

Ideally, this manual should be used for full 5-day training; however, in the event that it is used as training material which would form part of a school curriculum which would entail inclusion of other topics other than gender-based violence, facilitator could structure manual into 2hour segments that would run overall period of time as considered Convenient.

WORKSHOP PURPOSES

The purposes of the training are as follows:

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

PLANNING WORKSHOPS

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

PARTICIPANTS

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

WORKSHOP PRE AND POST TEST/EVALUATION

It is worthy of note that any training programme must include pre and post-test/evaluation. The pre-test must be administered at the beginning of the training program to ascertain the level of knowledge and awareness the participants possess, whereas the post-test/evaluation comes at the end to gauge the increase or otherwise in knowledge of the participants. It is advised that the question should not be more than 10 items; must be administered with the participants being informed to fill out what they know; numbers can be assigned to participants right from pre-test and should be maintained at the post-test; names should not be used. The results should assist facilitators to know areas that need more focus or emphasis during the training.

Module 1: Workshop Opening

1.1 - Overview

This module delves into creating an enabling settings and beginnings for the trainings and participants. If not properly handled, it can mar the implementation of the entire workshop. This aspect sets the tone for kick-starting the workshop in the right direction.

1.2–Opening

Time: 15–20 minutes, depending on number of announcements

Procedure

Workshop Materials

1. Distribute workshop notebooks and materials. Alternatively, these can be handed out as participants enter the room at the start of training.
2. Conduct a quick orientation so that participants are aware of the materials in their packets.
Logistics and Housekeeping
3. Review the daily schedule—time for breaks and lunches.
4. Inform participants of locations of toilets, break area, etc.
5. If relevant: Review the workshop policies on seeking reimbursement for travel, how food and beverages will be handled (i.e., does the workshop provide these and pay for them directly, or does the participants pay for them and get reimbursed, etc.), and how accommodations will be paid. Set deadlines for receipt submission and announce when reimbursements will be distributed.
6. Indicate which of the workshop staff will be handling logistics and direct participants to contact her/him directly outside of the sessions.
7. Explain that any housekeeping reminders will be posted on a paper in the back of the room. (Post a flip chart paper at the back of the room, near the entrance.)
8. Answer any questions.

Notes to Trainers

For multi-day residential workshops, it is strongly recommended that there be someone other than the trainers serving as a logistics and support person. Participants will have many

logistical needs and questions throughout the workshop, and trainers should be focusing on workshop content, not logistical details.

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

1.3–Have You Ever

Time: 10-15 minutes

Procedure: This exercise will serve as a pre-test/evaluation at the beginning of this training. Ask participants to raise their hands—or stomp their feet—or stand up—or bang their desktops—or blow the whistle—if they:

- Have you attended a gender training workshop before?
- Have you attended a GBV training workshop before?
- Are you working with survivors in your current job?
- Have you ever interviewed a rape survivor?
- Have you ever interviewed a child survivor of sexual abuse or rape?
- Do you Know someone personally who was - raped? experienced domestic violence?
- Are you a trainer?
- Have given training on gender or GBV before?

1.4–Expectations

Time: 10 minutes

The facilitator must establish the expectations of each participant, which it can be written a piece of paper. These can be harmonized to see the ones that the workshop can meet and those that cannot be met if the training is not structured to cover them. This should not take too much time, say 10minutes

1.5–Objectives

Time: 10–15 minutes

Procedure

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

1.6–Agenda

Time: 10–15 minutes

Every meeting and workshop or training must have a designed agenda to follow through each day of total days dedicated for it. This is one strong aspect of the pre-training/workshop; with each day stating topics, tea-break and lunch, time allocation and persons responsible.

Procedure

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

1.7–Ground Rules

Time: 10–15 minutes

Procedure

1. Explain that in order for the training to go well, participants will have to follow certain rules.
2. Write on the flipchart the following list of rules and explain each as you write it: examples
 - Turn off cell phones
 - Respect time—start on time, end on time

- Be respectful of other participants and the facilitators
- Talk loud enough for all to hear
- Talk one at a time
- Maintain confidentiality
- Participate!

3. Ask participants if there are any other rules they would like to suggest. Discuss and agree.

Write these on the flip chart.

4. Ask participants if they agree to abide by these ground rules.

5. Post the ground rule list on the wall in the training room.

Notes to Trainers

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

Module 2: Introduction to Gender-based Violence

Time: 3 hours and 10 minutes total

Overview

In this module and training session, participants' knowledge, skills and experiences are established; and where there are gaps, the session will lay a strong background on the concepts; share facts, statistics and attitudes about Gender-based Violence (GBV) -particularly in Niger State.

Objectives

At the end of this Module, participants should be able to—

- Understand and explain basic gender concepts;
- Identify the differences between gender and sex;
- Identify and explain the characteristics of a GBV perpetrator and survivor;
- Understand the roles of power, force and consent in the perpetuation of GBV;
- Deal with GBV issues from a human rights perspective;

Key Discussion Points

Sex refers to “the different biological and physiological characteristics of males and females, such as reproductive organs, chromosomes, hormones, etc.” Gender refers to “the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men.

Gender-based violence refers to violence that targets individuals or groups on the basis of their gender. This includes acts that inflict physical, mental or sexual harm or suffering, the threat of such acts, coercion and other deprivations of liberty. It could also be violence that is directed against a woman because she is a woman or that affects women disproportionately. Together with “sexual violence” and “violence against women”, ‘Gender-based violence’ is used interchangeably. This does not mean that all acts against a woman are gender-based violence, or that all victims of gender-based violence are female. The surrounding circumstances where

men are victim of sexual violence could be a man being harassed, beaten or killed because they do not conform to view of masculinity, which are accepted by the society.

Gender-based violence is a human rights concern. People who experience gender violence may suffer from different human rights violations – for example the right to life, freedom from torture and degrading treatment, freedom from discrimination and the right to safety and security.

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

Time: 1 hour

Overview

The understanding of basic concepts on gender is very central to participants' capacity to understand GBV. The session makes use of practical sessions including role plays to actively illustrate various gender concepts.

Objectives

By the end of the session, the participants should be able to

- Understand the concepts of gender and sex
- Understand the connection between the processes of socialization and concepts of gender and GBV
- Explain the key gender norms that influence high risk and vulnerability

Procedures and Training Materials

Copies of the Sex or Gender Game, flip charts with pre-drawn grids extra flip charts, and markers
Methods Role play, group work, plenary debate sessions, individual reflections, participatory exposure
Session

Introduction

It is not new that many people are not able to differentiate between gender and sex, and how the socio-cultural interpretation of both concepts have become the foundation for GBV across the world.

In this session, we provide practical definitions of key concepts by facilitating participants to play roles which attempt to interpret the concepts.

Group Tasks Role Play (50 minutes):

Choose the Sex of Your Baby Divide the participants into two groups: Group A and Group B. Ask them to write a play based on the following scenario. Give 15 minutes to develop the plot and practice performing the play. Actors: a doctor, a couple who wishes to have a child, and their in-laws (mother and father of the husband). Scene: The couple goes to the doctor to discuss their plans to have a baby. The doctor explains that because of new technology, they can now choose the sex of the child. The doctor gives the young couple a week to decide on the sex of the baby. The couple returns home and meets with the husband's parents to tell them what the doctor said. Instructions: Write a five-minute play to portray the scenes at the clinic and at home with the in-laws. Tell the participants that after both plays are performed, the whole group will discuss them. Ask each group to perform its play. Following the role plays, and before the discussion, be sure to "de-role" the participants and ensure that they are themselves again. Do this by asking the participants to give the group a round of applause, and thank them for their performance. Or, ask the participants, "What did it feel like to play the role of ____?"

It is important to ensure that the perspectives of their "role play" identities are left behind and do not carry over into the discussion. If any heated discussions arose in the role plays, ensure that the participants who were involved have a chance to acknowledge each other again as themselves. Lead a discussion using the following questions:

- What happened? How did you feel in those roles? What was similar and different between the two role plays in terms of gender norms? Were the role plays realistic?

- Why did group X choose [sex chosen] (write the reason for the chosen sex on a flip chart)? What influenced that decision?
- Do the reasons/arguments used by both Group A and Group B reflect genetic/biological processes or processes instilled by society? What aspects are the result of biology and which are the result of social construction?
- Which institutions (family, work, church, culture, etc.) influence the way communities think about a particular sex? How and why?
- Which proverbs, songs, or popular sayings legitimize this way of thinking and behaving?
- How is this exercise applicable to your work? What new ideas have you generated as a result of the role plays? Thank everyone for their participation and explain that the next session explores some of the key concepts related to sex and gender that the role plays brought to light.

Thank everyone for their participation and explain that the next session explores some of the key concepts related to sex and gender that the role plays brought to light.

A. Concepts of Sex and Gender (20 minutes)

Building on the previous exercise, ask the participants how they define the terms “sex” and “gender.” Summarize their responses and provide the following definitions:

“Sex” refers to the biological differences between men and women. “Gender” refers to economic opportunities and social, political, and cultural attributes associated with being a woman or being a man. The social definitions of what it means to be a woman or man will vary from culture to culture and change with time. Gender is a cultural expression of particular features and functions that are associated with certain groups of people referring to their sex and sexuality. (Source: UNFPA; https://www.unfpa.org/gender/resources_faq.htm)

Tell the group that you will now play a game called “Gender or Sex.” Explain that you (the facilitator) will read a sentence and the participants must respond whether the statement relates to gender or sex. Allow some time for discussion following each statement. Following the exercise, ask the participants whether they have any questions or comments about the activity. Explain that the next session will include a discussion about how these concepts of gender influence the way individuals think, feel, and act.

Gender or Sex Game

Read the Following Statements: Gender or Sex?

S/No	Statements	Gender or Sex?
1	Women give birth to babies; men do not.	
2	Women cannot give birth to babies without men	
3	Many women do not make decisions about their lives independently, even matters that relate to their sexual lives.	
4	The voices of men change during puberty, and women's voices do not.	
5		
	4. The voices of men change during puberty, and women's voices do not	
6	The risk of a woman becoming infected with HIV generally depends on the sexual behavior of her partner.	
7	Women have greater biological risk than men, which facilitates the transmission of HIV	
8	Women can breastfeed their babies; men feed them using baby bottles	
9	In ancient Egypt, men were at home weaving. Women administered the affairs of the house. Women inherited property and men did not.	
10	The majority of truck drivers are men.	
11	In 1999, a study conducted in Uganda showed that young men only felt they were "real men" once they procreated	
12	Approximately 6 to 7 million people in the world inject drugs, and 80 percent of them are men.	

Gender or Sex Game adapted from: IGWG, <http://www.igwg.org/training/DevelopingSharedVocabulary/TheGenderGame.aspx> C

Discussion Group

Act Like a Woman, Act Like a Man (75 minutes)¹ Ask the participants whether they have ever been told to “act like a man” or “act like a woman” based on their sex.

Divide everyone into small groups and ask them to share some experiences in which someone said this or something similar to them. Give them five minutes to discuss. Ask for volunteers to share their experiences. Guide the discussion by asking the following questions:

- What was the situation and what did the person say?
- How did it make you feel?
- Why did the individual say this?
- Did you change the way you acted after the comment? How? Tell the participants that you are going to look more closely at these two phrases. Explain that by examining them, the group can begin to see how society can make it very difficult to be either male or female.

In large letters, write “Act Like a Man” on a piece of flip chart paper. Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the paper and write the meanings of “act like a man” inside it. Responses might include the following:

- Provide for the family
- Be tough and strong
- Do not cry
- Protect other people
- Do not back down

Once the group has brainstormed a list, initiate a discussion by asking the following questions:

- What opportunities do men have if they live by these expectations? What limitations do they face? Why?
- Which emotions or characteristics are men not allowed to express?
- How can “acting like a man” affect a man’s relationship with his partner and children?
- How can expectations to “act like a man” influence men’s risks related to HIV?
- Can men actually live outside the box? [Clarify that “the box” refers to the one drawn on the flip chart.] Is it possible for men to challenge and change existing gender roles?
- What are the consequences of acting outside the box?
- When is it acceptable for a man to live outside the box?

In large letters, print “Act Like a Woman” on a piece of flip chart paper. Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say.

Draw a box on the piece of paper, and write the meanings of “act like a woman” inside it. Responses may include the following:

- Be passive
- Be the caretaker
- Act sexy, but not too sexy
- Be smart, but not too smart
- Listen to others
- Be the homemaker

Once the group has compiled a list, initiate a discussion by asking the following questions:

- What opportunities do women have if they live by these expectations? What limitations do they face? Why?
- Which emotions or characteristics are women not allowed to express
 - How can “acting like a woman” affect a woman’s relationship with her partner and children?
 - How can expectations to “act like a woman” influence women’s risks related to GBV such as HIV?
 - Can women actually live outside the box? [Clarify that “the box” refers to the one drawn on the flip chart.] Is it possible for women to challenge and change these prescribed roles? • What are the consequences of acting outside the box?
 - When is it acceptable for a woman to live outside the box? Summarize the discussion by saying: People often say “act like a woman” or “act like a man.” But what do these words actually mean? What does it mean to be a woman or a man? What is behind these meanings? Most of our personal characteristics, the ones that make us who we are (e.g., to be gentle, a hard worker, strong and brave; to know how to cook, take care of the children, drive; to be a leader, take chances, assert yourself) are the result of a learning process that started at birth. When we buy dolls and toy stoves for girls and toy trucks and weapons for boys, we encourage them to become what we hope for them to grow up to be. We are saying that the girls should be mothers and cooks and the boys should be aggressive and the household providers and protectors. We divide the responsibilities for girls and boys, which establishes boundaries that determine the girls’ and boys’ territories. Everything is done in such a way that the boys and men should not cross the border into the territory of girls and women, nor

should the girls and women cross the border into the territory of boys and men. If they do, they may be punished, stigmatized, excluded, and chastised. Throughout all of society, our family, friends, teachers, the church, and the media influence this process of socialization.

