

Annexes

Menu of Measures for Gender-Based Violence Risk Mitigation in the Education in Emergencies sector

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ANNEX I

TIP SHEET: CONSULTING WITH WOMEN AND GIRLS

Effective GBV risk mitigation measurement a) integrates regular and routine consultations with women and girls; and b) measures, analyses and documents changes over time related to the GBV risk mitigation measure(s) in the project. This tip sheet provides supplementary guidance on how to engage women and girls to assess if your GBV risk mitigation measures are reducing barriers to services or helping women and girls feel safer.

Basic information:

In general, engaging women and girls during consultations happens at three critical moments:

1. Before a project begins: women and girls themselves can identify GBV risks in the environment and/or barriers to accessing services, along with their priorities for which risks and/or barriers are most critical to address;
2. During the project: women and girls provide feedback as to if/how your GBV risk mitigation efforts have affected their access to services and/or perceptions of safety. This feedback allows you to assess the effectiveness of your risk mitigation measure(s), identify any unanticipated or unintentional consequences; and, if necessary, make changes in your programming;
3. When the project is nearing completion or after it has ended: consultations help identify what worked and what did not work to generate lessons learned and next steps which risks and/or barriers are the most important to be addressed.

For your programme, consultations can follow this model to assess perceptions of safety and if your GBV risk mitigation strategy is addressing the needs of women and girls.

Preparation:

- If there is a GBV sub-cluster/working group or an organization implementing GBV programming, connect with them to request support on planning and carrying out the consultations.
- Carefully consider the restrictions or cultural sensitivities that may prevent a woman or girl from participating in a consultation or lead to more harm for her. GBV specialists, even if in a different location or at national level can provide support in thinking through how to engage women and girls in the safest possible way.
- Find out what GBV services are in place in the location where the consultations will be conducted. Ensure staff who will be facilitating the consultations are equipped to respond if someone discloses that they have experienced GBV. Staff conducting safety consultations should be (a) familiar with the ["GBV Pocket Guide"](#) on how to support GBV survivors and (b) familiar with how to appropriately refer survivors in a timely manner based on the GBV referral pathway in their area.
- Depending on the context, it may be necessary to speak with community leaders prior to the consultations. In some situations, guardians, husbands, male relatives, or mother-in-laws may need to be consulted and/or give their permission in order for women and girls to participate in your consultation.
- Related to the previous point, take care to carefully frame the purpose and scope of the consultation with communities and/or relevant stakeholders. Focus on the goal to improve programs and services for the community, especially with regards to making them safer and more accessible.
- Take into consideration what locations and times of day are safest and most appropriate for women and girls to participate in the study, based on school, chores, travel requirements, etc. Ensure consultations take place in a secure setting where all individuals feel safe to contribute to discussions.
- Remember that participants may answer the same question differently depending on who is involved in the conversation (international vs. local staff), what they think the data collection team wants to hear, and what action or benefit they believe may result from responding in a certain way. Consider these factors when planning your consultations.

Remember! Consultations can take multiple modalities such as focus group discussions, key informant interviews, community mapping exercises, ranking methods or other participatory approaches.

- Be aware of the composition of a group during consultations and how to make sure everyone feels safe to express their voice and opinions without creating additional harm for them. For example, including unmarried girls with married girls or women can create different power dynamics. Similarly having young women and older women in the same group may prevent younger women from voicing their opinions or experiences. Groups that can be particularly difficult to access include:
 - » Married girls
 - » Unmarried women
 - » People with disabilities
 - » Female heads of household
 - » Widows
- Work with a GBV specialist to determine what questions are appropriate. Questions should be worded in a way that explicitly links perceptions of safety to a specific intervention, facility, etc. and should include a time-bound component. Refer to the **Menu of Methods** in the main **Guidance Note**. Some examples specific to Level 2 and safety perceptions could be:
 - » “Do women and girls in your community feel safer moving around the camp at night since the lighting has been installed (as compared to before the lighting was installed)?”
 - » “Do women and girls in your community feel safer going to the distribution point since the location was changed to align with the community’s preferences?”
 - » “Do women and girls in your community feel their access to health services has improved with the increased number of female reception staff (as compared to when the reception staff were mostly male)?”

