Gender-based Violence (GBV) Sub-Working Group Moldova

17 April 2024

GBV Onboarding session*

*(This presentation was based on UNHCR's Onboarding Job Aid initiative)

Purpose of the onboarding session

- Support colleagues who have recently started GBV work or undertook more GBV technical responsibilities
- Present basic concepts around GBV
- Share resources that guide the work on GBV

Introductions

Name

Organization

Role

One method you have for self-care

Essential to know

GBV is happening everywhere. It is under-reported worldwide

Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data

Assume that GBV is taking place

Treat it as a serious and life-threatening problem

What we do: areas of intervention

What are GBV risks

SOCIETAL-LEVEL GBV RISKS

Lack of meaningful participation of women in decision-making processes such as peacebuilding and disaster management.

Failure to address factors that contribute to violence such as long-term loss of skills, livelihoods and economic opportunities.

Laws and norms that may disadvantage some groups over others.

COMMUNITY-LEVEL GBV RISKS

Overcrowded shelters or that lack secure physical infrastructure and privacy.

Lack of access to education.

Lack of income-generating options for affected communities.

Inadequate housing, land and property rights for women, girls and other groups.

Negative perceptions of, or stigmatizing actions against individuals with additional risk factors (for instance, people facing mental health challenges, people living with disability and displaced people)

INDIVIDUAL/FAMILY-LEVEL GBV RISKS

Lack of safe access to basic survival needs/supplies (e.g., food, water, shelter, cooking fuel, hygiene supplies, etc.).

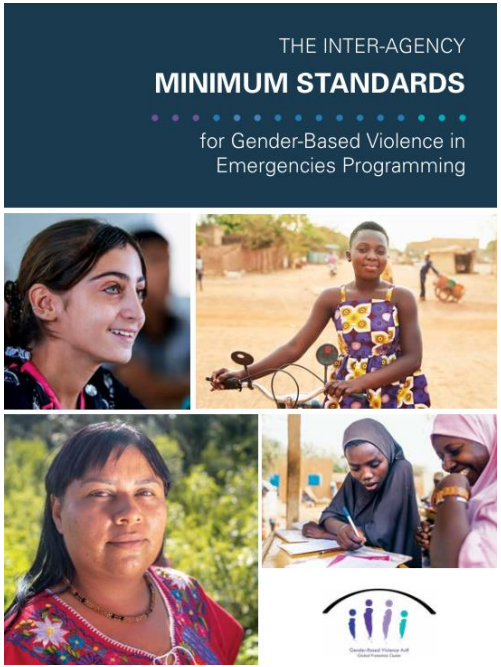
Gender-inequitable distribution of household resources.

Lack of knowledge/awareness that humanitarian assistance is free.

Additional risk factors (people living with a disability, children without an adult caregiver, displaced individuals and others).

How we do it: Align with standards

Establish a common understanding of what constitutes minimum GBV prevention and response programming in emergencies. “Minimum” means “of adequate quality”; that reflects good practice and the principle of do-no harm.



The 16 GBV Minimum Standards

Each Standard represents a common agreement on what needs to be achieved for that specific programmatic element to be of adequate quality.

When a GBV programme actor decides to implement a programmatic component outlined in the Standards, that intervention must be implemented according to the Standard at a minimum.

Contextualization of the Minimum Standards

1 **GBV GUIDING PRINCIPLES**
All aspects of GBV programming are survivor-centred to preserve and promote the confidentiality, safety, non-discrimination and respect for the choices, rights and dignity of women, girls and GBV survivors.

2 **WOMEN AND GIRLS' PARTICIPATION AND EMPOWERMENT**
Women and girls are engaged as active partners and leaders in influencing the humanitarian sector to prevent GBV and support survivors' access to quality services.

3 **STAFF CARE AND SUPPORT**
GBV programme staff are recruited and trained to meet core competencies and their safety and well-being are promoted.

4 **COLLECTION AND USE OF GBV SURVIVOR DATA**
Survivor data is managed with survivors' full informed consent for the purpose of improving service delivery and is collected, stored, analysed and shared safely and ethically.

5 **HEALTH CARE FOR GBV SURVIVORS**
GBV survivors access quality, survivor-centred health care, including health services for sexual and intimate partner violence and other forms of GBV, to prevent and/or reduce the effects of violence.

6 **PSYCHOSOCIAL SUPPORT**
Women and girls safely access quality, survivor-centred psychosocial support focused on healing, empowerment and recovery.