Facilitators' Note

This session must involve a lot brainstorming, experience-sharing, culture and context specific in all discussions.

2.2–Power, Use of Force, Consent

Time: 30 minutes

Overview

The use of power, force and consent are key actions which occur during GBV incidences. This session exposes participants to the methods for identifying and analyzing the roles of power, force and consent in the determination of GBV.

Objectives

At the end of this session, participants should be able to—

Analyze the role of power and force in the perpetuation of GBV;

Analyze the types of consent and the conditions that may influence them.

Procedures and Training Materials

Flip charts, sticky notes, markers

Introduction

This session deals with the relationship between power, force and consent in the perpetuation of GBV. Participants are required to pay attention to discussions on the dynamics of power and how the use of it can influence or cause GBV.

Also, the session discusses the various types of consent and the caution that must be taken in understanding the granting of consent or the withdrawal of same, and how the misunderstanding of consent can influence or cause GBV.

Individual Tasks

Write in your sticky notes, one situation where power can be used to perpetuate GBV and how power can be used to prevent or respond to GBV

In 2 minutes, discuss what you have written with someone sitting close to you.

Facilitator may randomly call participants in pairs to share their discussions with the audience.

Key Discussion Points

Power is the ability to influence your own or others' experiences. It is important for us to be aware of how we use the power we possess. The power we exert over others is a negative use of power. When men use power to control women it is a negative use of power, and the driving force behind violence against women.

There are many varieties of positive power such as: the fundamental power we discover within when we learn to accept and love ourselves, the power we share with others when we support and respect each other, and the power we use to take action and positively influence our lives and the lives of others. While negative power is at the root of GBV, positive power holds the solution.

The clearest path to GBV prevention is built upon balancing the power between women and men. Some people are afraid that balancing power means men will lose power and women gain power. Power is not in limited quantity; if one person gains power, it doesn't have to be at another person's loss. We all have power within ourselves, we can join our power with others and we have power to create positive change. Positive use of power—by women and men—means we all become stronger, safer, and more respected within our relationships.

Consent means voluntary agreement by a person in the possession and exercise of sufficient mental capacity to make an intelligent choice to do something proposed by another.

Voluntarily given, consent is the presence of a 'yes' and not the absence of a 'no'. Consent is a positive, enthusiastic affirmation that both partners have mutually agreed to engage in any form of sexual activity.

Consent to some sexual acts does not constitute consent to others and must be ongoing during the sexual encounter. An individual has the right to revoke consent at any time.

Consent cannot be assumed or implied, even if you are in a relationship. Consent cannot be obtained if either party is asleep, mentally or physically incapacitated due to alcohol or drugs or other conditions.

2.3–Human Rights

Time: 30 minutes

Overview

There are strong nexus between gender and human rights. Several studies have been conducted to identify what constitute gender rights and why gender rights must be upheld in the prevention and response to GBV.

This session will therefore expose participants to basic elements on how to analyze GBV from the human rights perspectives.

Objectives

At the end of this session, participants should be able to—

Identify what constitutes gender rights as human rights

Understand and discuss the concept of gender from human rights perspectives;

Analyze GBV issues from human rights perspectives;

Procedures and Training Materials

Flip charts, sticky notes and markers.

Introduction

Human rights are rights that everyone should have simply because they are human. In 1948, the United Nations defined 30 articles of human rights in the Universal Declaration of Human Rights. It established universal human rights on the basis of humanity, freedom, justice, and peace.

Individual Tasks

Write in your sticky notes at least one fundamental right that is breached through GBV. Suggest how this right can be protected.

Key Discussion Points

Discrimination based on sex is prohibited under almost every human rights treaty, including the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, which under their common article 3 provide for the rights to equality between men and women in the ...10 Oct 2019

Human Rights and Gender - United Nations and the Rule of Law <https://www.un.org> › Home › Thematic Areas

Gender equality prevents violence against women and girls. It's essential for economic prosperity. Societies that value women and men as equal are safer and healthier. Gender equality is a human right.30 Mar 2021

Women's rights are human rights! We are all entitled to human rights. These include the right to live free from violence and discrimination; to enjoy the highest attainable standard of physical and mental health; to be educated; to own property; to vote; and to earn an equal wage.

(Women's Rights | Amnesty International: <https://www.amnesty.org> › discrimination › womens-rights)

Characteristics of Human Rights—

- Not acquired

- Gotten from birth
- Universal, inalienable (indisputable), indivisible, interconnected and interdependent.
- No distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

GBV and Human Rights

Gender-based violence is a human rights concern. People who experience gender violence may suffer from different human rights violations. For example—

- the right to life, liberty, safety and security of person
- freedom from discrimination
- the right to the highest attainable standard of physical and mental health
- the right to freedom from torture or cruel, inhuman, or degrading treatment or punishment
- the right to freedom of opinion and expression, to education, to social security and to personal development

2.4–Survivors and Perpetrators

Time: 15 Minutes

Overview

In this session, we briefly discuss the 2 major parties involved in any incident of GBV, the perpetrator and the survivor respectively.

Objectives

At the end of this session, participants should be able to—

Identify and describe the character of a GBV perpetrator and survivor.

Procedures and Training Materials

Flip chart, sticky notes and markers.

Introduction

A GBV Perpetrator is an individual (male or female) who directly or indirectly inflicts violence on another person or persons due to gender relations.

A GBV Survivor is an individual (male or female) to whom violence has been inflicted due to gender relations.

The identity of a GBV perpetrator and survivor cuts across age, sex, socio-economic status, disability status, etc.

Individual Tasks

Have you heard of any GBV incidences before? If yes, please try to recall at least 2 to 5 of such incidences. Draw a small table and indicate the identities of the perpetrator and the survivor in the incidences. Discuss the incidences with the participant nearest to you.

Facilitator should call up to 5 participants to share their report with the audience.

Key Discussion Points

The main cause of the violence is the perpetrator him or herself: it is very important to keep in mind that the survivor (a person who has been affected by GBV) is never responsible for the perpetrator's actions.

Note that there can be no justification whatsoever for a GBV perpetrator's actions. Under the law, such actions are classified as criminal and are treated as such with appropriate punishments.

A GBV survivor is one who has experienced an incident of GBV. She/he requires all necessary attention, support, care and services as provided in the GBV Prevention and Response Standard Operational Procedures (SOPs).

The identities of GBV perpetrators and survivors vary across socio-economic status (age, sex, education, political, leadership, disability, etc.). However, several credible studies show that it is most common that GBV is perpetuated by men and boys against women and girls; regardless of their other socio-economic status.

Module 3: International and Municipal Legal Instruments that Protect Women and Children from Gender-Based Violence

Time: 3 Hours

Overview:

Violence against women and girls manifests in different forms. There may not be a particular law that provides for all forms of violence against women and girls but there are different laws that penalize the different forms. This module looks at these laws, at the international, regional and domestic levels. To Aid the presentation and enhance understanding by participants, this module is divided into seven sessions. They are:

Learning Objectives:

At the end of this module, participants will be able to:

- Understand the nature, classification and essence of law
- Recognize the instruments that protect women and girls from violence at the international, regional and domestic levels
- Understand how to use these instruments in demanding accountability on GBV.

Procedure and Training Materials

- Projector/screen
- Flip Charts and Markers
- Board
- Handouts of the power point presentation for participants
- Copy of relevant laws if necessary

3.1: Introduction to Law and Sources of Law in Nigeria on GBV

Time: 15 Minutes

Overview

It is important that users of this manual have a good grasp of the general concept of Law and its sources especially as it relates to GBV.

Objectives

Enable participants understand the nature of law

Empower participants to relate with sources of GBV law

Key Discussion Points

Every society has laws, law enforcement agencies and a system of administration of justice in place by which persons, bodies and their activities are regulated. Law is an instrument developed by society to regulate human behavior according to its norms, enforced by the controlling authority. It is a manifestation of the sovereignty of a state. Flowing from the definition, its nature includes that it is body of rules, manmade, normative, has elements of coercion, territorially limited and dynamic. It could be in the form of Acts, Statutes, Rules and Regulation. In Nigeria, Acts are laws made by the National Assembly, Laws are made by the different States house of Assembly while Rules and Regulations are made by the executive when exercising delegated powers.

The sources of GBV law in Nigeria are the Constitution, other local laws and international treaties relating to women ratified by Nigeria.

3.2: Introduction to Rule of Law

Time: 15 Minutes

Overview

This session deals with the essence of law as an instrument of government and governance; bringing into focus the concept of “equality before the law.”

Objectives

To help participants understand the nature of rule law

To intimate participants with the essence and expectation from the government under the rule of law

Key Discussion Points

Rule of Law is a constitutional principle that presupposes that the society should be governed by law and not by the passions of men. For this to happen, there must be supremacy of the Constitution detailing the duties of the different arms of government and the different levels of government. For instance the constitution of the federal republic of Nigeria in section 1 provides that the constitution is supreme and above every authority and any inconsistent law is void to the extent of its inconsistency. Sections 4, 5 and 6 detail the functions of the Legislature, the executive and the judiciary. When any arm of government oversteps its bound, an action could be brought in court against it, termed judicial review. Again the Exclusive legislative list details the issues on which the National Assembly has powers to make laws. The concurrent list deals with issues on which both the National Assembly and State Assembly can legislate though to the extent provided in the constitution.

The elements of rule of law are:

- Everything must be done according to law/ constitutional supremacy
- State is subject to the law -Government must be conducted within the framework of recognizable rule and restriction of discretionary power.
- Equality before the law
- No citizen shall be punished except for a legally defined crime

- Government must respect the rights of individual citizens
- Judiciary is necessary agency for the rule of law- to determine all actions relating to disputes between persons or between government and any person in Nigeria

3.3: Classification of Law into Municipal and International Law

Time: 15 Minutes

Overview

GBV is governed by both international and municipal laws. It is therefore important that users of this manual understand how these categorizations manifest and how they interrelate.

Objectives

- To help the participant appreciate the different categorization of law
- To help participants understand some of the terms related to international law

Key Discussion Points

International and Municipal is one form of law classification. Laws are classified based on different criteria. This could depend on the nature, area of operation among others. For instance it could be classified as Public and Private Law depending on whether the relationship is with government or private citizen. It could be Civil and Criminal Law depending on whether a crime has been committed or a breach of relationship. Substantive and Procedural Law depending on use in legal procedure.

International law regulates the interaction of different countries while Municipal law is national law of a country regulating relations between the individuals and between State and respective individuals.

International laws could be of a general nature or relate to a specific issue or group. Further they could be international or regional. They are also classified into soft law and hard law.

Soft laws are inter-country declarations which express commitments to issues, example of which is human rights. They are politically authoritative and well respected but are not legally binding.

Hard laws are inter-country treaties, conventions and covenants which are legally binding on governments who ratify them and impose duties on them to live up to their commitments.

Treaty/Convention

This is a legally binding written agreement between countries. The Vienna Convention defines it as an international agreement concluded between states in a written form and governed by international law, whether embodied in a single instrument or in two or more related instruments and whatever its particular designation. While some are specific, some are general. For instance the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, (CAT) prohibits torture for everyone though it relates to a particular issue which is torture. Some are children or women specific while others are for every human being. They could be international or regional. It is international when it involves countries of the world and regional when it relates to a particular region of the world like Africa, Asia or America. They impose a degree of commitment on ratifying states.

Ratification of Treaty

This is a formal process by which a country/state which is a state party to a treaty, establishes approval to be bound by the treaty. It is usually done by the executive arm of government.

Protocol is a legally binding, written document which supplements an existing treaty. They are not binding on all the states that have ratified the original convention but only the states that ratify the new protocol. To ratify a Protocol, the state must have ratified the main treaty.

Ratification imposes the duty to Respect, Protect, Fulfill, on ratifying states. Duty to Respect includes obligation on the state to desist from limiting the enjoyment of the right. Duty to Protect means that states should protect citizens from third party interference in the enjoyment of rights. This means protecting Nigerian women from state and non-state actors whose actions and inactions will violate the rights guaranteed in these treaties. Duty to Fulfill is a positive duty of performance ensuring enjoyment of this right through legislative, financial and other measures. This will include making of laws, policies, increasing budgetary allocation and establishing special courts to handle violation of GBV.

3.4: International Instruments for the Prevention of Sexual and Gender-Based Violence

Time: 30 Minutes

Overview

GBV issues have been enshrined in international legal and policy frameworks because there are strong evidence that the prevalence of GBV is impacting negatively on the overall development of the world. As such, the international community lead by the UN have put in place a number of legal and policy frameworks to prevent and respond to GBV issues.

Users of this manual are required to understand the international GBV frameworks discussed and how they impact on prevention and response to GBV in Niger State.

Objectives

To enlighten participants on the legal instruments that prevent GBV at the international level

Key Discussion Points

As a general matter, gender crimes are covered by international humanitarian, criminal, and human rights law. Any instrument that deals with women's rights will invariably cover at least an aspect of GBV and many have recognized violence against women as a form of discrimination and a violation of women's human rights. The important ones include:

Universal Declaration of Human Rights (UDHR)

Evolution and crystallization of human rights gained international recognition in 1948 through the UDHR, since then, the consciousness, scope and its protection is ever increasing. The UDHR is not enforceable but its principles have attained the status of *Jus Cogen* in international law. This document which provides for rights of "all human beings" provides for right to non-discrimination on a plethora of grounds including sex. This of course speaks to non-discrimination of women. It further paid women and children special attention in Article 16 which recognized that men and women of full age have the right to marry and found a family while article 25(2) provides that motherhood and childhood require special assistance. These deal with GBV in marriage and exercise of reproductive rights.