DO's

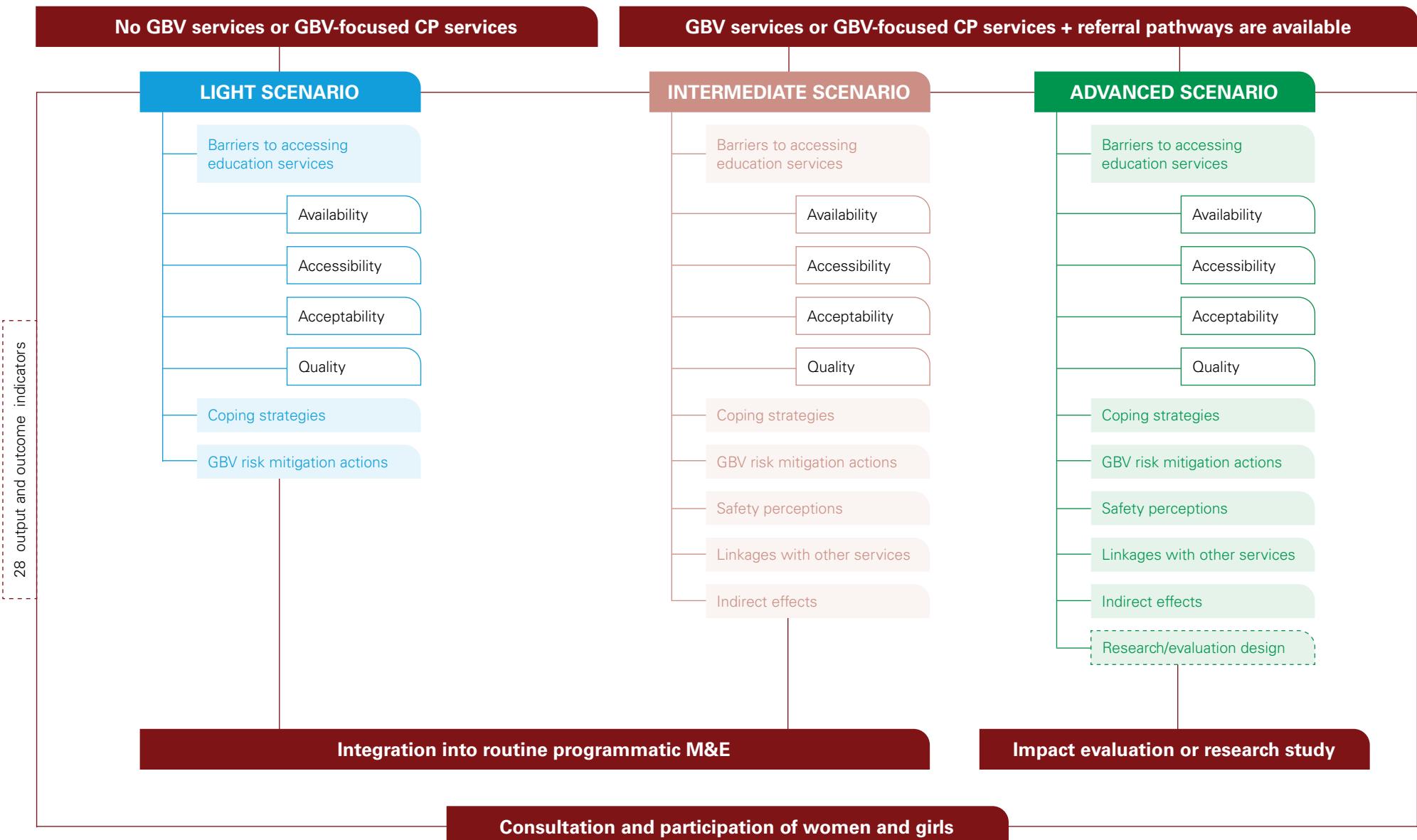
- Have trained female staff facilitate the consultations with women and girls.
- Be conscious of the fact that the females who are most visible/accessible for consultations may not be representative of the female population as a whole (in terms of access to services, etc.). Consider if you need to make alternative arrangements to connect with other groups of women and girls in a safe, non-stigmatizing way.
- Explain the purpose of the consultation and how the information will be used. Obtain informed consent before beginning the consultation.
- Manage expectations about participating in the consultation and what participants can expect to receive. Be honest and upfront in explaining that there will be no compensation.
- Keep questions simple, relevant to programme objectives and straightforward.
- If relevant, consider options for consulting with women and girls who are using the service (i.e. visiting to a water point to speak to them).