7 **GBV CASE MANAGEMENT**
GBV survivors access age-appropriate, quality case management services and receive coordinated care, including support to navigate available services.

8 **REFERRAL SYSTEMS**
Referral systems are in place to connect GBV survivors to appropriate, quality, multi-sectoral services in a timely, safe and confidential manner.

9 **WOMEN AND GIRLS' SAFE SPACES**
Women and girls-only safe spaces are available, accessible and provide quality services, information and activities that promote empowerment and healing.

10 **SAFETY AND RISK MITIGATION**
GBV actors advocate for and support the integration of GBV risk mitigation and survivor support across humanitarian sectors.

11 **JUSTICE AND LEGAL AID**
Legal and justice actors support GBV survivors to access safe and survivor-centred legal services that protect their rights and promote their access to justice.

12 **DIGNITY KITS, CASH AND VOUCHER ASSISTANCE**
Women and girls receive dignity kits, and/or cash and vouchers to reduce GBV risk and promote safety and dignity.

13 **ECONOMIC EMPOWERMENT AND LIVELIHOODS**
Women and adolescent girls access economic support as part of a multi-sectoral GBV response.

14 **GBV COORDINATION**
Coordination results in timely, concrete action to mitigate risks and prevent and respond to GBV.

15 **ASSESSMENT, MONITORING AND EVALUATION**
Information collected ethically and safely is used to improve the quality of GBV programmes and support accountability to women and girls.

16 **TRANSFORMING SYSTEMS AND SOCIAL NORMS**
GBV programming addresses harmful social norms and systemic gender inequality in a manner that is accountable to women and girls.

Who do we work with on GBV?

- National systems
- Partners, in particular Women-Led Organizations (WLOs)
- Local and displaced communities, especially women and girls
- Coordination structures

Key documents: Guidelines for Integrating GBV in Humanitarian Action

These guidelines help actors to coordinate, plan, implement, monitor and evaluate essential actions for the prevention, risk mitigation and response

Key documents: Guidelines for Integrating GBV in Humanitarian Action

art 1: Present the Guidelines and basic concepts on GBV

art 2: Background on the ‘Thematic Areas’

art 3: Guidance on the Thematic Areas

Example: Thematic Area Education

EDUCATION

THIS SECTION APPLIES TO:

- Education coordination mechanisms
- Education actors (staff and leadership): NGOs, community-based organizations (including National Red Cross/ Red Crescent Societies), INGOs and United Nations agencies
- Local committees and community-based groups (e.g. groups for women, adolescents/youth, etc.) related to education
- Other education stakeholders, including national and local governments, community leaders and civil society groups

EDUCATION

Why Addressing Gender-Based Violence Is a Critical Concern of the Education Sector

In many humanitarian settings, attending school can be a risky endeavour. Because of the erosion of standard protection mechanisms caused by humanitarian emergencies, students and education personnel—particularly females—may face an increased risk of sexual harassment, sexual assault or abduction while travelling to and from school. Lack of supervisory staff increases the risk of bullying, sexual harassment and sexual assault occurring

WHAT THE INEE MINIMUM STANDARDS SAY:

Access and Learning Environment Standard 2: Protection and Well-being

… Education programmes should monitor and respond to issues of harassment and sexual exploitation. Parents, learners, teachers and other education personnel should agree on ways to reduce risks …on the way to and from and within the learning environment. These may include:

- Developing and publicly posting clear rules against sexual harassment, exploitation, abuse and other forms of gender-based violence;
- Including these rules in codes of conduct for teachers and other education personnel, who need to understand what behaviours are unacceptable;
- Increasing the number of adult women in the learning environment to protect and reassure female learners. …

…When gender-based violence takes place, confidential and safe reporting, complaint and response systems are important. … Appropriate health, psychosocial, protection and judicial support should be available to survivors of gender-based violence in a well-coordinated referral system…

Teachers and Other Education Personnel Standard 2: Conditions of Work

…A code of conduct sets clear standards of behaviour for teachers and other education personnel.…[and] specifies mandatory consequences for persons who do not comply. It includes commitments that … personnel will: … maintain a protective, healthy and inclusive environment, free from sexual and other harassment [or] exploitation of learners for …sexual favours, intimidation, abuse, violence and discrimination…