International Covenant on Civil and Political Rights (ICCPR)

This human rights treaty adopted in 1966 entered into force in 1976 is limited to civil and political rights of all regardless of sex in its article 3. Nigeria acceded to it in 1993. Other articles that are relevant to women generally and GBV specifically are article 5 prohibiting death penalty of pregnant women and article 23 recognizes right of men and women marriageable age to consensual marriage. Article 24 guarantees children nondiscriminatory protection. Article 28 provides for the establishment of the Human Rights Committee responsible for supervising implementation of the rights set out in the Covenant.

International Covenant on Economic, Social and Cultural Rights (ICESCR)

This human rights treaty is socioeconomic specific, though relates to men and women. It was adopted in 1966 but entered into force in 1976. Nigeria acceded to it in 1993. It also assures men and women, the enjoyment of the rights enshrined therein in article 3 while article 7 (a) (i) guarantee women right to equal condition of work including payment as men. It further provides for consensual marriage in article 10 as well as pre and post natal protection of women and Right to freedom from hunger article 11(2). This deals with work, marriage and economic related GBV.

United Nations Convention on Elimination of all forms of Discrimination against Women (CEDAW)

Though earlier treaties envisaged the rights of women by providing for non-discrimination based on sex with a few provisions specifically dealing with the issues that concern women, the CEDAW came into being in 1979 to deal holistically with issues that relate to women. Nigeria ratified it in 1985.

It has 30 articles that deal with the different aspects of a woman's life beginning with the preamble which notes that despite the various provisions in earlier treaties on the equality between men and women, extensive discrimination against women continues to exist. It defines Discrimination against Women in article 1 as "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis

of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. This will cover discriminatory laws and neutral laws that have discriminatory effect in matters mentioned in the treaty and others not mentioned. It proactively called for the adoption of temporary special measures aimed at accelerating de facto equality between men and women which shall not be considered discrimination and shall be discontinued when the objectives of equality of opportunity and treatment have been achieved in article 4. It specifically called for the elimination of prejudices in article 5. GBV is mainly driven by prejudice. It related equality to political participation in article 7, international government representation in article 8, educational opportunity in article 10, employment opportunity in article 11, healthcare access including family planning in article 12, economic and social life in article 13, issues of rural women in article 14, equality with men before the law in article 15, consensual marriage in article 16. Apparently, these relate to all the forms of GBV without specifically mentioning them. It established a treaty Monitoring Body known as Committee on the Elimination of Discrimination Against Women (CEDAW) in article 17 consisting of 23 experts to which state parties submit report. Despite these holistic provisions, it called for the application of a more conducive law on women whether in local legislation or treaty in force in a state party. Though CEDAW dealt with all forms of GBV, it did not use the word ‘violence’ but its later general comments related the provisions to violence.

UN Declaration on the Elimination of Violence against Women (UNDEVAW)

This declaration adopted in 1993 is the first international instrument to explicitly address violence against women. It also provides a framework for national and international action, thus making an important contribution towards breaking a wall of silence and recognizing violence against women as an international human rights violation. It includes those happening in the family, community and perpetrated by the state. It also prohibits violence against women based on cultural and traditional practices. Obligation of states includes taking measures against it. These measures include punishing perpetrators and redress for victims, modifying social and cultural patterns of conduct of men and women to eliminate prejudices, customary practices and all other practices based on the idea of the inferiority or superiority of either of the sexes and on stereotyped roles for men and women.

3.5: Regional Treaties for the Prevention of Sexual and Gender-Based Violence

Time: 30 Minutes

Overview

In line with the international trend, regional and sub-regional bodies such as the African Union (AU) and the Economic Community of West African States (ECOWAS) have developed legal framework to prevent and respond to GBV concerns within their respective domains. As a member of these regional bodies, Nigeria and its federating states are obliged to domesticate these frameworks in their municipal laws.

Users of this manual are required to understand these regional GBV frameworks with a view to understanding and assessing how they connect with GBV legal frameworks in Niger State.

Objective

To enlighten participants with the legal instruments that prevent GBV at the regional level

Key Discussion Points

The African Charter on Human and Peoples Rights (African Charter)

This is a general charter that protects and guarantees all the human rights of the people of Africa, whether civil political and socioeconomic. It was adopted on the 27th June 1981 and entered into force on October 21st 1986. Nigeria did not only ratify this treaty on 22 June 1983 but domesticated it. Some provisions that address women include article 2 which provides for non-discriminatory enjoyment of the charter rights and article 3 that called for equality before the law and equal protection of the law. Of note is article 18(3) that maintains that State parties must ensure the elimination of every form of discrimination against women and also ensure the protection of the rights of women and children according to international declarations and conventions

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (AWP)

This regional and women specific document supplements the African Charter on rights of women. It was adopted in July 2003 and Nigeria ratified it in 2005. In its preamble, it noted a concern that despite African charter, discrimination and harmful practices against women persists. Taking an ambitious step, it provided for African women on African related issues.

In Defining discrimination against women similar to CEDAW, it called on state parties to modify social and cultural patterns of conduct of women and men through public education and communication strategies, with a view to achieving the elimination of harmful cultural and traditional practices and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes, or on stereotyped roles for women and men. It prohibition all forms of violence against in article 4 and the elimination of harmful practices in article. In recognition of African culture, it states preference for monogamy but calls for the protection of women in Polygamy in article 6. It guarantees right to Peace, enjoining states to reduce military expenditure in article 10. It extends protection to women in armed conflicts, IDPs, Refugees, returnees and is against the participation of girls in direct hostilities in article 11. In protecting right to health and reproductive health in article 14, it specifically mentioned fertility control, decision on the number and spacing of children, contraceptive choice, self-protection against STIs, including HIV/AIDS, information of partner's health status and abortion in cases of incest and rape where legalised. In guaranteeing women right to food security in article 15, it explained it to include nutritious and adequate food as well as safe drinking water, and fuel source. Article 17 protects their right to positive cultural context and participation in cultural policies, article 18 is on right to a healthy and sustainable environment that is their participation in the planning, management and preservation of the environment and the sustainable use of natural resources. Article 19 guarantees their right to sustainable development and access to resources such as land, credit, training, skills and reduction of negative effect of globalization. Article 20 addresses issues of widows, article 21 inheritance rights, article 22, elderly women, article 23 women with disabilities and article 24 women in distress which includes poor women, family heads and detained women. These represent the various forms of GBV

suffered by women and despite this detailed provision, it called for the application of more favorable provisions that are locally or internationally available to any state party in article 31.

African Charter on the Rights and Welfare of the Child (ACRWC)

This is a regional and child-specific treaty. It was adopted in 1990 and entered into force in 1999. Nigeria ratified it in 2001. It defines a child as a human being less than 18 years in article 2 and makes the child's best interest, the primary consideration in article 4. Article 5 guarantees a child right to life, survival and development, prohibiting the penalty of death sentence while article 11 in guaranteeing right to education called for equal access for girls and opportunities to continue after delivery in cases of pregnancy. Article 15 on child labor protects a child from formal and informal exploitative labor while article 16 protects a child from abuse and torture.

Article 17 details administration of juvenile justice, with parents having equal rights over a child within marriage and at dissolution in article 18. Article 19 entitles a child to parental care and protection and article 20 protects a child from harmful social and cultural practices which are customs and practices prejudicial to her/his health or life, discriminatory on the ground of sex or other status. It specifically prohibits child marriage and betrothal. Article 27 protects a child from sexual exploitation in the form of being used for prostitution, pornography while article 28 protects a child from the use of illicit drugs and being used for their production and trafficking.

Article 29 protects a child from sale, trafficking and abduction whether by the parents or another person and prohibits using a child for begging. Article 30 protects incarcerated pregnant women or mothers of infants and Article 32 establishes Committee on the Rights and Welfare of the Child as the Treaty Monitoring Body.

3.6: Municipal/State Laws for the Prevention of Sexual and Gender-Based Violence

Time: 45 Minutes

Overview

It is important that GBV actors have a fair grasp of relevant existing GBV legal and policy frameworks at national and state levels in Nigeria; and most importantly, in Niger State. As such this session provides users of this manual with an outline of national and state-level GBV legal and policy frameworks.

The knowledge of these municipal GBV frameworks will help Actors to operate and provide necessary support to GBV survivors within the scope of the law.

Objectives

- To arm participants with the domestic laws on GBV
- To analyze the contents of these laws that will aid in the advocacy for similar laws in Niger State

Key Discussion Points

The system of government practiced in Nigeria, allows for distribution of power between the federation and states legislatures with each enacting laws on issues within their legislative competence. This session will look at the constitution as well as any Act that deal with GBV. In view of these we shall be considering:

- 1 The Constitution of the Federal Republic of Nigeria (as amended)
- 2 The Domesticated African Charter
- 3 The Penal Code Act (PCA)
- 4 The Child's Right Act (CRA)
- 5 The Violence Against Persons Prohibition Act (VAPPA) (2015)

The 1999 Constitution (as amended):

This is the most important document in Nigeria because it sets out the standard for everyone and everything. It is called the grundnorm because it lays the foundation upon which other laws, policies, customs and practice can build. Recognizing this, section 1 provides that:

This Constitution is supreme and its provisions shall have binding force on the authorities and persons throughout the Federal Republic of Nigeria...(3) If any other law is inconsistent with the provisions of this Constitution, this Constitution shall prevail, and that other law shall, to the extent of the inconsistency, be void.

Chapter II Fundamental Objectives and Directive Principles of State Policy:

This chapter covering sections 13 to 24 contains a set of objectives and principles. Though section 6(6)(c) makes them not justiciable, meaning that when a government fails to implement them, one cannot go to court to seek redress. However, every responsible government is expected to aspire to them, while every arm of government is to observe their provisions. Of relevance are the following sections:

14(2) (b) the security and welfare of the people shall be the primary purpose of government
14(2), (3) & (4) (c) provides that participation in government whether of the Federation, State, local government council, or any of the agencies shall reflect the federal character so as to promote national unity, national loyalty and a sense of belonging.

15(3) (a) states to provide adequate facilities for and encourage free mobility of people...

15(3) (b) States to secure full residence rights for every citizen in all parts of the Federation

15(3) (c) states to encourage inter- ethnic/ religious/ linguistic marriage among persons

15 (5) The State shall abolish all corrupt practices and abuse of power

16 (2) (c) ensure that wealth is not concentrated in the hands of few individuals or of a group

16(2) (d) ensure that suitable and adequate shelter, suitable and adequate food, reasonable national minimum living wage, old age care and pensions, and unemployment, sick benefits and welfare of the disabled are provided for all citizens.

17 (2) (a) ensure equality of rights, obligations and opportunities before the law;

17 (2) (c) governmental actions shall be humane;

17 (3) (a) ensure nondiscriminatory opportunity for securing adequate means of livelihood as well as adequate opportunity to secure suitable employment

17 (3) (b) ensure just and humane conditions of work, adequate facilities for leisure, social, religious and cultural life;

17 (3) (c) ensure the health, safety and welfare of all in employment

17(3) (d) Ensure adequate medical and health facilities for all persons:

17 (3) (e) Ensure equal pay for equal work without discrimination on account of sex,

17(3) (f) protect children, young persons and the aged against any exploitation moral and material neglect;

17 (3) (g) ensure that provision is made for public assistance in deserving cases or other conditions of need

18 equal and adequate educational opportunities at all levels, eradicate illiteracy and when practicable provide free, compulsory and universal primary education; free secondary education, free university education and free adult literacy program

19 (d) Respect for international law and treaty obligations ...

21(a) Protect, preserve and promote the Nigerian cultures which enhance human dignity.

If these are observed, they will result in the nullification of GBV.

Chapter III

Section 29 of the Constitution which while dealing with renunciation of citizenship stated in (4)b that a married woman shall be deemed to be of full age. This is subject to misinterpretation that a married minor is of full age. This is against the provisions of treaties ratified in Nigeria and even specific laws against child marriage especially as it is a form of GBV.

The Fundamental Rights Chapter IV:

This chapter contains a set of human rights, mainly civil-political, available to all Nigerians which violation can be enforced in court.

a) Right to Life s.33 no one shall be deprived intentionally of his life, save in execution of the sentence of a court. This will promote the elimination all GBV that will lead to life loss of women and girls.

b) Right to dignity of human persons s.34 prohibits torture, inhuman or degrading treatment as well as slavery or servitude. Some harmful traditional practices like female genital mutilation, child marriage and widowhood practices evidence violation of this right. Respecting this right will mean their eradication.

- c) Right to personal liberty s.35. In compelling widows to observe some widowhood practices, this right is violated.
- d) Right to private and family life s.37. Seeing that denial of rights is a form of violence, it follows that when women are denied the exercise of this right, it is a form of GBV.
- e) Right to freedom of thought, conscience and religion s.38. When women and girls who are victims of forced marriage, and harmful cultural practices are compelled to do these things contrary to their thought and conscience, they cannot be said to be exercising this right.
- f) Right to freedom of expression and the press s.39. Traditions and cultures that deny women and girls, the exercise of this right ought to be voided for violating their exercise of this right.
- g) Right to freedom of movement s.41 This right is impeded by patriarchy and supported by law for instance in the case of *Dr. (Mrs.) PriyeIyalla-Amadi V. Nigerian Immigration Service (NIS)(Supra)* the Nigerian Immigration Service required married women to submit letters of consent from their husbands as part of requirements for processing traveling passports. This is a form of GBV.
- h) Right to freedom from discrimination s.42 discrimination of women and girls in any form is nothing but GBV. It does not matter whether this is express or implied. It is equally irrelevant whether it is by laws, customs and practices.

