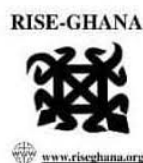




W A G E

GENDER AND GENDER-BASED VIOLENCE TRAINING FOR FEMALE MOBILE MONEY AGENTS AND THEIR PARTNERS

**Women Entrepreneurs in Northern Ghana Gain
Access to Integrated services via Agent Networks (WE
GAIN) Project**



Acknowledgments

This guide was developed by Naana Abena Afadi and Bobbi Gray of Grameen Foundation USA and Tanyel Taysi of the American Bar Association Rule of Law Initiative (ABA ROLI) on behalf of the Women Entrepreneurs in Northern Ghana Gain Access to Integrated services via Agent Networks (WE GAIN) project of the Women and Girls Empowered (WAGE) program.

The team is grateful to Awal Ahmed Kariama of Rural Initiatives for Self-Empowerment-Ghana (RISE-Ghana) for his inputs into the content of this guide.

Finally, the team extends our deep gratitude to the United States Department of State Secretary's Office of Global Women's Issues for its support of the WE GAIN project.

The content in this guide draws on the following resources:

Intrahousehold Dialogue Field Guide: Mitigating the Risk of Gender-Based Violence in Women's Economic Empowerment Programs. Grameen Foundation. *URL Forthcoming*.

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. <https://gbvguidelines.org/en/pocketguide/>

"Gender and Gender-based Violence Training for Female Mobile Money Agents and Their Partners" by Naana Abena Afadi, Bobbi Gray, Tanyel Taysi of the WE GAIN project of the WAGE program funded by the United States Department of State Secretary's Office of Global Women's Issues, led by Grameen Foundation USA in partnership with the American Bar Association Rule of Law Initiative licensed under [CC BY 4.0](#). Through this Creative Commons license, you are encouraged to remix, transform and build upon this material.

To cite this work, we suggest the following citation:

Afadi NA, Gray B, and Taysi T. (2022). Gender and Gender-Based Violence Training for Female Mobile Money Agents and Their Partners. Grameen Foundation and American Bar Association Rule of Law Initiative. *URL Forthcoming*.

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About the WE GAIN Project

The Women and Girls Empowered (WAGE) program’s “Women Entrepreneurs in Northern Ghana Gain Access to Integrated services via Agent Networks” (WE GAIN) initiative is a 24-month program led by Grameen Foundation USA (Grameen) that leverages high-impact partnerships with international legal and gender-based violence (GBV) expert American Bar Association Rule of Law Initiative (ABA ROLI), local civil society organizations (CSO) Rural Initiatives for Self-Empowerment Ghana (RISE Ghana), Ghana Developing Communities Association (GDCA), and HealthKeepers Network (HKN).

WE GAIN theorizes that engaging trusted local female community agents to deliver doorstep digital financial and non-financial services (DFS+) will increase female entrepreneurs’ access to and uptake of DFS and DFS+ for their households and businesses by decreasing financial transaction costs, increasing women’s confidence and trust of DFS+ services, and expanding women’s access to other complementary services, such as GBV awareness-raising and service provider information. The initiative has on-boarded RISE Ghana, GDCA, and HKNs’ existing community agents—who already serve their communities with legal literacy services, business education support, and health education and products, respectively—as MTN mobile money agents, who locally are known as *MoMo* agents.

MTN is the largest of several mobile network operators (MNOs) in Ghana that offers a range of mobile money services, such as mobile money wallets which facilitate person-to-person payments, among other services, without requiring a bank account. Training women how to become DFS+ agents will allow them to facilitate the use of mobile money and other DFS+ services for other women in their communities.

WE GAIN and the WAGE program are funded by the United States (U.S.) Department of State, Office of Global Women's Issues (S/GWI). This training is being used for this Initiative;

however, this guide can be adapted to different cultural contexts and countries and facilitators should always understand the participants' learning needs before implementing this guide.

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Introduction

The *Gender and Gender-based Violence Training for Female Mobile Money Agents and Their Partners* Guide was developed to build the awareness and skills of female mobile money agents supported by women's economic empowerment (WEE) actors in Northern Ghana to understand the concept of gender, gender-based violence (GBV) as well as how to safely engage with others regarding GBV. The emphasis of this guide is to train non-expert, local community agents and their partners on how to inform community members of the resources and entities that can directly provide support if they or someone they know faces GBV.