Important DON'TS

- DON'T ask questions about individuals'/specific people's experiences of GBV.
- DON'T collect or attempt to collect GBV incident data/numbers of cases.
- DON'T attempt to convene a consultation group comprised only of GBV survivors or to find GBV survivors to take part in the consultations.
- DON'T make questions too general. A question like “Do you feel safe?” can be interpreted in multiple ways and does not focus participants on the specific purpose of your consultation (whether there have been improvements in safety/access linked to particular risk mitigation measures).

ANNEX II

SUMMARY OF GBV RISK MITIGATION APPROACH TO MEASUREMENT: EiE SECTOR



BRIEF NOTE ON GBV REFERRAL PATHWAYS

WHAT IS A GBV REFERRAL PATHWAY?

A GBV referral pathway is a coordination tool that outlines how survivors of Gender-Based Violence (GBV) can access appropriate, timely and confidential services. It maps out existing and available specialized GBV services, their contact information, and the roles and responsibilities of different service providers. It also describes how they coordinate to support GBV survivors.

It is critical that GBV referral pathways are regularly updated to ensure that accurate information is provided to survivors.

Key features of a GBV referral pathway include:

- clear steps for referring survivors safely and ethically;
- a list of available services and contact points;
- agreed protocols to protect confidentiality and do no harm; and
- a survivor-centred approach that respects choice, dignity and safety.

GBV referral pathways are often available through a GBV services map or standard operating procedures. They are essential to ensure that survivors receive appropriate, timely and confidential services in a coordinated and effective manner.

GBV referral pathways target both specialized services providers and other humanitarian sectors.

WHAT ARE SPECIALIZED GBV SERVICES?

Specialized GBV services are a range of services⁴² available in a specific location for survivors of GBV. This is why front-line workers from all sectors must be aware of the available services, enabling them to safely and confidentially refer survivors.

The following services are generally proposed to support GBV survivors:

- **GBV case management:** More than a service, GBV case management is the process through which a case manager or a social worker undertakes the assessment of the case, develops a care plan and implements the planned actions, including referral to other specialised services.