Domesticated African Charter on Human and Peoples Rights:

By domesticating the African Charter, Nigeria incorporated it into its municipal law with its provisions enforceable as those of chapter 4 of the 1999 Constitution by application made under section 46. It follows that national courts are empowered to enforce rights and obligations covered in the African Charter. In line with article 18(3) every form of discrimination which is GBV must be totally eradicated. Protecting women and children according to international declarations and conventions becomes mandatory. This will happen through prohibition of retrogressive traditions, women's rights violating laws and policies.

The Penal Code Act (PCA)

Provisions in the Penal code on rape, assault, among others protect women and girls from GBV when those forms of violence they relate to is committed. The Penal Code contains some provisions which are not only discriminatory against women but drive GBV. One of them is right of husbands to chastise their wives in section 55 (1) (d). This was judicially upheld in the case of *Akinbuwa v Akinbuwa* where the *Court of Appeal Benin*, held that *minor assault of the wife by the husband for corrective purpose is tolerable*. This is akin to wife battery recognized as GBV.

The Child's Right Act (CRA) of 2003

In enacting the Child's Right Act, Nigeria domesticated the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child. This Act which guarantee Nigerian children the enjoyment of Civil-Political as well as Socioeconomic rights is a veritable too for the eradication of GBV especially as it concerns girls. This Act though made by the National Assembly, applies only to Abuja necessitating the localization of this Act by individual states for its application in the particular state.

It's important provisions include section 277 defines a child as a person under the age of 18, thus ensuring that children particularly girls are protected beyond puberty. It comprehensively guarantees civil and political as well as socioeconomic rights of children (girls) unlike the Constitution that makes only civil/political rights justiceable. In guaranteeing the right to Survival and Development, it assures girls of enabling environment for development devoid of customs and practices that otherwise would have affected them. Section 13(3) (f) provides that every government in Nigeria shall ensure appropriate health care for expectant and nursing mothers. The implementation of this will aid the enjoyment of reproductive right of women. section 15 guarantees non-discriminatory right to free, compulsory and universal basic education, imposing on the government the duty of providing such education. Further (5) guarantees a female child who gets pregnant before completing her education an opportunity to return after delivery. This will help reduce the rate of girls dropping out of school due to indigence and teenage pregnancy. Sections 21-23 prohibits criminalize child marriage and betrothal while pegging marriage age at 18. This assures that girls are not hindered from purposeful future by early marriage. Section 26 penalize the use of children in criminal

activities even if not specified in the Act. These include exposure to narcotic drugs which penalty is life imprisonment (25), using a child for begging, hawking, prostitution, pornography production and trafficking with 10 years' imprisonment (30). In prohibiting sex with a child in section 31, whether or not the child consented and the offender believed the child to be above 18, it pegged the age of sexual consent at 18.

Violence against Persons Prohibitions (VAPP) Act 2015

VAPPA is a general Act which protects everyone. It is aimed eliminating violence in private and public life, prohibit all forms of violence against persons and provide maximum protection and effective remedies for victims and punishment of offenders. This Act, passed by the National Assembly in 2015, is another Act which though passed by the National Assembly, applies only to Abuja, with states localizing it through the Violence against Persons Prohibition Law and Domestic Violence Law.

Its important provisions relevant to GBV are:

Holistic definition of violence: section 46 defines it as “any act or attempted act, which causes or may cause any person physical, sexual, psychological, verbal, emotional or economic harm, whether this occurs in private or public life, in peace time and in conflict situations.” The implication is recognition of effects which were hitherto unpunished, taking it beyond peace time. It follows that in insurgencies, community clashes, Nigerian women and girls should be free from violence.

Expansion of the meaning of rape: it redefined it in a novel manner that brings it in consonance with laws in other jurisdictions. Unlike the Criminal Code and Penal Code that saw rape as penile penetration of vagina, it sees it as committed by anyone (male or female) through the penetration of vagina, anus or mouth with penis or any body part. It penalizes maximally, acts which hitherto were considered at best assault, attracting lenient punishment.

Penalty for rape: It retained life imprisonment as punishment for rape and a maximum of 14 years imprisonment for offender less than 14 years, section 1(2)(a).

It penalizes gang rape with a minimum of 20 years imprisonment for each person section 1(2)(c).

Introduction of sexual offenders register and appropriate victims compensation section 1(3). By this, sexual offenders will be named and shamed while victims will get adequate compensation regardless of the imprisonment of the perpetrator. This has the effect of breaking the culture of silence around it.

Introduction of Fines for other offences except for rape/incest/attack with acid/hot water/oil

It named and Prohibits FGM/harmful widowhood practices/harmful traditional practices/stupefying another with substance/spouse battery & eviction/ abandonment without sustenance/forced isolation from family & friends/forced financial dependence

It Prohibits and penalizes Political violence whether it is by individuals or state actors and makes for vicarious liability. Political violence discourages women from political participation, thereby constituting a sort of GBV.

It Introduces Protection order which has no time limit and is enforceable throughout Nigeria.

It introduces third party complaint enabling others lodge complaint for victims of GBV.

It imports human rights of chapter iv of constitution and international treaties in section 38(1) which offers better protection to victims of GBV.

It redefines victims to include sufferer of the violence, immediate family members, dependents and anyone who suffers harm in assisting the direct victim. This accords with international law that recognizes the different types of victims

It recognizes women, children, persons living under extreme poverty, persons with disability, the sick and the elderly, ethnic and religious minority groups, refugees, internally displaced persons, migrants and persons in detention as vulnerable group.

Six forms of violence: It recognizes and prohibits different forms of violence in many Nigerian settings which were previously considered normal correctional measures in families. The different forms of violence here recognized are-

Physical violence which is an act of physical aggression towards another person, whether extreme or insignificant, including physical abuse, forced ejection from home, harassment,

stalking, intimidation, spousal battery, substance attack. This recognizing makes it is easier for Law enforcement officers to prosecute perpetrators unlike before, when they considered issues like spousal battery a family affair or chastisement, undeserving of investigation and prosecution.

Sexual violence which it defines as any or attempt of an act that violates sexual integrity of another. This will include sexual assault of unlawful touching, striking, sexual exploitation of forced prostitution, sexual harassment of unwanted persistent conduct of a sexual nature or other conduct based on sex whether physical or verbal, sexual intimidation for promotion, employment, patronage. This will break the culture of silence on issues previously too shameful and stigmatizing to discuss.

Psychological/Emotional/Verbal violence which is a pattern of degrading or humiliating conduct towards a person. It is a manifestation of power imbalance in a relationship wherein the perpetrator uses it to maintain control over the victim. Such conducts include -insults, ridicule, repeated exhibition of obsessive possessiveness, invading liberty, forced isolation from family. Clearly, it considers emotional violence as serious as physical violence.

Domestic violence which is an act perpetrated on any person in a domestic relationship causing harm to the safety, health, or well-being of any person. Domestic relationship is one, between a victim and a perpetrator of violence where they are or were married to each other, live or lived together in a marriage-like relationship, are the parents of a child, are family members, are or were engaged, in actual or perceived intimate relationship and or share or recently shared same residence. Intimate partner violence is rife in domestic relationships but others equally suffer violence, including children, domestic servants and other family members. Clearly, all the identified forms of GBV may take place in a domestic relationship.

Economic violence which is the denial of inheritance and other economic resources that one is entitled to. It comprises abandonment of dependents without sustenance, denial of inheritance, deprivation of financial resources including household necessities, damage to property, starvation and denial of basic education.

Harmful traditional practices which embraces all traditional behaviors and practices affecting fundamental rights of any person. It proscribes different forms of violence perpetrated in the

guise of culture like widowhood practices, forced marriages, Female Genital Cutting, among others. In prohibiting this sort of violence, it conforms to section 21 of the Constitution which calls for the protection, preservation and promotion of positive and dignity enhancing cultures.

3.7 Redress for Gender Based Violence

Time: 20 Minutes

Overview

Prevention of, and response to GBV is anchored on how to seek redress and the type of remedies available to survivors. The purpose of this is to ensure that perpetrators receive appropriate and proportional amount of punishment which should be sufficient enough to make survivors feel the sense of justice, as well as to serve as deterrent to existing and future perpetrators.

Objective:

To arm participants with the available remedies on GBV

Key Discussion Points

There laws prohibiting GBV and different forms of violence even without naming it are varied. Redress will depend on the particular law used.

Human Rights- GBV could constitute a violation of any of the human rights guaranteed in the Constitution. In that case, a fundamental right enforcement action could be brought at the high court by virtue of section 46(1) of the constitution which provides that ‘Any person who alleges that any of the provisions of this Chapter has been, is being or likely to be contravened in any State in relation to him may apply to a High Court in that State for redress. For instance in the case of *NPF & Ors v Omotosho & Ors* the Court of Appeal held that the unlawful killing of a man before his wife and children violated their right to dignity.

In the case of *Theresa Onwo v Nwafor Oko & 12 Ors*, the Court of Appeal held a widow who was compelled to shave her hair and perform other acts as widowhood rites against her wish and religious belief, had her right to personal dignity violated and she was entitled to remedies.

In the case of *Uzoukwu & 5 Ors v Ezeonu II & 8 Ors*, the court of Appeal defined that torture include ‘...brutalization of the human body or a mental torture in the sense of mental agony or mental worry. Degrading treatment has the element of lowering the societal status, character, value or position of a person...’

Child’s Right Act-Any GBV constituting act could be brought before the family court.

VAPPA- Any act that constitutes any of the forms of violence prohibited could be brought before the court seeking a protection order in the first instance. This order stops the violence but if the violence persists, then the perpetrator will be arrested and prosecuted. This order could also be interim. The order could be enforced anywhere in Nigeria, irrespective of where it was made. This means that a respondent who leaves Niger state simply to evade a protection Order will not be able to do so because the long arm of the law will catch up with him as long as he/she is within the shores of Nigeria. Other remedies available to the victim include emergency monetary relief, access to accredited service providers, easy access to transportation to a safe shelter, access to hospitals for treatment, access to shared household to collect belongings, access to every possible assistance in the service of interim protection order and enforcement of any other order by the court, access to rehabilitation and reintegration program and to receive comprehensive medical, psychological, social and legal assistance

Further, it also provides penalties for acts which were hitherto considered normal. These include:

- Infliction of physical injury= N100,000/+5yrs+ compensation
- Attempt/Aiding = N50,000 /+5 yrs Assistance = N50,000/+ 3 yrs
- Spousal battery/Forced Sexual/non sexual harming wellbeing=N100,000/+ 3yrs
- FGC= N200,000/+4yrs Attempt/Aiding = N100,000 /+2 yrs
- Spousal ejection = N50,000 /+2 yrs
- Harmful Widowhood practice /Economic Abuse/Stalking = N200,000 /+2 yrs
- Forced Isolation = N100,000 /+6 months
- Emotional/Verbal/Psychological abuse = N100,000 /+1 yr
- Abandonment without sustenance = N250,000 /+3 yrs
- Harmful traditional practices= N100,000 /+ 4yr s

- Substance attack = life imprisonment
- Administering a substance with intention of stupefying to enable any person engage in a sexual activity with that person = N500,000 /+ 10 yrs s. 22:
- Compelling another to engage in any act sexual or otherwise, to the detriment of the victim's physical or psychological well-being = N500,000 / + 2 yrs
- Intimidation = N200,000 / + 1 yr.
- Political violence =: N500,000 /+ 4 yrs s. 23 (1)

Criminal Action- the institution of criminal proceedings for any act constituting GBV which an offence under the Penal Code for example rape. However, other GBV constituting acts though being litigated under the VAPPA will not stop the victim from instituting criminal action against the perpetrator.

ADR Though this is used in resolving conflicts, it is usually discouraged in GBV cases to prevent its being seen as a family affair thus emboldening perpetrators

Group work

1 what are the provisions of any existing law that perpetuate GBV

2 Suggest contents of a new law that will protect women and girls of Niger state from GBV

Time: 25 minutes

Group Work

In your groups, discuss the underlisted stories and identify How any or all of the international and/or municipal GBV Legal frameworks mentioned above can be used to deal with the matter.

For this group work, participants should be divided into 3 groups. After the group work, they return to plenary for presentation.

A). Obi and Ada are married and live at Awkunanaw, Enugu. They have a son and a daughter, Didi is 9 and Kachi is 7 years old. Obi constantly beats Ada for no reason. In August, Obi insisted that Kachi must be circumcised because every woman he knows is circumcised. Ada refused, insisting that circumcision has health consequences. Obi will have none of this, he beat Ada, called her names, refused to drop money for food and necessities, withdrew Didi and Kachi from school, stopped them from seeing family members so they wont report his acts. Ada still refused to give in. Last week, Obi threw them out of family house. Having nowhere else to go, they rushed to Awkunanaw Police station and lodged a complaint with officer John who advised Ada to go home and beg her husband because it is a family matter.

B). Omodele lodged a complaint at Meniru Police station that Sani inserted stick in her private part, she was told that Sani cannot be charged to court because no offence was committed under the law.

Module 4: Multisectoral Prevention and Response to GBV

Time: 6 hours.

Overview

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

Training Objectives:

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

Key Learning Points:

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

Session 4.1–Types of GBV

Time: 45 minutes

Overview

In this session, we introduce the various types and acts of GBV.

We represent and analyze the term “GBV” with a visual object (a tree) that most people will remember long after the workshop.

Learning Objectives

1. Increase knowledge about the many different forms/types of GBV that can occur.
2. Increase ability to identify acts of gender-based violence, as compared to other types of violence.

Introduction:

Participants are to give examples of GBV. Some examples might be: Rape, Domestic Violence, Sexual Exploitation, female genital mutilation (FGM).