(Excerpted from **Inter-Agency Network for Education in Emergencies. 2010**. *Minimum Standards for Education: Preparedness, response, recovery*, <http://toolkit.ineesite.org/inee_minimum_standards>)

Essential Actions for *Reducing Risk, Promoting Resilience and Aiding Recovery* throughout the Programme Cycle

ASSESSMENT, ANALYSIS AND PLANNING

Promote the active participation of women, girls and other at-risk groups in all education assessment processes

Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of education programming (*e.g. ratio of male/female education staff; strategies for hiring and retaining females an involvement of women and, where appropriate, adolescent girls in community-based education committees and associations; etc.*)

Investigate community norms and practices that may affect students'—particularly adolescent females'—access to learning (*e.g. responsibilities at home that may prevent girls from going to school; child and/or forced marriage school fees; gender-inequitable attitudes about girls attending school; stigma faced by certain groups; etc.*)

Analyse access to and physical safety of learning environments to identify risks of GBV (*e.g. travel to/from learning environments; separate and safe toilets for girls and boys; adequate lighting within and around buildings students and teachers with disabilities; etc.*)

Assess awareness of all education staff on Codes of Conduct and basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (*including knowledge of where survivors can report risk and access cs GBV risk reduction; etc.*)

Assess capacity of education programmes to safely and ethically respond to incidents of GBV reported by students (*e.g. availability of trained caseworkers; standard reporting mechanisms and systems of care; confidentiality me report GBV; procedures for investigating and taking disciplinary action for incidents of sexual exploitation and abuse by education personnel; etc.*)

Review existing/proposed national and local educational curricula to identify opportunities to integrate GBV prevention messages (*e.g. messages on gender equality, GBV, sexual and reproductive health, etc.*)

Review existing/proposed community outreach material related to education to ensure it includes basic information about GBV risk reduction (*including prevention, where to report risk and how to access care*)

RESOURCE MOBILIZATION

Develop proposals for education programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks

Identify and pre-position age-, gender-, and culturally appropriate supplies for education that can mitigate risk of GBV (*e.g. 'school in a box' or other emergency education kits; school uniforms or other appropriate clothing; sani reproductive age; etc.*)

Prepare and provide trainings for government, education personnel (*including 'first responder' education actors*) and relevant community members on the safe design and implementation of education programmes that mitigate t

Target women and other at-risk groups for job skills training related to education, particularly in leadership roles to ensure their presence in decision-making processes

IMPLEMENTATION

Programming

Involve women and other at-risk groups as staff and leaders in education programming (*with due caution where this poses a potential security risk or increases the risk of GBV*)

Implement strategies that maximize accessibility of education for women, girls and other at-risk groups (*e.g. re-establishment of educational facilities; non-traditional education programmes; funding for school-related costs; re-enrolm design and/or reasonable accommodation of physical environments; etc.*)

Implement strategies—in consultation with women, girls, boys and men—that maximize physical safety in and around education environments (*e.g. location of learning centres; distance from households; safety patrols along paths; sa lighting; etc.*)

Enhance the capacity of education personnel to mitigate the risk of GBV in educational settings through ongoing support and training (*e.g. provide training on gender, GBV, women's/human rights, social exclusion and sexuality have signed a Code of Conduct; engage male teachers in creating a culture of non-violence; etc.*)

Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure education staff have the basic skills to provide information to them on where they can obta

After the emergency wanes, work with the Ministry of Education to develop and implement school curricula that contribute to long-term shifts in gender-inequitable norms and promote a culture of non-violence and respect for women, at-risk groups (*e.g. targeted programming for the empowerment of women and girls; curricula related to sexual and reproductive health, gender norms, HIV, relationship skills, GBV and conflict transformation; etc.*)

Policies

Incorporate relevant GBV prevention and response strategies into the policies, standards and guidelines of education programmes (*e.g. standards for equal employment of females; codes of conduct for teachers and education person and protocols for sharing protected or confidential information about GBV incidents; etc.*)

Advocate for the integration of GBV risk-reduction strategies into national and local laws and policies related to education, and allocate funding for sustainability (*e.g. address discriminatory practices hindering girls and other at-risk g*

Communications and Information Sharing

Ensure that education programmes sharing information about reports of GBV within the education sector or with partners in the larger humanitarian community abide by safety and ethical standards (*e.g. shared information doe individual survivors, their families or the broader community*)

Incorporate GBV messages (*including prevention, where to report risk and how to access care*)into education-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility

COORDINATION

Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups

Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign an education focal point to regularly participate in GBV coordination meetings

MONITORING AND EVALUATION

Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle

Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability

Key documents: The GBV Pocket Guide on How to support survivors of gender-based violence when a GBV actor is not available in your area

Uses global standards on providing basic support and information to survivors of GBV without doing further harm

How to support a survivor of gender-based violence who disclosed to you

The GBV Pocket Guide structure

DO'S, DON'TS AND WHAT TO SAY

For children and adolescents, go to page 16

LOOK

DO'S	DON'TS
✓ **DO** allow the survivor to approach you. Listen to their needs.	✖ **DO NOT** ignore someone who approaches you and shares that s/he has experienced something bad, something uncomfortable, something wrong and/or violence.
✓ **DO** ask how you can support with any basic urgent needs first. Some survivors may need immediate medical care or clothing.	✖ **DO NOT** force help on people by being intrusive or pushy.
✓ **DO** ask the survivor if s/he feels comfortable talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person.	✖ **DO NOT** overreact. Stay calm.
✓ **DO** provide practical support like offering water, a private place to sit, a tissue etc.	✖ **DO NOT** pressure the survivor into sharing more information beyond what s/he feels comfortable sharing. The details of what happened and by whom are not important or relevant to your role in listening and providing information on available services.
✓ **DO**, to the best of your ability, ask the survivor to choose someone s/he feels comfortable with to translate for and/or support them if needed.	✖ **DO NOT** ask if someone has experienced GBV, has been raped, has been hit etc.

Examples of what to say…

- → "You seem to be in a lot of pain right now, would you like to go to the health clinic?"
- → "Does this place feel OK for you? Is there another place where you would feel better? Do you feel comfortable having a conversation here?"
- → "Would you like some water? Please feel free to have a seat."

LISTEN

DO'S	DON'TS
✓ **DO** treat any information shared with confidentiality. If you need to seek advise and guidance on how to best support a survivor, ask for the survivor's permission to talk to a specialist or colleague. Do so without revealing the personal identifiers of the survivor.	✖ **DO NOT** write anything down, take photos of the survivor, record the conversation on your phone or other device, or inform others including the media.
✓ **DO** manage any expectations on the limits of your confidentiality, **if applicable in your context**.[2]	✖ **DO NOT** ask questions about what happened. Instead, listen and ask what you can do to support.
✓ **DO** manage expectations on your role.	✖ **DO NOT** make comparisons between the person's experience and something that happened to another person. Do not communicate that the situation is "not a big deal" or unimportant. What matters is how the survivor feels about their experience.
✓ **DO** listen more than you speak.	✖ **DO NOT** doubt or contradict what someone tells you. Remember your role is to listen without judgment and to provide information on available services.
✓ **DO** say some statements of comfort and support; reinforce that what happened to them was not their fault.	

Examples of what to say…

- → "How can I support you?"
- → Everything that we talk about together stays between us. I will not share anything without your permission."
- → "I will try to support you as much as I can, but I am not a counselor. I can share any information that I have on support available to you."
- → "Please share with me whatever you want to share. You do not need to tell me about your experience in order for me to provide you with information on support available to you."
- → "I'm sorry this happened to you."
- → "What happened was not your fault."

2 There are some contexts that have mandatory reporting rules related to certain types of cases. Refer to your Protection focal point and/or GBV specialist for further information and guidance.

SUPPORTING CHILDREN AND ADOLESCENTS UNDER 18 YEARS

KEY MESSAGES

- → **Always talk** to a GBV or child protection specialist in your country/context first to understand: (1) what services are available in your area and (2) local protocols and procedures.[4]
- → **Do not harm.** Do not seek out child survivors. It is not your job to investigate or assess if a child/adolescent is experiencing violence. Doing so can lead to more violence and risks for the child/adolescent. Be approachable if a child/adolescent wants to seek your help.
- → **Remember your role.** If a child/adolescent reaches out to you for help,
  1. Provide a listening ear, free of judgment.
  2. Support the child/adolescent by connecting them to an adult that the child/adolescent identifies as being safe and trusted. This may not be their parent, caregiver or a family member.
  3. Do not make decisions for him/her, including forcing the child/adolescent's caregiver or any other person to be with them when s/he talks to you.
- → **Provide comfort.** Allow the child/adolescent to lead the conversation, even if this means providing company in silence. Be at eye level with open body language to show the child/adolescent that they can open up to you if s/he wants to. Refrain from asking questions about what happened, by who and why – instead use comforting statements and speak in a manner that they can understand.