Given the importance of male engagement in the WE GAIN project, this guide assumes the male partners or other male family members who can either support or inhibit the growth of a woman's mobile money business and who may be concerned about the agents role engaging in the topic of GBV are included in the training to the degree possible to mitigate potential harm to the agent but also to positively impact the role that the male partner or family member might also play.

This Guide builds on intra-household dialogue methodologies that engage women and their partners in structured conversations on potentially difficult topics as well as sessions that provide technical content on GBV and activities to help participants reflect, personalize, and act on the new content. The content is specific to women who have been recruited as mobile money agents and their male partners, but the content drawn upon has been used in many different settings and therefore can be adapted.

Goals and Objectives of the Training

The overall goal of the training is to build the capacity of WE GAIN Agents and their partners to safely and effectively build awareness of local GBV resources and support.

Objectives: By the end of the training, we expect that:

- Each participant will have gained awareness on power differentials, harmful gender norms, GBV, and how they harm individuals, families, and communities, and stop women from contributing to household income generation.
- Female mobile money agents will have gained the buy-in of spouses and the community members who may serve as gatekeepers to agents sharing GBV messaging.
- Female mobile money agents and their partners will have improved their knowledge and skills to raise awareness around and safely inform community-members about the harms of GBV and where they can seek support for GBV.
- Female mobile money agents will have strengthened their ability to map their local service providers, form links with them, and have confidence in informing community members of the services provided.

Learning Objectives for Each Session

Session	Session Objectives By the end of this activity, participants will have:
Session 1 - Introduction to the Training and Pre-Training Assessment	<ul style="list-style-type: none"> • Introduced themselves, their village, and something unique about themselves. • Identified their uniqueness with others'.
Session 2 - Agenda, Ground Rules, and Feedback Loop	<ul style="list-style-type: none"> • Shared current level of knowledge on the subject matter; • Shared their expectations and hopes from workshop; • Discussed the agenda for the 2 days; • Discussed the logistics (meals, breaks, bathrooms, etc.); • Established ground rules; • Shared information about feedback loop/complaints mechanism.
Session 3 - Alien Arrival	<ul style="list-style-type: none"> • Discussed the difference between sex and gender; • Reflected on how gender is socially constructed and can be changed.
Session 4 - Introduction to Gender Norms	<ul style="list-style-type: none"> • Understood the meaning of gender norms and shared some examples; • Discussed how harmful gender norms affect everyone negatively; • Discussed how our family and community's expectations of us influence what we do and don't do.
Session 5 - Power Dynamics within the Community	<ul style="list-style-type: none"> • Described power over, power to, power with and power within; • Identified individuals with power in the community and diverse power relationships. • Explained the consequences of power imbalances between men and women in the community; • Discussed actions one can take to balance power in our households and communities.
Session 6 - Mistreatment and Gender-Based Violence (GBV)	<ul style="list-style-type: none"> • Defined GBV and mistreatment; • Explored how power imbalances and harmful gender norms contribute to myths about GBV that "normalize" it; • Identified the root causes of GBV; • Identified consequences of GBV; • Discussed ideas of ways communities can reduce GBV.

Session 7 - Role as an Agent and GBV: What you can do and not do; What you can say and not say	<ul style="list-style-type: none"> • Discussed what a DFS+ agent should and shouldn't do as it relates to GBV; • Discussed what a DFS+ agent should and shouldn't say as it relates to GBV; • Reviewed the GBV Pocket Guide; • Discussed challenges that might arise.
Session 8 - Survivor Support and GBV Resources in the Community	<ul style="list-style-type: none"> • Introduced to tips to use in providing support to GBV Survivors in their communities; • Introduced to Self-Care tips and routines; • Discuss key GBV messages for dissemination; • To strengthen the ability of the agents to map their local service providers, form links with service providers, and have confidence in informing community members of the services provided.

Facilitator Notes

Who is this facilitator's guide designed for? This facilitator's guide is designed to be used by WE GAIN and ABA ROLI Project staff to train WE GAIN DFS+ Agents on the WE GAIN Project.

Training Approach

The Guide takes a participatory, practical, and hands-on approach rooted in adult learning principles. The training will be carried out through a series of interactive training sessions. Training sessions are 25 - 60 minutes of interactive group discussions designed to meet the learning needs of women. They are intended to be simple and generate discussion among even the quietest of participants. Through the discussions, participants gain important information and skills relevant to their lives—information and skills they are encouraged to share if comfortable. The training sessions incorporate interactive tools and techniques based on adult learning principles to encourage a productive dialogue with participants on the technical areas.