Note that such examples as child abuse (such as child beating) is unrelated to gender issues. It is important to clarify that there are many forms of violence, and the line between GBV and other types of violence is often difficult to determine. And, there are similarities in the types of assistance provided to survivors of any form of violence. For our purposes here, however, we are focusing only on GBV.

Short Individual Task:

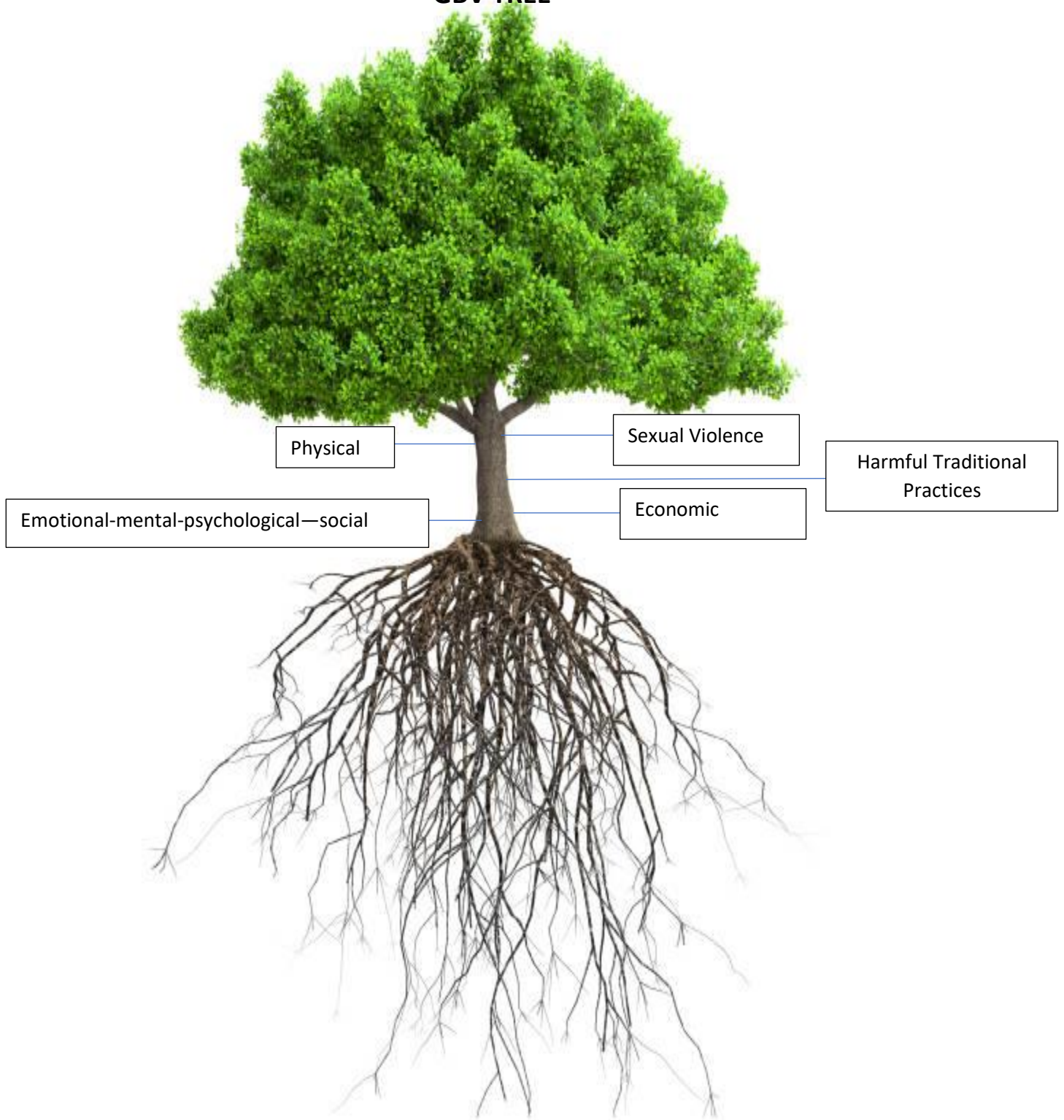
- A). Draw a tree; make sure the tree has a roots, trunk/stem and branches;
- B). Write the following types of violence on the tree trunk— SEXUAL PHYSICAL EMOTIONAL-MENTAL-SOCIAL ECONOMIC HARMFUL TRADITIONAL PRACTICES;
- C). Point out where the following examples (Rape, Domestic Violence, Sexual Exploitation, female genital mutilation-FGM) fall on the tree trunk.

This is the GBV tree and that it has roots, a trunk, and branches. The trunk represents the types of GBV. Later, we will discuss the roots and branches of the tree.

Group Task (20Mins):

- A). In your group, Select one of the general types of GBV listed on the tree trunk;
- B). brainstorm and come up with specific GBV examples and write them under the type of GBV you selected on the tree trunk;
- C). When you are done, post your lists around the room for others to see. One representative from your group should remain with the flip chart to answer or clarify any questions that may come up.

GBV TREE



Key Discussion Points:

Gender-based violence can be—

➤ Sexual violence

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

➤ Physical

- Spouse beating/Domestic Violence
- Assault and other physical violence (gender-based)
- Harmful traditional practices

➤ Emotional-mental-psychological—social

- Verbal, emotional abuse
- Humiliation
- Discrimination
- Denial of opportunities and/or services
- Spouse confinement (domestic violence)
- Harmful traditional practices

➤ Economic (Can be a component of any of the above)

• Harmful Traditional Practices fit into each of the three main categories above. However, there is a need for cultural understanding, sensitivity and awareness. These include the challenges of dealing with long standing cultural practices such as:

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

Session 4.2 – Causes and Contributing Factors:

Time: 20 minutes

Overview

Refer to our GBV tree in the previous section. Here, we focus on the roots of the GBV tree; we illustrate and discuss the root causes of all forms of GBV, as well as an array of contributing factors that may be present. This session lays the groundwork for the next session, Prevention. Participants must first be able to identify and understand causes and potential contributing factors.

Learning Objectives

1. To increase knowledge of the root causes of all forms of GBV.
2. To increase awareness of potential contributing factors and risks that may be present in individual settings.

Introduction:

In order to design an effective GBV program intervention, it is important to understand the root causes of GBV. Response and preventive programs must necessarily target the root causes of the incidents so as to stop further occurrence either by same perpetrators, or by other prospective or potential perpetrators.

Short Individual Task:

- A). think of, and identify the possible causes of, and contributing factors to GBV;
- B). write them on the roots of the GBV tree;
- C). Use different colour markers to write the causes and contributing factors respectively;

Key Discussion Points

- The root causes of all forms of GBV lie in a society's attitudes towards and practices of gender discrimination—the roles, responsibilities, limitations, privileges, and opportunities afforded to an individual according to gender. Addressing the root causes through prevention

activities requires sustained, long term action with change occurring slowly over a long period of time

- Contributing factors are factors that perpetuate GBV or increase risk of GBV, and influence the type and extent of GBV in any setting. Contributing factors do not cause GBV although they are associated with some acts of GBV. Some examples:

- i. Alcohol/drug abuse is a contributing factor—but all drunks/drug addicts do not beat their wives or rape women.
- ii. War, displacement, and the presence of armed combatants are all contributing factors, but all soldiers do not rape civilian women.
- iii. Poverty is a contributing factor, but all poor women are not victimized by forced prostitution or sexual exploitation. Many contributing factors can be eliminated or significantly reduced through prevention activities.

- Root Causes of Gender-based Violence:

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

- Possible Contributing/perpetuating Factors:

- i. Alcohol/drug abuse
- ii. Availability of food, fuel, wood, income generation requires women to enter isolated areas
- iii. Boredom, lack of services, activities, programs. (This could be as a result of unemployment, or due to emergency lockdowns such as during armed conflicts, unrests, disease outbreak, etc)
- iv. Collapse of traditional society and family supports

- v. Religious, cultural, and/or family beliefs and practices
 - vi. Design of services and facilities
 - vii. General lawlessness
 - viii. Geographical location/environment (high crime area)
 - ix. Lack of laws against forms of gender-based violence
 - x. Lack of police protection
 - xi. Legal justice system/laws silently condones gender violence
 - xii. Loss of male power/role in family and community; seeking to assert power
 - xiii. Political motive, weapon of war, for power/control/fear/ethnic cleansing
 - xiv. Poverty
- The creation of camps for refugees and internally displaced persons (IDPs) due to Humanitarian situations created by armed conflicts, inter-communal conflicts, insurgency, armed banditry, kidnappings, etc could serve both as root causes or contributory factors:
 - a) Design and social structure of camp (overcrowded, living with strangers)
 - b) Camp leadership predominantly male; women's security issues not considered in decisions
 - c) Lack of identity cards/registration cards for each individual refugee
 - d) Lack of presence of security personnel and human rights officials in camp
 - e) Retaliation: Refugees may be considered materially privileged compared with the local population.

Session 4.3– After-Effects/Consequences

Time: 30 minutes

Overview:

Refer to the GBV tree in the previous sections. On the tree branches, we shall indicate the consequences and after-effects of GBV. Recall that in the previous section, we already indicated the types of GBV and their root causes and contributing factors in the tree's stem/trunk and the roots respectively.

Learning Objectives:

To be able to describe the potential consequences and after-effects of various types of gender-based violence

Introduction:

There are a number of health, psychological, and social consequences to the survivor. This session explores these consequences and after-effects in detail. Understanding the nature and extent of potential consequences will enable participants to understand the urgent need for basic minimum prevention strategies and response services in all settings (to be discussed in the next sessions).

Short Individual Task:

- A). Think of, and identify as many examples of the health and psychosocial consequences and after-effects of GBV;
- B). Use different marker colours to indicate the health and psychosocial consequences and after-effects of GBV on the branches of the GBV tree;

Key Discussion Points

- There are a number of medical, psychological, and social consequences to GBV that vary depending on the types of GBV.

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

A. Fatal Outcomes

- Homicide
- Suicide
- Maternal mortality
- Infant mortality
- AIDS-related mortality

B. Acute Physical

- Injury
- Shock
- Disease
- Infection

C. Chronic Physical

- Disability
- Somatic complaints

- Chronic infections
- Chronic pain
- Gastrointestinal problems
- Eating disorders
- Sleep disorders
- Alcohol/drug abuse

D. Reproductive

- Miscarriage
- Unwanted pregnancy
- Unsafe abortion
- Sexually transmitted infections (STIs), including HIV/AIDS
- Menstrual disorders
- Pregnancy complications; infertility
- Gynecological disorders
- Sexual disorders
- Psychological/Emotional Consequences—Most psychological and emotional aftereffects should be viewed as normal human responses to horrific, terrifying, extreme event. In some cases, however, the survivor experiences mental illness that requires medical intervention.

E. Post-traumatic stress

F. Depression

G. Anxiety, fear

H. Anger

I. Shame, insecurity, self-hate, self-blame

J. Mental illness

K. Suicidal thoughts, behavior, attempts

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

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

Session 4.4– Prevention Strategies

Length: 1 hour

Overview:

We refer to the GBV tree, and our emphasis is on the root of the tree indicating the causes of, and contributing factors to GBV. In particular, it is important to deepen our understanding of these root causes and contributing factors—especially community norms around gender issues which is necessary to design effective prevention programs.

Learning Objectives

To increase ability to develop effective GBV prevention strategies by assessing causes and contributing factors in the setting and designinTimeg activities to address them.

Introduction:

This session will explore a variety of prevention strategies that can be effective in addressing some of the most common causes and contributing factors present in all settings— the home, community, school, workplaces, as well as in displaced settings such as IDP camps.

Group Task (30Mins):

- A). in your group, select one of the 5 listed rephrased GBV causes and contributing Factors below which were extracted from those indicated in the roots of the GBV tree;
- B). Write down your selected root cause/contributing factor in your flip chat;
- C). Think of, and identify possible prevention strategies to address the root cause/contributing factor your group has selected;
- D). Discuss and prepare a short (5 minute maximum) training presentation about discussions in your group. You will only have time to highlight the key points;
- E). In your group, refer to the Niger State GBV Law, the GBV Response and Prevention SOP, and any other relevant GBV policy document;

F). The following are the rephrased GBV causes and contributing factors—

- Socio-cultural norms/gender discrimination
- Breakdown of family and community support systems; social problems, lack of social sanctions against perpetrators
- Lack of accountability for persons in power, especially those providing humanitarian assistance, peacekeeping, security
- Lack of access to services and facilities in camps/refugee settings
- Formal (national) and traditional laws and justice systems do not protect against acts of GBV

Key Discussion Points:

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

Session 4.5 – Response Services

Length: 30 minutes

Overview:

This session builds on the previous session about Prevention strategies by responding to the identified after-effects and consequences aTimend teaches participants about the minimum recommended response services that may be needed to reduce the harmful consequences of GBV and prevent further injury, trauma, and harm. The session also introduces the four primary sectors/disciplines/specialties necessary for GBV response and lays the groundwork for further discussions about multisectoral and interagency coordination.

Learning Objectives:

1. Explain the relationship between consequences/after-effects of GBV and response services.
2. Identify the minimum recommended response services that must be available to reduce harmful consequences of GBV and prevent further injury, trauma, and harm.

Introduction:

The essence of putting in place appropriate response services is to ensure reduction of harmful consequences and prevent further injury, trauma, and harm. Response services requires the work and attention of many different actors from at least these four key sectoral areas. They should be organized into quadrants by sector area such as this—

RESPONSE SECTOR AREA	RESPONSE SERVICES
HEALTH EMERGENCY	Contraception Treat injuries Treat STIs
PSYCHO-SOCIAL	Emotional support & counseling Income generation programs Skills training programs Group counseling

SECURITY	Report to police Investigate case Arrest perpetrator File charges with the court
LEGAL JUSTICE—FORMAL AND TRADITIONAL	Apply appropriate laws and hold perpetrators accountable

It is important to note that good quality, multisectoral, interagency response services can be provided ONLY if survivors report incidents of GBV and seek assistance. Therefore, response must include a few more components beyond the care/services provided by each of these four sectors. Other sessions in this manual will include discussion of the remaining pieces of response—

- A). Training for all actors and stakeholders Working with the community to establish accessible methods for reporting cases Documentation, monitoring and evaluation
- B). Interagency and intersectoral coordination, communication, and collaboration.