NO ACTION IS TAKEN WITHOUT THE SURVIVOR'S CONSENT

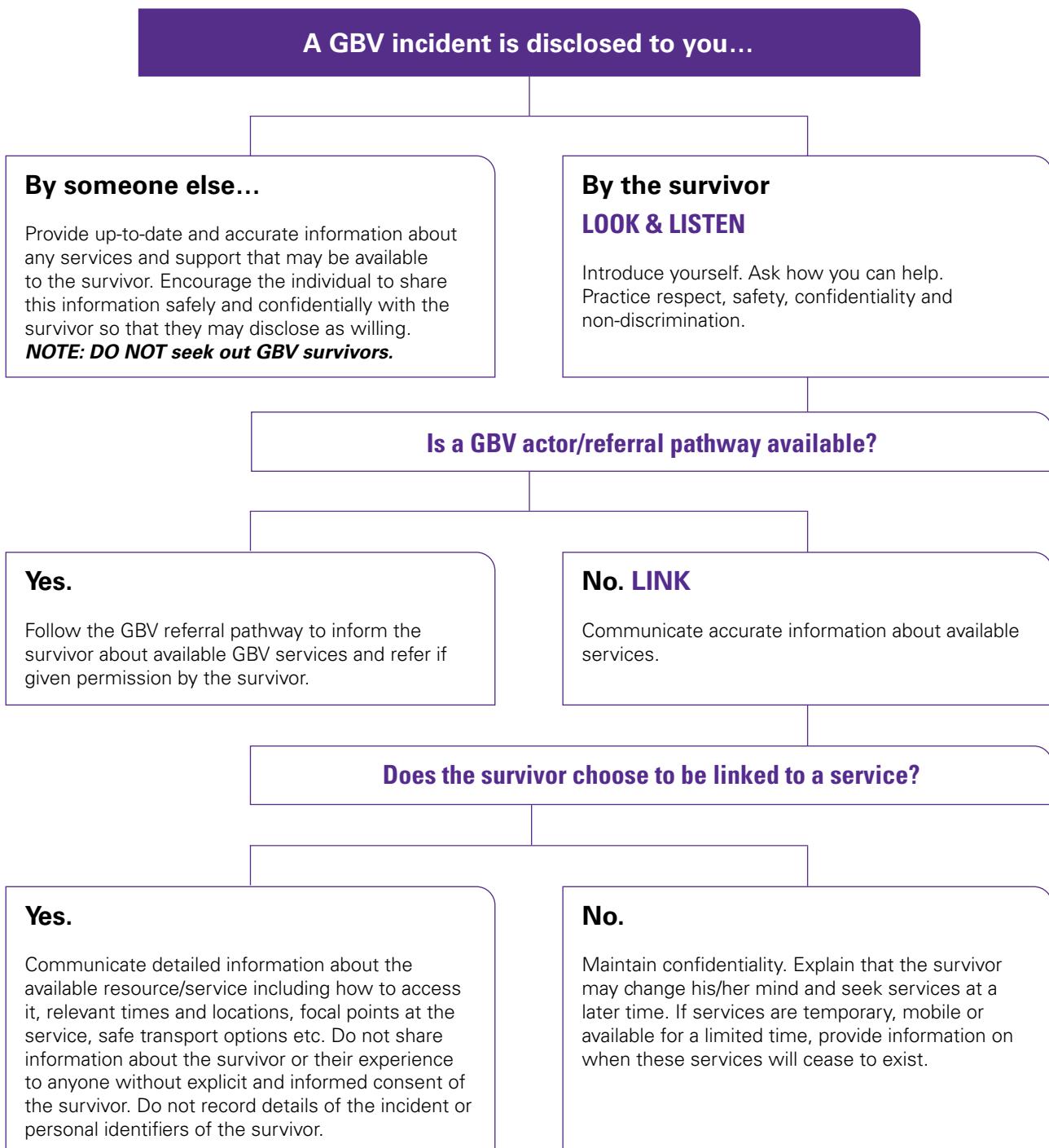
- **Health services**, including the clinical management of rape, are often required within 72 hours for sexual violence cases.
- **Psychosocial support** and mental health services.
- **Legal or justice services**, including police, legal aid and representation – only if the survivor wishes.
- **Safety, security and protection services**, including safe shelters and security support if the survivor is at risk.

⁴²This list of services is indicative. Note that NOT ALL services are available or must be available in a specific location. This is why it is important to coordinate with GBV specialists in your location to know the available services and the updated referral pathways.

→ **Livelihood and socio-economic support**, if available and required.

⚠ THE SURVIVOR CAN CHOOSE TO STOP OR CHANGE SERVICES AT ANY TIME

WHAT IS YOUR ROLE?



The Decision tree above is an extract from the [GBV Pocket Guide](#)

HOW TO BE SUPPORTIVE



PREPARE



LOOK



LISTEN



LINK

MORE RESOURCES ON SAFE REFERRALS

**How to support
survivors of
gender-based
violence when
a GBV actor is
not available in
your area**

A STEP-BY-STEP POCKET
GUIDE FOR HUMANITARIAN
PRACTITIONERS



SCAN TO DOWNLOAD THE NEW RELEASE
GBV POCKET GUIDE APP



[GBV POCKET GUIDE](#)

ANNEX IV

SAFETY AUDITS BY OBSERVATION: EiE SECTOR

Note: A safety audit by observation is a type of safety audit that involves the visual documentation of safety concerns observed in and around schools and/or learning environments by education practitioners. If necessary, the findings of this observation should be complemented by FGDs and/or KIIs with relevant stakeholders to build a comprehensive understanding and analysis of safety concerns related to the specific learning environment.

It is recommended to take notes while conducting the assessment. However, if, for safety and security reasons, it is not possible to take notes, auditors are advised to take mental notes and report them in the form afterwards.

Location:

Observer details:

School/learning facility:

Date:

LOCATION

Criteria	Yes	No	Comments/action points
Is the school/learning facility clearly marked as such in a visible manner?			
Are the paths or routes to the school/learning facility easily accessible for girls and boys, including those with disabilities?			
Are there any physical barriers, including checkpoints, around and on the way to/from the school/learning facility?			
Is the school/learning space located in the vicinity of military barracks?			
Is the school/learning facility located near the population/community (travel distance to school)?			