REMEMBER, if a GBV or child protection actor/referral pathway is available in your area, facilitate safe and confidential referral of the child/adolescent to a specialist to better assist them.

Use this guidance when there is **no GBV or child protection actor/referral pathway** available in your area.

DECISION TREE

For children and adolescents, go to page 16

PREPARE
Be aware of existing services.

A GBV incident is disclosed to you...

By someone else…
Provide up-to-date and accurate information about any services and support that may be available to the survivor. Encourage the individual to share this information safely and confidentially with the survivor so that they may disclose as willing. ***NOTE: DO NOT seek out GBV survivors.***

By the survivor
LOOK & LISTEN
(refer to page 7 & 8)
Introduce yourself. Ask how you can help. Practice respect, safety, confidentiality and non-discrimination.

Is a GBV actor/referral pathway available?

Yes. Follow the GBV referral pathway to inform the survivor about available GBV services and refer if given permission by the survivor.

No. LINK (refer to page 9 & 10) Communicate accurate information about available services.

Does the survivor choose to be linked to a service?

Yes. Communicate detailed information about the available resource/service including how to access it, relevant times and locations, focal points at the service, safe transport options etc. Do not share information about the survivor or their experience to anyone without explicit and informed consent of the survivor. Do not record details of the incident or personal identifiers of the survior.

No. Maintain confidentiality. Explain that the survivor may change his/her mind and seek services at a later time. If services are temporary, mobile or available for a limited time, provide information on when these services will cease to exist.

Regional Refugee Response for the Ukraine Situation | Moldova

Key documents: GBV Case Management Guidelines

Foundations of GBV case management

Steps of GBV case management

Different Groups and vulnerabilities

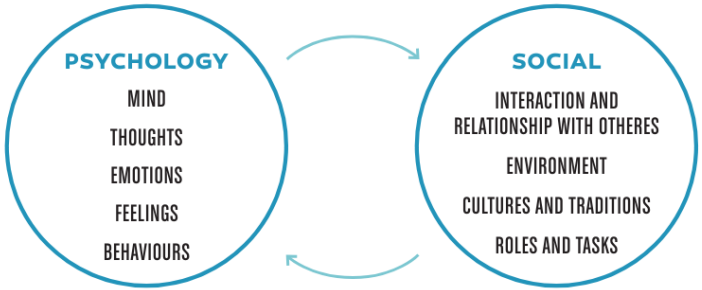
Monitoring GBV case management quality and impact

Detailed content related to GBV Case Management

1.2 WHAT IS THE RELATIONSHIP BETWEEN CASE MANAGEMENT AND PSYCHOSOCIAL SUPPORT?

The term 'psychosocial' is used to emphasize the interaction between the psychological aspects of human beings and their environment or social surroundings. Psychological aspects are related to our functioning, such as our thoughts, emotions and behavior. Social surroundings concern a person's relationships, family and community networks, cultural traditions and economic status, including life tasks such as school or work. The diagram below illustrates this connection.[11]

The term 'psychosocial' is used in place of 'psychological' to recognize that a person's mental well-being is not just determined by her/his psychological makeup, but also social factors. The 'social' and 'psychological' factors also influence each other.



1.2 WHY USE A SURVIVOR-CENTRED APPROACH?

The rationale and impetus for using a survivor-centred approach in working with people who have experienced GBV comes from theory, practice, advocacy by women's movements and research. It is informed by the practice of individuals and groups who have been at the forefront of working with survivors of GBV for decades—many of whom are survivors of sexual violence and intimate partner violence themselves. It is also grounded in research with survivors who have articulated the type of support that is most helpful for them to heal and recover. These elements are described below.

Social work case management

GBV case management draws from a social work approach to case management. The aspects of social work case management that are very present in a survivor-centred approach are:[15]

- **Person-centred services.** The survivor is at the centre of the helping process, and support is tailored to their needs and circumstances.
- **The role of the survivor–social worker relationship.** The relationship between the caseworker and the survivor is integral to helping the survivor achieve her or his goals.

The rationale behind GBV Case Management

3.1.3 CASEWORKER SKILLS

Skills represent the application of knowledge and the expression of qualities. GBV caseworkers should possess the following basic skills and should be given opportunities to refine these skills through ongoing training and supervision.