Key Discussion Points

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

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

Session 4.6—Guiding Principles

Time: 30 minutes

Overview:

There are three basic principles that must guide the work of all actors when assisting survivors. Participants must fully understand the need for these guiding principles, what they are, and how to abide by them.

Learning Objectives:

To identify, describe, and abide by the three primary guiding principles for working with GBV survivors

Introduction:

Recall the health and psychosocial consequences and after-effects of GBV discussed in the previous sections.

These must be taken into consideration by all actors who provide services or assistance to survivors. In addition, Service providers are expected to abide by the three core principles of GBV. These include—

Safety

1. How would you ensure a woman's safety if she is living with the perpetrator?
2. What do you do if a survivor does not want to report the incident?
3. Developing an individual safety plan with a survivor is important—discuss with survivor things like “if you fear for your safety, where can you go?”

Confidentiality

1. How do you handle the concept of confidentiality when the survivor is a 5 year old child?
2. How can you maintain confidentiality in a small village?

3. Important to provide support to GBV staff, encourage confidentiality among staff, but have a venue to discuss issue in a confidential manner; have staff sign a confidentiality oath (see the Niger State GBV Prevention and Response SOP).

Respect

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

Key Discussion Points

- All actors must abide by the Guiding Principles at all times. No exceptions.
- If safety, confidentiality, or respect are breached or compromised in some way by those who are helping, then the helpers will actually be harming the survivor. This must never happen.
- Safety
 - i. Ensuring the safety and security of the survivor should be the number one priority for all actors, at all times. Remember that the survivor may be frightened and need assurance of her individual safety. In all cases, ensure that she is not at risk of further harm by the perpetrator or by other members of the community.
 - ii. If necessary, ask for assistance from security, police, or other law enforcement authorities, field officers, or others.
 - iii. Be aware of the safety and security of the people who are helping the survivor, such as family, friends, community service or GBV workers, and health care staff.
- Confidentiality
 - i. At all times, respect the confidentiality of the survivor families.
 - ii. Share only necessary and relevant information (not all details), ONLY if requested and agreed by the survivor, with only those actors involved in providing assistance.

Information about GBV reported incidents and GBV survivors should never be shared if it includes the individual's name or other identifying information. Information concerning the survivor should only be shared with third parties after seeking and obtaining the survivor's (or their parents,' in the case of children) explicit consent in writing.

- iii. All written information must be maintained in secure, locked files.
 - iv. If any reports or statistics are to be made public, all potentially identifying information should be removed and only aggregate numbers and data made public.
 - v. In meetings, there may be times when a specific GBV case is mentioned. Ensure that no identifying information is revealed, disguising details as needed to protect the confidentiality of the survivor.
- Respect. All actions taken will be guided by respect for the choices, wishes, rights, and dignity of the victim/survivor. Some examples:
- i. Conduct interviews in private settings and with same sex translators, wherever possible.
 - ii. Always try to conduct interviews and examinations with staff of the same sex as the victim/survivor (e.g., woman survivor to woman interviewer)
 - iii. Be a good listener.
 - iv. Maintain a non-judgmental manner.
 - v. Be patient; do not press for more information if the survivor is not ready to speak about her experience.
 - vi. Ask survivors only relevant questions.
 - vii. The prior sexual history or status of virginity of the survivor is not an issue and should not be discussed.
 - viii. Avoid requiring the survivor to repeat her story in multiple interviews.
 - ix. Do not laugh or show any disrespect for the individual or her culture, family or situation.

Session 4.7– Introduction to Multisectoral Action

Time: 10–15 minutes

Overview:

This is a quick introduction to multisectoral action and coordination needed for effective prevention and response. The session uses a simple visual tool to demonstrate the importance of multisectoral and interagency coordination.

Learning Objectives:

To understand the importance of multisectoral action to address GBV

Introduction:

In the previous sections, we have discussed the four primary sectors which play key roles in the design of Prevention strategies and Response services. Each of these primary sectors must be actively involved in the delivery of effective prevention and response interventions.

The four primary sectors of GBV prevention and response intervention can be likened to a 4-legged chair. The absence of one or more of the legs will cause the chair to lose balance and fall; rendering the chair useless and unfit to serve its purpose.

Key Discussion Points

- All four sectors are needed to support each other's work. For example, successful criminal prosecution of perpetrators requires
 - i. Good police investigation
 - ii. Good forensic medical evidence
- Emotional support for the survivor through the process—prosecutions take time and are usually full of delays; without support, the survivor is likely to become frustrated and discouraged and may stop going to court. Effective prevention must include
 - i. Security—identify and remove security risks, provide adequate police presence

- ii. Justice–Legal environment that supports survivors and punishes perpetrators (laws as well as behavior and attitudes of judges, magistrates, prosecutors)
- Health–Public health education
- Psychosocial–Community awareness about GBV and changing attitudes/behavior

Session 4.8– Establish Procedures for Reporting and Referrals

Time: 1 hour

Overview

The majority of time in this session is spent doing an activity to demonstrate the importance of clear, accessible, and well-coordinated interagency procedures for receiving reports of GBV and referring the survivor for services to the various actors who can assist. The activity is rather complex and provides a memorable visual demonstration about interagency coordination. The session concludes with a discussion of how to prevent the chaos that occurred in the activity and concrete ideas of what to do to avoid confusion, help the survivor, and maintain the Guiding Principles.

Learning Objectives:

1. 1. Understand the importance of establishing clear, simple, accessible, confidential, and respectful reporting and referral procedures.
2. 2. Increase capacity to develop reporting and procedures in line with the interagency procedure template contained in the Niger State GBV Prevention and Response SOP.

Introduction:

Group Task (Role Play):

To conduct this role play, it is important to have a general understanding about roles and procedures for doctors/nurses, police, prosecutors, judges, and other relevant Actors/agencies. A). Create name tags with job titles (use actual job titles used in the setting) of approximately 10 people who are likely to interact with a survivor during the response process in Niger State setting (the setting where most participants work).

B). Select at least one title from among each of the following groups:

- Police (Police Officer, Police Investigator)
- Justice (Judge or Magistrate, Court Prosecutor)
- Traditional (Elder or Community Leader, Camp Chairperson)
- Health (Doctor, Nurse or Midwife, TBA)
- Family (Mother or other family member that a survivor might tell about the rape, Sister, Father)
- Psychosocial (Community Services Worker, Social Worker, GBV Counselor)
- Community (Neighbor, Block Leader) • UNHCR (Protection Office, Field Officer, Community Services Officer) Be sure the name tags can be easily read from a distance.

C). Ask for volunteers and distribute the name tags to the appropriate number of people. Tell them that they Actors and will be in the role of the person noted on their name tag.

D). All volunteer Actors are to seat in a circle, chairs fairly close together; while the remaining participants stand outside the circle so that they can easily see the activity.

E). A ball of yarn is created. It represents a 20 year old girl who was raped.

F). With Facilitator Standing outside the circle, the ball is given to Mother (or whomever has been chosen to be the first person the survivor tells about the incident) and explain that the girl has told her mother about the incident.

G). Mother holds the end of the string firmly, do not let go, and throw the ball to the person as instructed by the facilitator.

H). Facilitator narrates the story of what happens to this girl. Each time an Actor is mentioned, the ball of string is tossed across the circle to that Actor. Each Actor who receives the ball will wrap it around a finger and then toss the ball to the next Actor as instructed. An example of how you might play out the story is as follows:

- Mother takes girl to Community Leader.

- Community Leader refers the girl to the TBA.
- TBA helps, but the girl needs more health intervention and TBA refers girl to the Midwife.
- Midwife calls in the Doctor
- Doctor administers treatment and sends girl back to Midwife.
- Midwife refers the girl to the Community Services Worker.
- Community Services Worker provides emotional support and contacts the Ministry of Women Affairs Community Services Officer for assistance
- Ministry of Women Affairs Community Services Officer talks with the girl and discovers the girl wants to involve the police—refers the girl to the Ministry of Women Affairs Protection Officer
- Ministry of Women Affairs Protection Officer meets the girl, takes her back to the Doctor for a few more questions
- Doctor sends the girl back to the Ministry of Women Affairs Protection Officer
- Ministry of Women Affairs Protection Officer refers the girl to the Police.
- Police contact the Doctor
- Doctor contacts Mother
- Mother takes girl to Ministry of Women Affairs Protection Officer.
- Ministry of Women Affairs Protection Officer refers girl to a Lawyer
- Lawyer contacts Police
- Police contact Prosecutor to have him speak with the survivor
- Prosecutor discusses with Lawyer
- Lawyer discusses with Prosecutor

- Prosecutor calls the Doctor about the survivor to get information about the medical exam. Doctor asks to see the survivor again because she forgot to examine something
- The doctor refers the survivor to a social worker
- The social worker then contacts the police to give them some new information
- The police contact the Ministry of Women Affairs protection officer to report the incident
- The protection officer contacts the mother to ask questions
- The mother asks the survivor additional questions
- The survivor goes to talk with the community leader because she is confused about the process
- The community leader contacts the prosecutor and the judge to find out the status of the case
- They refer the community leader to the police
- The police refer the leader to the Ministry of Women Affairs protection officer
- Etc.

I). The role play ends after every Actor has taken part in at least 2 communication exchanges regarding the case. There will be a large red web in the center of the circle, with each Actor holding parts of the string.

J). The following questions could help generate further discussions among all participants about the case—

- What do you see in the middle of this circle?
- Was all of this helpful for the survivor? Traumatic?
- Might a situation like this happen here?
- What could have been done to avoid making this web of string?

- Observers: How many times did the girl have to repeat her story?
- Actors: How many times did you talk with this survivor—or with others about her? Do you remember the details?

K). As all volunteer Actors return to their seats, the red string is dropped to the floor, and allowed to remain sitting on the floor as a red stringy chaotic mass for all to see during the remainder of the session.

Key Discussion Points

- In most GBV contexts and settings (home, community, school, workplaces, refugee/IDP, etc), the GBV survivor has to interact with a vast number of resources and contacts that are often not well trained and not well coordinated. This can be very daunting and confusing to the survivor and may discourage incident reporting or negatively impact the survivor. It is important to set up a clear response system and to have someone act as a case manager for the survivor, helping her to navigate the system.
- Please refer to the Inter-Agency Collaboration guidelines and templates contained in the Niger State GBV Prevention and Response SOP.

Session 4.9–Establish Documentation and Compilation of Data

Time: 30 minutes

Overview:

This session introduces the idea of using a common form for recording incident reports. The session describes the uses of the form for interagency response and its value for informing the public about GBV occurring in all settings.

Learning Objectives:

Explain the reasons why a common incident reporting form is needed and its value in gathering data and monitoring GBV interventions and outcomes

Introduction:

The GBV Incident Report Form is recommended for use by actors engaged in prevention and response to GBV in all settings such as homes, schools, workplaces, humanitarian settings, camps or areas of return, etc.

The Incident Report Form is the most essential tool for documenting incidences of GBV and it is a major requirement that the form makes provisions for documenting and sharing information (as much as possible) across all relevant GBV prevention and response agencies in the State.

One key purpose of the Incident Report Form is that it provides information required by Actors to make appropriate GBV prevention and other response interventions, as well as to enhance effective collaboration among agencies thus preventing frictions and duplications among them.

Group Task (10Mins):

A). Participants in each group are to take at most 5Mins to study the Incident Report Form contained in the Niger State GBV Prevention and Response SOP;

B) Each participant should take turns of no more than 1Min to briefly describe how to use the Form in their groups;

C). The facilitator selects one participant from each group to address all other participants in the hall on their understanding of the use of the Incident Report Form especially from their Agency's perspective. Each of the selected participants should represent different agencies and sectors.

Key Discussion Points

The Incident Report Form is a tool to be developed in consultation with different sectors and is to be designed to:

- ❖ Provide a brief comprehensive summary of the most relevant information about an individual incident.
- ❖ If survivor consents: be used as an information-sharing tool, to be copied and shared among and between actors or organizations involved in assisting the survivor and/or taking follow-up action.
- ❖ Avoid requiring the survivor to repeat her/his story and answer the same questions during multiple interviews.
- ❖ Collect basic and relevant data for use in monitoring and evaluation of GBV incidents and programmes.
- ❖ Collect data that is consistent across all Wards, districts and local government Councils, to enable comparison of GBV data across programmes, settings and jurisdictions.

The Incident Report Form is not an interview guide. Staff who interview survivors must be properly trained in skills for interviewing, active listening, and emotional support necessary for working with survivors.

Separate forms may be needed for interview guides and note taking. It is important to remember that a survivor may be emotionally distressed. Therefore, great care must be taken to interview with compassion and respect. It may be appropriate to complete the form outside of the presence of the survivor.

Mechanisms and procedures for reporting, referral, and co-ordination should be established when designing programmes to prevent and respond to GBV. Meet with organizations and individuals in your setting to determine each group's information needs and how best to use the completed Incident Report Forms.