INFRASTRUCTURE

Criteria	Yes	No	Comments/action points
Are the physical structures used for the school/learning facility appropriate for the situation and do they include adequate space for classes, administration, recreation and sanitation facilities?			

Are there security fences and walls around the school/learning facility?			
Do class space and seating arrangements meet agreed ratios of space per learner and teacher to promote participatory methodologies and learner-centred approaches?			
Does a safe play area exist, and are female and male learners allowed to play in it?			
Are there sex-segregated WASH and MHM facilities available in the school/learning facility?			
Are the WASH and MHM infrastructures clearly marked and lockable from the inside?			

SAFEGUARDING MEASURES

Criteria	Yes	No	Comments/action points
Are there both female and male teachers in the school/learning facility?			
Are female teachers available in sufficient numbers?			
Are male and female learners treated equally and afforded the same opportunities?			
Are there mechanisms for reporting abuse or obtaining information, including referral mechanisms to access appropriate support/care in the event of abuse? <i>If yes, indicate what is available.</i>			

OVERALL

Criteria	Yes	No	Comments/action points
Are there any other observations that might affect the safety and well-being of female and male learners in and around the school/learning facility? <i>If yes, what are they?</i>			

ANNEX V

EXAMPLES OF PARTICIPATORY APPROACHES FOR CONSULTATION WITH AND PARTICIPATION OF CHILDREN

Below are three participatory approaches recommended for consultation with children and adolescents. They can also be tailored for engagement with adults and are adaptable to any specific context, need and type of informant.

I. THE 'AGREE OR DISAGREE: WHERE DO YOU STAND?' APPROACH⁴³

This method can help explore participants' perspectives or perceptions about specific issues/statements. The steps described below are relevant for face-to-face engagement, but the approach could be adapted to virtual meetings or as an online tool.

Materials: Two pieces of paper with the word **AGREE** on one and the word **DISAGREE** on the other, masking tape and scissors.

Instructions: Tape the **AGREE** and **DISAGREE** signs on opposite sides of a wall.

Invite each participant to take three to five pieces of masking tape. Say three to five statements related to a specific point of discussion. Invite each participant to stick their piece of tape between **AGREE** to **DISAGREE**:

- If closer to **AGREE**, place the tape closer to the **AGREE** sign.
- If neutral, place the tape in the middle.
- If closer to **DISAGREE**, place the tape closer to the **DISAGREE** sign.

After each question, lead a discussion, inviting participants who feel comfortable doing so to share why they placed their tape where they did. Remember, the discussion is often the most important part!

You can modify this activity to have the signs on the floor, using rocks or artefacts instead of tape.

The next step involves brainstorming concrete actions that can be taken to address/improve the identified issues related to education services.

The exercise should be undertaken with the same population subgroup but with different intersecting factors (e.g., adolescent girls as a subgroup, but integrating out-of-school adolescents, adolescents with disabilities, married or pregnant adolescents, adolescent heads of households, and adolescents who are refugees, internally displaced persons or part of minority groups). The goal is to gain a deeper understanding of how intersectionality may influence perceptions or perspectives within the same population subgroup.

Example statements for accessibility of education services/opportunities:

1. Adolescent girls have access to school in this community.
2. Adolescent girls have access to learning opportunities that meet their needs.

⁴³ Adapted from CPC Learning Network et al., *Moving Towards Children as Partners in Child Protection in COVID-19 Guide: From Participation to Partnerships*, 2020.

3. Adolescent girls have access to the internet to join remote learning classes.
4. Adolescent girls have enough information about available education opportunities for them.
5. Adolescent girls know where to go or whom to reach out to for information about education opportunities.

The next step involves brainstorming with adolescent girls about how to improve their access to, and retention in, learning.

Education practitioners can then reflect on how to incorporate these suggestions into the education programme services or modify the programme to respond to the access barriers raised.

II. THE 'ROSE, BUD, THORN' APPROACH⁴⁴

This approach could be used to engage participants to identify strengths (rose), challenges (thorn) and potential areas of growth/new ideas (bud) for ongoing GBV risk mitigation interventions integrated into education programming.

Example questions



Rose: What are the 'strengths' in the steps taken by this school/learning facility [you can also ask about the education programme in general] to help women and girls feel safer in accessing the facility?



Thorn: What are the 'challenges'?