- Ability to use a survivor-centred approach in their interactions with survivors including following the guiding principles
- Ability to use active listening skills
- Ability to communicate non-judgmentally
- Ability to demonstrate empathy
- Ability to communicate essential information about care options to a survivor
- Ability to empower survivors to make their own decisions about what is best for them
- Ability to identify key issues and needs related to a survivor's care
- Ability to solve problems related to the survivor's care

See Part V, Chapter 2 for guidance to assess a caseworker's skills. You can use the training materials referenced in the beginning of the chapter to build your staff's skills.

2.2 ENGAGING THE SURVIVOR IN SERVICES[35]

After greeting the survivor, you must determine whether the survivor wants to receive your case management services. Doing so involves obtaining informed consent from the survivor. **Informed consent is the voluntary agreement of an individual. It is a term that is widely used in health and social services and is intended to protect the rights of the survivor and ensure that they are fully aware of the limitations, risks (and benefits) of receiving services.**

Getting informed consent is an ethical obligation, and it is a survivor's right that must be protected. In GBV case management, getting informed consent is also an important part of building trust with a survivor. It is a way to promote the person's self-determination and start restoring their power and control. The process for informed consent is:

- Explain what will happen if you work together.
- Explain confidentiality and its limitations (see below for more information).
- Explain collection, use and storage of the survivor's information (if you are collecting client data).
- Explain the survivor's rights throughout the helping process.
- Ask the person if they have any questions.
- Ask the person if they would like to continue with services.

Each part of the informed consent process is described further on the next page.

HELPFUL TO KNOW

Why is there no "identification" step?

In GBV case management, there is no "identification" step, as there is in child protection case management, even in cases of GBV that involve child survivors. This is because it is dangerous for both survivors and staff if staff are out in the community identifying actively GBV cases. Organizations carrying out GBV case management should instead work on cases that have been referred to them with the survivor's consent, or those in which the survivor has directly disclosed. Some organizations may have outreach teams that understand the issues women, girls and other vulnerable populations face that put them at risk of GBV; such teams can play a critical role in providing information about services can receive disclosures and can make appropriate

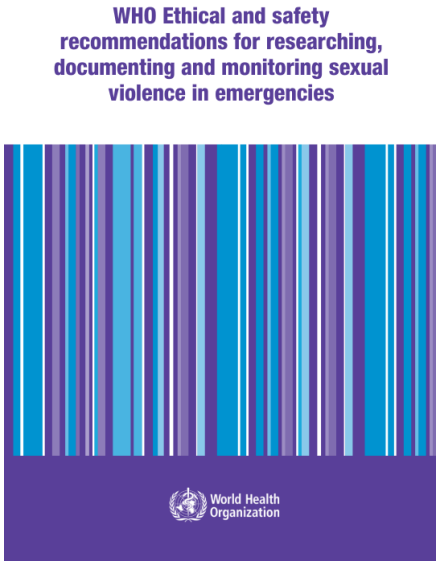
Key documents: WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies

How to collect information related to GBV

Focused on sexual violence

Relevant for other exercises involving potential survivors of GBV

Risks and benefits of collecting GBV data

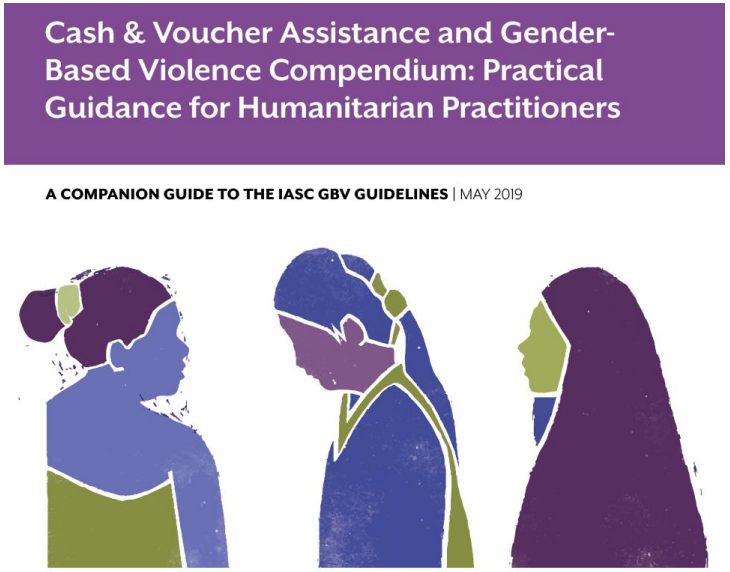


Key documents: Cash and Voucher Assistance and GBV

Integrating GBV risk mitigation into cash and voucher assistance

Integrate cash and voucher into GBV prevention and response

Based on Essential Actions, Promising Practices and Lessons Learnt

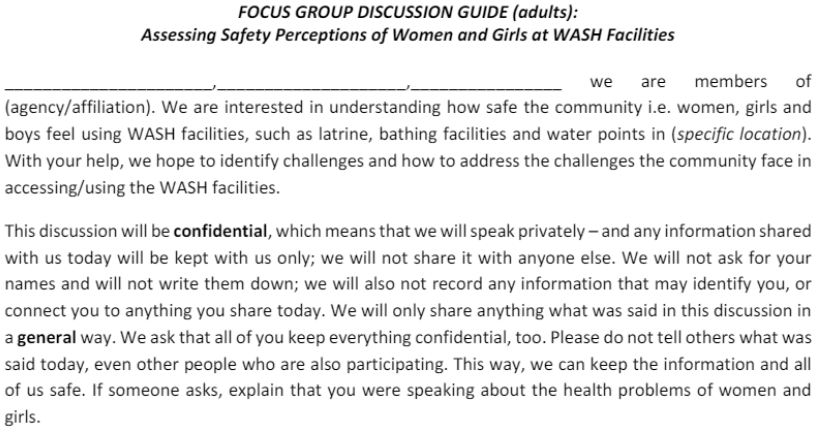


Tools and guidance: Focus Group Discussions

Groups can talk about their opinions, experience, concerns, and have their voices heard

Safety considerations

Relevance/fatigue



FOCUS GROUP DISCUSSION GUIDE (adults):
Assessing Safety Perceptions of Women and Girls at WASH Facilities

_____,_____,_____ we are members of (agency/affiliation). We are interested in understanding how safe the community i.e. women, girls and boys feel using WASH facilities, such as latrine, bathing facilities and water points in (*specific location*). With your help, we hope to identify challenges and how to address the challenges the community face in accessing/using the WASH facilities.

This discussion will be **confidential**, which means that we will speak privately – and any information shared with us today will be kept with us only; we will not share it with anyone else. We will not ask for your names and will not write them down; we will also not record any information that may identify you, or connect you to anything you share today. We will only share anything what was said in this discussion in a **general** way. We ask that all of you keep everything confidential, too. Please do not tell others what was said today, even other people who are also participating. This way, we can keep the information and all of us safe. If someone asks, explain that you were speaking about the health problems of women and girls.

Tools and guidance: Focus Group Discussions

Tips for conducting a Focus group Discussion

General	✓ Select participants based on discussion point(s) ✓ Select participants by sex/gender, age, common profile, etc. ✓ Preferably have female facilitators to lead all women/girl discussions and male facilitators for men/boys' discussions ✓ Prepare and adapt relevant tools according to the context ✓ Have 8-12 people in each discussion group ✓ Create a safe space for discussion - introduction, clarify roles, ensure confidentiality. If it is not safe (e.g., in a conflict context or in places where there are public tensions) to hold group discussions, do not lead a group discussion. ✓ Conducting a joint safety audit through observation or focus group discussion
Creating the Questionnaire	✓ Keep the number of questions reasonable (under 10, if possible). This prevents the participants from getting confused or worn out by a long discussion. ✓ Keep the questions simple and short. FGD participants won't get the chance to see the questions like in a survey. ✓ Ensure that the wording on questions is clear. Otherwise, participants will end up discussing the question itself, rather than what the question was trying to ask. ✓ Be careful that questions about sensitive issues or topics are asked carefully. Otherwise, the FGD will stop just because people are too embarrassed to answer. ✓ Make sure that questions are worded in a way that cannot be answered with a simple "Yes" or "No" answer. Using words like "Why" and "How" will help elicit better responses from participants.

How can I develop the skills to carry out my GBV work?

Understand your role and your responsibilities and seek for the right resources.

GBVIMS Video Shorts and GBVIMS Podcasts

IRC: Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings

UNICEF: Gender-Transformative Approaches to Adolescent Girls Programming

Take Action Against GBV: UNHCR video series

Thank you