In most settings, the following procedure is useful:

- ❖ One organization is designated as the “lead organization” for maintaining all report data, receiving the reports and ensuring immediate assistance. Often, this is either the GBV Prevention and Response director or officer in the State Ministry of Women Affairs, her equivalent in the Local Government Area, or a trained officer from the lead GBV-focused non-governmental organization at state or local government levels.
- ❖ Original completed Incident Report Forms are maintained in the lead organization's offices, in locked files.
- ❖ With survivor's consent (consent of parent/guardian) to share information: Lead organizations give details of the completed Incident Report Form, within 24 hours, to organizations most in need of this information to ensure survivors receives immediate services.
- ❖ Without survivors consent to share information: Lead organization provides information to key focal points within the area of survivor, information includes incident data and non-identifying information (no information that can identify the survivor). This data will facilitate the assessment of any immediate risks of the survivor and assist in identification of other ways to provide support or seek alternatives without engaging the confidentiality and safety of the survivor

Additional information on the samples and use of the incident form is contained in the Niger State GBV Prevention and Response SOP.

Summary and Conclusion:

Summary:

- Prevention and Response Plan addresses: Outcomes/consequences; Causes/contributing factors.
- It involves all sectors, actors
- All actors agree to and abide by a set of Guiding Principles
- It is team oriented
- It is well coordinated
- It requires training and capacity building with an array of actors and stakeholders
- It supports full involvement of GBV survivors in the process of planning and implementation

Conclusion:

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

HANDOUT 4.10–Coordination, Communication, Collaboration

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

- ⑩ Establish and continuously review methods for reporting and referrals among and between different actors. Referral networks should be free of bureaucratic delays and “red tape,” focusing on providing prompt and appropriate services to survivors.
- ⑩ Agree on an Incident Report Form, to be used by all actors receiving referrals of cases of sexual/gender-based violence. Use the form consistently.
- ⑩ Share written reports, especially monitoring and evaluation reports and incident data among actors and stakeholders.
- ⑩ Convene regular meetings of key actors and stakeholders:
 - Monthly camp level meetings to discuss camp specific information, data, and activities
 - Monthly regional (e.g., field office, sub-office, district level) meetings to discuss information, data, and activities occurring in that region.
 - Monthly country level meetings to discuss information, data, and activities country wide.
- ⑩ Coordination meetings should serve a number of purposes:
 - Share information within and between sectors, organizations and the refugee community.
 - On an ongoing basis, critically analyze activities by identifying gaps in services and strategies for improvement and strengthening current activities. Also, oversee the implementation of the strategies identified.

- Provide a supportive forum for actors to seek guidance and assistance from colleagues. Also, provide an opportunity for constructive feedback, problem-solving, and debriefing after particularly complex or difficult cases.
- Clarify the roles and responsibilities of all those involved with the planning, implementation and monitoring of prevention and response activities.
- Plan, schedule, and co-ordinate activities, such as staff training, community education and awareness raising.
- Continuously build shared ownership of gender-based violence programmers and effective partnerships between all involved.

Module 5: Establishing a Multisectoral, Interagency Plan for Prevention And Response To GBV

Overview

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

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

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

Training Objectives

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

Resource Materials Needed

Sufficient numbers of the following books so that each participant has one copy. All of these materials can be obtained at no charge from the RHRC Consortium and/or UNHCR. They are also available for download from the internet at www.rhrc.org as follows:

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

UNHCR Guidelines for Prevention & Response to SGBV Against Refugees and Displaced Persons, 2003 *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations*, Beth Vann, RHRC Consortium 2002.

Key Learning Points

- 🕒 There are specific minimum components that should be in place in any setting in order to provide services to survivors and prevent gender-based violence.

5.1–The Project Life Cycle/APDIME

Time: 30 Minutes

Overview

Action to prevent and respond to GBV requires well thought out program development (project planning) just like any other humanitarian aid program. In situations where donor funds are used for GBV activities, there is usually a program plan with goals, objectives, activities, indicators, and a monitoring and evaluation plan. Often, however, activities in humanitarian settings to address GBV are “add-ons” to existing services and staff job descriptions, without specific funds for them. These situations usually lack a project plan. Goals and objectives are not clear and specific. Indicators have not been established, and any monitoring and evaluation is done by “feel” rather than using concrete indicators and evaluation.

This session reviews the steps and components necessary for planning and implementing any type of project/program. The training sessions in Module Four are leading participants’ toward developing a GBV program plan.

Participants must first understand what is involved in program planning.

Objectives

1. Understand that there are specific steps to be taken when designing and implementing projects/programs to address gender-based violence.

Increase knowledge of the components necessary for program planning and implementation.

Procedures and Materials

Optional - Handout on the Project Life Cycle

Flipchart

Markers

Procedure

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

ASSESS

PLAN

DESIGN

IMPLEMENT

MONITOR

EVALUATE

Key Discussion Points

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

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

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

➤ E–Evaluation

Did we accomplish our objectives? How—and what—have we accomplished?

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

5.2–Situation Analysis

Time: 90 Minutes

Overview

As discussed throughout this workshop, GBV is a widespread, pervasive, and complex problem that requires an array of interventions from multiple actors. It can be overwhelming to consider how to get started.

This session introduces checklists and tools that can be used to conduct a situation analysis about gender-based violence among Schools, homes, work places, religious worship centers, IDP camps, etc. amongst other areas. During the session, participants will go through a situation analysis exercise to identify types of GBV occurring as well as prevention and response services already in place in the setting. This exercise helps participants to think clearly and gather information in an organized way that will enable program planning to fill in the gaps and strengthen existing services.

Objectives

- Identify the information needed when conducting a situation analysis about GBV.
- Identify resources (checklists, tools, methods) for conducting a situation analysis.

Procedures and Workshop Materials

Copies of the GBV Tools Manual for each participant – or prepare handouts with the Situation Analysis tool and Focus Group information and sample questions.

Copies of the Checklist for Action

Become familiar with the assessment section in the GBV Tools Manual

Handouts

Note paper

Pens

Flip chart

Markers

Procedure

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

Group Task

1. Give participants the session Handout. You will now divide the large group into small discussion groups of 5–6 people each. Assign each group one item in the Handout. They are to identify whether the elements listed under their assigned item are in place in the

setting or not. If the activities/services exist, the group should identify the names of organizations providing the service and the geographical locations where the service is available.

Note about choosing groups and assigning sections of the session Handout:

This exercise works well when all four sectors of response are represented among the workshop participants. In that case, you can easily put some sector-specific staff into response groups (health workers into the Health group, counselors and social workers into the Psychosocial group, police/security workers into the Security group, and protection staff/judiciary/lawyers in the Legal Justice group) and divide the remaining participants into a few groups to analyze the prevention items.

1. If you do not have a mix that allows this kind of group division, you need to determine the best way to divide your group so that at least some items under response and some under prevention are included in the exercise.
2. Allow approximately 30 minutes for the group work. Groups are to write their lists on flip charts and post them around the room.
3. For group reports, consider a Gallery Walk or very short small group presentations.
4. Close the activity by pointing out that this is an excellent first step in conducting a situation analysis for the setting. This is good information that can be expanded after the workshop by the multisectoral team, and then used for developing a plan to strengthen GBV programming.
5. Distribute copies of the GBV Tools Manual sections, or refer participants to those sections in their copies of the tools manual. Give an overview of the Situation Analysis tool and focus group pages, allowing participants to page through and have a quick look at what is written on the pages.
6. Close the session by summarizing the key points.

Key Discussion Points

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

5.3–Goals, Objectives, Indicators for GBV Programs

Time: 40 Minutes

Overview

This session contains concrete information to help participants formulate goals, objectives, and indicators. Any GBV program will be off to a good start if program planners take time to establish realistic goals, SMART objectives, and indicators for a few of the key program strategies.

Objectives

Be able to establish realistic goals, SMART objectives, and useful indicators when designing GBV programs.

Procedures and Workshop Materials

Copy Handout 5.3–Goals and Objectives for GBV Programs Copy Handout 5.4–Indicators for GBV Programs

Session Handout–Goals, Objectives, and Indicators for GBV Programs Flipchart

Markers

Note paper

Pens

Procedure

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

S

M

A

R

T

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

S Specific

M Measurable

A Achievable

R Relevant

T Time-bound

5. Give the definition of Objectives from Handout 5.3. Write on the flipchart the examples of good and not-very-good effect/impact objectives from the handout :

“good” Objective

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

“not very good” Objective

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

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

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

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

Group Task

1. Divide participants into five small groups:
 - Health response

Psychosocial response

Security response

Legal Justice response

Coordination

Prevention

2. Give participants their assignment (and write it on flip chart):

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

3. Reconvene the participants and allow approximately 20 minutes for a Gallery Walk.
Gallery Walk:

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

4. Conclude the session by reviewing the key points about Goals, Objectives, and Indicators.

Key Discussion Points

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

5.4–Identifying and Engaging Stakeholders

Time: 50 Minutes

Overview

The multisectoral and interagency characteristics of GBV programming makes this work very interesting. It can also make the work very challenging. A group of stakeholders is a group of diverse personalities, opinions, interests, priorities, and communication styles. Police think and prioritize very differently than social workers and counsellors – yet we need for these diverse individuals to sit together and work together.

This module facilitates participants’ exploration of the issues involved in identifying and engaging the relevant stakeholders.

Objectives

1. Identify specific GBV stakeholders in your setting
2. Reinforce understanding that effective GBV prevention and response involves many diverse people

Explore ideas about how to engage reluctant stakeholders

Procedures and Workshop Materials

Flipchart

Markers

Note paper

Pens

Small colored stickers or labels—enough so that each participant can have 3

Procedure

1. Remind participants that everything we are talking about relates to multisectoral action and the four key sectors for prevention and response. Write those 4 sectors on the flip chart:

Health

Psychosocial

Security

Legal Justice (national and traditional)

2. Ask participants what we mean by the term “stakeholder.” Define the term.
3. Ask participants for a few examples of stakeholders in each sector. Write these on the flipchart.

Group Task

1. Divide into four discussion groups:

Health

Psychosocial

Security

Legal Justice

2. Direct groups to make a list on a flip chart of the most important stakeholders/actors for their group’s sector. Try not to list names of individuals; rather, list job title or name of organization. Allow 15 minutes.
3. Reconvene the large group, posts the lists. If there are questions or comments, ask groups to give clarifications. (There is no need for group presentations—the lists should speak for themselves.)
4. Usually, these lists are very long with an unmanageable number of “key” stakeholders and actors. If that has NOT occurred, you should skip Steps 8–11 in this Activity.
5. Point out that the number of people listed is HUGE, and would be an unmanageable interagency team. Explain that we will now try to prioritize this list of stakeholders.

6. Give each participant 3 stickers. They are to get up from their seats and go to the lists and use their stickers to cast their vote for which stakeholders on the list should be considered high priority. They can vote on three different stakeholders—or they can use all 3 votes for one stakeholder if they feel strongly about it.
7. Allow approximately 10 minutes for everyone to cast their votes. When everyone is finished, have them return to their seats.
8. Count the votes and circle the stakeholders with the most votes.
9. Close this activity with a statement like: Now that we have identified who are primary stakeholders and actors are, the next step is to decide how we can engage them in our efforts to address GBV.

Group Task

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

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

Key Discussion Points

- Stakeholders are people who are in a position do support—or sabotage—efforts to address GBV. These are people who, for a variety of reasons, have an interest in the success or failure of GBV programs. At a minimum, GBV stakeholders include the service providers (actors) in the four key sectoral areas. Stakeholders are also people who may not work directly with survivors, but influence policies and actions. These

are community leaders and influential persons in the community, in humanitarian aid organizations, and in the host government.

➤ In order to establish effective response services and prevention strategies, key stakeholders are needed to participate in planning and implementation. First, we must identify these people. Then, we must find ways to engage them to join us. We must know something about what motivates these individuals, and try to provide it when feasible.

5.5–Training and Capacity Building

Time: 2 Hours and 30 Minutes

Overview

This session focuses on building capacity of stakeholders who are/should be involved in prevention and response efforts. In many field sites, very little attention is paid to building capacity of the key stakeholders—but without proper knowledge, understanding and skills, key stakeholders and actors cannot fulfill their roles and responsibilities.

Objectives

1. Identify types of training and capacity building that may be needed in your setting.
Identify relevant training resources, gaps, and explore ideas for filling those gaps.

Procedures and Workshop Materials

Give participants the session Handouts–1, case study

Prepare flip chart for mapping training available in the setting (see Step 6 under Procedure).

Handout

Flipchart

Markers

Note paper

Pens

Procedure

1. Refer to the flip charts with stakeholder lists created in Session 5.4. Take a few moments to identify the actors on the lists. (Actors = staff or volunteers who may/will work directly with survivors and/or perpetrators)
2. Remind the group of discussions from previous sessions about roles and responsibilities of the various actors, such as:

- Abiding by the guiding principles of security, confidentiality, respect
 - Providing specific assistance or care to survivors (such as health workers, counsellors, etc.)
 - Documentation
 - Participating in coordination activities
3. Ask participants what knowledge, skills, and abilities actors need to enable them to fulfil their roles and responsibilities. Elicit the following and list on flip chart:
- For all actors, all sectors—staff and volunteer
 - Understanding of GBV (Key concepts/definitions, types, consequences, causes, etc.)
 - Guiding principles
 - Incident documentation
 - Sector-specific staff
 - Health actors—medical exam, protocols, treatment, forensic evidence, etc.
 - Psychosocial—counselling, case management
 - Police—relevant laws and procedures
 - Justice—relevant laws and policies
 - All actors involved in prevention—participatory methods for working with communities, behavior change communication (BCC) strategies, use of media, etc.
4. Ask: Are there training programs available for all of these areas? (There never are.)
5. Introduce the next Group Task –A by explaining that before we do our training resource mapping, we will first explore some of the reasons why good training and capacity building is important.