Bud: How can the school/learning facility improve its interventions to mitigate GBV risks for women and girls? How can it better engage women and girls? What role do you think you can play?

Materials: Coloured paper or paints, flipchart paper, scissors and glue.

Instructions: Cut out, draw or paint large roses, thorns and buds and stick them on a large piece of flipchart paper. Provide each participant with three different-coloured sticky notes (e.g., pink for rose, green for thorn and yellow for bud) to answer the questions. Invite everyone to take two to three minutes to write or draw their ideas. Ask each child to take turns sticking them to the chart. Lead a 5-to-10-minute discussion exploring strengths, challenges and budding ideas.

III. THE 'COMMUNITY MAPPING' APPROACH

A community map is an excellent tool for engaging communities in general, and children in particular, especially in cultures with a strong visual tradition. The exercise involves guiding participants through a map-making process using a semi-structured guide to encourage participants to identify local security threats and vulnerabilities. It also helps to assess participants' knowledge of education services available for women and girls,⁴⁵ as well as to understand the challenges they may face in accessing those services (such as distance, safety and privacy).

⁴⁴ Ibid.

⁴⁵ Female teachers and learners.

The maps are intended to show not only areas of risk, but also areas of protection and resilience, and how both may change over time.⁴⁶

The exercise should be undertaken with relatively homogeneous groups of individuals who have similar experiences.

Materials: Flipchart paper, pens, sticks, stones or other potential drawing materials.

Steps and example questions⁴⁷

Identify questions that may be 'mapped' rather than addressed through discussion, and proceed with the following steps:

1. Ask a participant to draw a map of the general area, clearly mapping the location of available schools or learning facilities.
2. As the map is taking shape, other participants are likely to provide input or to get involved. Give plenty of time and space.
3. Wait until participants have finished before you begin asking questions. Use the questions below to help you understand the risk factors affecting, and services available to, women and girls. After each question, give participants time to consider their responses and indicate them on the map. Their indications can be particularly useful for understanding the spatial dimensions of safety.
 - Where do people in the community go if they need medical services?
 - At school, where do students go if they need medical services?
 - Is there a place where women/adolescent girls/girls can go to discuss problems together?
 - Are there places on the map that are not safe for female learners and teachers on their way to school?
 - Are there places on the map that are not safe for female learners and teachers on their way back from school?
 - At what moment/time [adapt to context] during the day might women and girls (female learners and teachers, for instance) feel the most unsafe?
 - Where might a woman/adolescent girl/girl (female learners and teachers, for instance) go for help if she is the victim of violence?

Notes should be taken during the mapping exercises to orient the viewer to the mapping approach, and a legend should be included to describe the symbols used in the map.

⁴⁶ A. In many displacement contexts, schools are often represented as areas of protection. This gives education practitioners an idea of how to anticipate the use of schools and plan for alternative learning arrangements, for instance.

⁴⁷ The questions can be adapted to the context based on the purpose of the assessment and in consultation with GBV specialists. The proposed questions have been adapted from International Rescue Committee (IRC), *Community Mapping: Guidance Note*, 2012.

About UNICEF

UNICEF, the United Nations agency for children, works to protect the rights of every child, everywhere, especially the most disadvantaged children and in the toughest places to reach. Across more than 190 countries and territories, we do whatever it takes to help children survive, learn, thrive, and fulfil their potential.

For more information, please visit: www.unicef.org

About Education Cannot Wait

Education Cannot Wait (ECW) is the global fund for education in emergencies and protracted crises in the United Nations. We support quality education outcomes for refugee, internally displaced and other crisis-affected girls and boys, so no one is left behind. ECW works through the multilateral system to both increase the speed of responses in crises and connect immediate relief and longer-term interventions through multi-year joint programming. ECW works in close partnership with governments, public and private donors, UN agencies, civil society organizations, and other humanitarian and development aid actors to increase efficiencies and end siloed responses. ECW urgently appeals to public and private sector donors for expanded support to reach even more vulnerable children and adolescents.

Additional information is available at www.educationcannotwait.org

About INEE

The Inter-agency Network for Education in Emergencies (INEE) is an open, global network of representatives from non-governmental organizations, UN agencies, donor agencies, governments, and academic institutions, working together to ensure the right to quality and safe education for all people affected by crisis.

To learn more, please visit www.inee.org