Group Task–Case Study: Team Building and Training

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

Discussion

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

ACTOR	TRAINING NEEDED	AVAILABILITY

2. Ask participants to fill in the first two columns based on our earlier discussion in this session. Elicit the following and write in the first column on the flip chart:

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

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

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

Key Discussion Points

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

5.6—Make a Bold Move in Prevention

Time: 30 Minutes

Overview

Historically, GBV programs in displaced settings have been focused on response, with prevention activities somewhat limited to “awareness raising” or “sensitization” activities.

There are at least two reasons for this:

(1) Humanitarian aid by its nature is focused on providing direct assistance to people in need of help, and (2) Preventing GBV is a daunting task in any setting.

In this session, participants are encouraged to think about prevention beyond the usual and customary “awareness raising” activities and come up with creative ideas. Participant ideas from this session may not be realistic or doable. The point of the session is to think about prevention in new, creative, and bold ways.

Objectives

Consider exploring new, unusual, and bold ideas for GBV prevention strategies.

Procedures and Workshop Materials

Distribute the session Handout—Make a Bold Move

3x5” index cards (enough for each participant to have 2) Flipchart

Pens

Tape

Procedure

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

Write a few of these on the flip chart.

Discussion points:

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

Group Task

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

8. Once the gallery walk is finished, ask for questions and comments about the ideas on the wall—and/or about this exercise.
9. Close the session by asking the group if anyone intends to follow up on the Bold Move ideas after the workshop. Briefly discuss.

Key Discussion Points

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

5.7—Workshop Closing

Time 30-60 Minutes

Overview

Closing this training and planning workshop involves reviewing the workshop content and outcomes—and also gaining verbal commitment from participants to follow through on the preliminary plan (strengths and gaps analysis) developed during the sessions in Module 5.

Objectives

Participants will state their commitments to carrying forward the discussions from this workshop.

Procedures and Workshop Materials

Prepare a written workshop evaluation, with copies for each participant. Be sure that the key flip chart papers from all Modules are posted around the room for you to reference when reviewing workshop content and outcomes.

Evaluation forms

Pens

Optional—index cards for participants to write their commitment to action

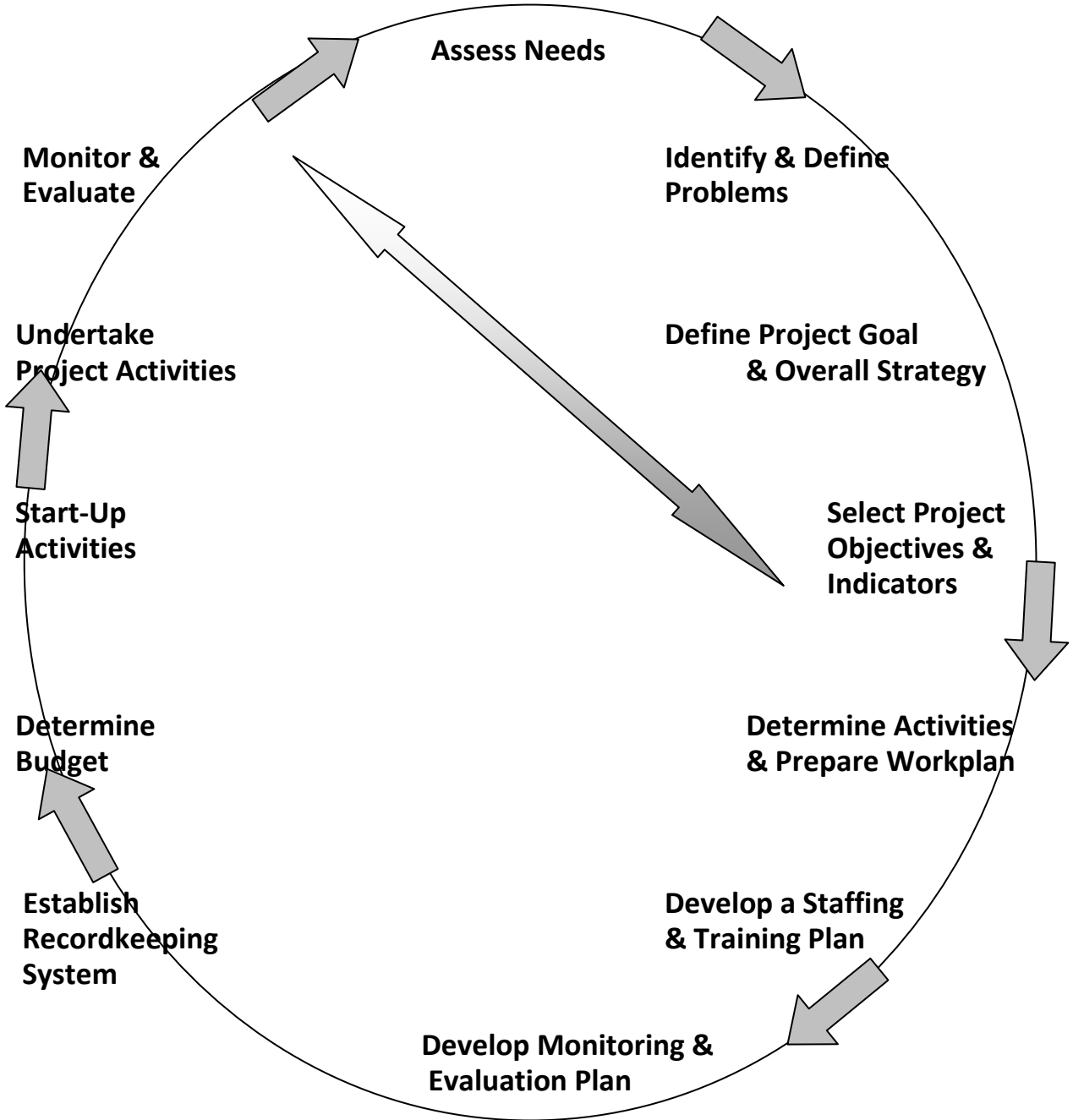
Procedure

1. Begin the closing session by announcing to participants that it is time to review what we've done together these days and clarify next steps.
2. Review the key points from each module covered during the workshop, topic by topic—referring to the flip charts created.
 - One must understand the basic concepts and principles (gender, power, etc.) to understand what is GBV and why is it so important to address
 - Response = Provide services to reduce the harmful consequences and aftereffects of GBV, and prevent further injury, trauma, and harm.
 - Response includes some specific minimum standards for actions, roles, and responsibilities of staff and volunteers in each of the four primary sectors
 - All actors must abide by the three Guiding Principles
 - All actors need some training and information
 - Clear procedures are needed for receiving reports, making referrals, and coordinating among the interagency team.
 - Prevention = Understand the causes and contributing factors in your setting and develop strategies to reduce (or eliminate) them.
 - Your situation analysis work identified some needs, gaps, and strengths in your setting (review those)
3. Ask participants what they will do after the workshop to carry forward the lessons and discussions and plans made here. Facilitate a short discussion to bring out a few action steps that will indeed carry action forward. Some examples:
 - Return to my organization and conduct this kind of training
 - Call a meeting to begin developing interagency procedures
 - Meet with the chief of police to start engaging the police in planning discussions

4. Hand out index cards and ask participants to write one action they will take after this workshop. Post the index cards around the room and do a Gallery Walk. Facilitate short discussion to clarify any questions.
5. Review the list of expectations that were developed in Module 1 on the first day. Facilitate a short discussion to verify that expectations were met. If not, ask the group to identify how those expectations can be met in other ways.
6. Hand out the written workshop evaluation and allow time for all participants to complete it.
7. Make closing remarks and thank you. The host organization (if there is one) may wish to make some closing remarks.

HANDOUTS

HANDOUT 5.1 THE PROJECT LIFE CYCLE¹



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

HANDOUT 5.2–Situation Analysis Worksheet

HEALTH

Abiding by the Guiding Principles

Medical examination

Treatment—injuries, prevent pregnancy, prevent STIs, HIV/AIDS

Follow up

Psychological support

PSYCHO-SOCIAL

Abiding by the Guiding Principles

Listening, emotional support, reassurance

Case management

Social reintegration—skills training, support groups, income generation

SECURITY

Abiding by the Guiding Principles

Private interview space in police station

Protection, safety for survivor and her family

Proper application of relevant laws and procedures

Investigation, arrest, file charges with court

LEGAL JUSTICE

NATIONAL

Judicial process with minimal delays

Proper application of all relevant laws and procedures

- Legal advice, support, assistance for survivor – include accompanying to court
- Testimony of survivors in court heard in private
- Support for survivor and relevant refugee witnesses to attend court (transport, accommodation, meals, etc.)
- Final judgment and proper sentencing of perpetrator

TRADITIONAL

Cases adjudicated in accordance with international human rights principles

Serious cases (e.g., rape, serious assaults, etc.) referred to national police/courts Support for survivor throughout judicial process

DOCUMENTATION, MONITORING

Incident reports are documented and kept in secure location

Incident data compiled with non-identifying information; reports shared with all stakeholders

COORDINATION

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

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

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

PREVENTION

Community and key stakeholders are involved in prevention to:

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

Use BCC principles used in designing and implementing prevention activities

HANDOUT 5.3 –1 Goals and Objectives for GBV Programs


Goals


Goals are usually long term expectations for changes in the population of interest (Schools, homes, work places, religious worship centers, IDP camps, etc. amongst other areas). True and sustainable impact of GBV programs is usually seen only after several years of active intervention; significant impact or changes in the population should not be expected in the first year or two of a GBV program.

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

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

Objectives

 Your expectation of what will be achieved, and what results you can show during the life of the project

 Should be fairly ambitious, but realistic

Should be:

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

Formulation of an objective for EFFECT or “IMPACT”:

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

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

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

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

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

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

Formulation of an objective for OUTPUT:

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

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

to [specific population]
by [time frame]

Sample “good” Objective for OUTPUT:

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

Sample “not very good” Objective for OUTPUT:

To train clinic staff in GBV health care.

Examples of Goals & Objectives *Sample*

1:

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

Objectives—Year One

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

Intended Effects/Impact—Year One:

1. Survivors know where to go to receive appropriate, compassionate, and confidential assistance. (Knowledge)
2. Survivors seek assistance after an incident of GBV (Behaviour)

3. The community believes that survivors of GBV deserve assistance, not blame. (Attitude)
4. Community members give support and assistance to survivors. (Behaviour)
5. Community members report incidents of GBV (Behaviour)
6. Community members believe that people/men who abuse their power are acting against social norms and deserve punishment. (Attitude) Sample 2:

Goal: To decrease the incidence of all types of gender-based violence in refugee communities in

[country]. (Intended Impact: Decreased mortality and injury due to GBV.)

Objectives Year Four

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

HANDOUT 5.3–2—Indicators for GBV Programs

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

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

Monitoring and evaluation answers these questions:

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

Inputs: Were program inputs available, adequate, timely?

Activities: Were activities performed on schedule?

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

Effect: Were effects observed?

Impact: Was impact achieved?

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

For GBV programs, measuring outputs and effects have proven most useful. Impact of GBV programs is observed only after some years of programming. More useful indicators for

monitoring results (of programs that are establishing GBV prevention and response) are Output Indicators and Effect Indicators.

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

Output Indicators

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

Advantages of Output Indicators:

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

Disadvantages of Output Indicators:

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

Effect Indicators

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

Sample desired effects for GBV programs might include:

Knowledge: The population should know . . .

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

Attitudes: The population should believe that . . .

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

Skills: The population should be able to . . .

- Avert potential violence by recognizing risks and taking safe action

Behavior or Practices: Population should/could . . .

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

Advantages of Effect Indicators:

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

Disadvantages of Effect Indicators:

- Do not tell you if the population's status has changed (e.g., more women alive and functioning)

- Do not tell you what caused the change (cannot verify problem attribution)
- Data can be challenging to obtain

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

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

PSYCHO-SOCIAL: INDIVIDUAL AND COMMUNITY

Name of indicator	Type	Definition of Sample Indicator
Gender balance in community mobilization	Output	Number of men’s groups engaged in GBV awareness raising and prevention (Note: If using this indicator, need to clearly define the characteristics of groups)
Gender equity in decision-making	Effect	Number of refugee governing bodies that include equal numbers of men and women.
	Output	<i>Calculate:</i> Number of women leaders completed leadership training / Number of women on governing bodies
	Effect	<i>Calculate:</i> Number of women members of refugee governing bodies who state women’s opinions are influential in group decisions / Number of women members of governing bodies
Level of community awareness	Effect	Increase in GBV report rate (per 10,000 population) Increase in timely post rape care (calculation above in Health Services)

GBV awareness training	Output	GBV and Human Rights training curriculum developed and in use
GBV and human rights awareness raising	Output	<i>Calculate:</i> Number [Refugees, NGO/UNHCR staff, Police, etc.] successfully completed GBV training / Total Number of [Refugees, NGO Staff, etc.]
Survivors/women at risk engaged in reintegration and/or empowerment activities	Output	<i>Calculate:</i> Number of Survivors successfully completed vocational training courses or income generation projects / Total number of survivors identified <i>Calculate:</i> Number of women at high risk for GBV successfully completed vocational training courses or income generation projects / Total number of women at high risk for GBV identified [note: if using this indicator, need to clearly specify “high risk”]

POLICE AND SECURITY SYSTEMS

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

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

FORMAL LEGAL JUSTICE SYSTEM

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

INFORMAL LEGAL JUSTICE SYSTEM

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

INTERAGENCY, MULTISECTORAL ACTION AND COORDINATION

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

HANDOUT 5.4—Small Group Discussion: Resistance

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

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

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

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

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

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

HANDOUT 5.5–1 CASE STUDY: Training and Capacity Building

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

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

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

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

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

HANDOUT 5.6—MAKE A BOLD MOVE!!!

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

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

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

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

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

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

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

Post your cards on the wall.