The specific training and coaching approaches used include:

- **Presentations:** Presentations are a traditional way of providing information to your participants and are useful when more participatory methods will not effectively get at the information you are trying to provide. When giving a presentation, it is best to break it up with questions and answers from the participants.
- **Brainstorms:** Brainstorming is an element of many of the activities and is used when one wants the participants to generate ideas. During a brainstorming session, you will ask participants for their thoughts and contributions, and someone should write down what they contribute on a flipchart or piece of paper. All ideas are accepted and should not be judged.

- **Case Study Scenarios:** Case studies are real-life scenarios or stories that are related to the entrepreneurship topics we are discussing in the training. You either read a case study out loud or pass it out to participants to read, then give participants time to analyze the scenario. Case studies provide participants with the opportunity to put the knowledge they are learning in the training into practice to identify, analyze and solve a problem. Case studies can be based on a real-life situation or be created (made up) to reflect an issue they might face in the workplace.
- **Role plays:** Role plays provide the opportunity for participants to physically practice their new skills in the safety of the training set before trying them out in the real world. Role plays can be planned ahead of time with a script or be developed by the participants themselves around a particular issue. It is a good idea for some members of the group to act out the role play, and for other members to act as observers and give constructive feedback on the strengths, weaknesses, and areas for improvement of the role play back to the other group members.
- **Small and large group discussions:** Discussions happen in every activity whether it is working in small groups or large groups. As a facilitator it is important to be clear on what the task/topic of discussion is, keep participants focused on the topic, make sure everyone has the opportunity to participate and keep to time. During small group discussions, it is important for the facilitator to go around to all the groups to make sure they have understood the task and are staying on course and to gauge their understanding of the topic. At the end of large group discussions, the facilitator repeats and sums up the main points that have been discussed, so everyone remembers them.
- **Review Activities:** Review activities are done at the end of every module, and they are very important because they provide the opportunity for participants to remember the main very important key messages of each module.

Understanding the Role of Facilitators

Facilitators play a crucial part in the success of the dialogues that are initiated in this training of DFS+ agents and their partners. Their main focus is to guide participants through the whole dialogue process to ensure that the flow of discussion stays on track with the session objectives. A good dialogue facilitator:

- Ensures that the dialogue objectives are clearly understood by participants;
- Endeavors to know participants;
- Does not control the content of the discussion;
- Ensures meaningful participation of all participants;
- Creates a safe environment for openness;
- Speaks clearly, uses simple terms, and avoids jargon;
- Listens actively and encourages participants to do the same;
- Avoids negative comments;
- Is flexible and knows how to adjust schedules and dialogue processes when necessary;
- Engages participants in a conversation to understand their insights; and
- Encourages ownership and control of participants over their decisions and actions.

Tips for Facilitators

- Remember that the facilitator does not have all the answers. The participants come to the session with a great deal of experience and have many things to add. All participants (including the facilitator) must teach and learn.
- Physical set-up or structure is important. Preferably, organize participants in a semi-circle or U shape to ensure that everyone can see their co-participants during the dialogue. Discarding tables in the middle will help create a more open environment for the dialogue.
- At the start of the activity, break the ice and aim to build trust.
- Set clear ground rules based on the group's consensus. Review these rules when conflicts or disagreements arise.
- Know your audience. This will prepare you for asking the right questions.
- Look out for participants' verbal and non-verbal cues. Pay attention not only to those who are actively participating but also to those who are not.
- Acknowledge and respect the insights of each participant. Appreciate the value of participants' knowledge and inputs.
- Probe and/or clarify points when needed, especially during disagreements.
- During small group discussions or activities, co-facilitators can help ensure that everyone is involved and that no one is excluded. Better ideas come when everybody is involved. Getting everyone to join in the discussion increases the quality of dialogue and the quality of the solutions and decisions made.
- Be patient after asking a question. Allow for silence. Do not probe with additional questions if the individual is uncomfortable.
- Always remember the Do No Harm Framework.

Group Dynamics: Potential Challenges and Tools to Address Them

Group Type	Facilitator's Role	Example Tools
Groups experiencing unequal levels of participation.	Identify extremely quiet and/or talkative participants and try to understand why they are behaving in a certain manner.	<p>Quiet participants:</p> <ul style="list-style-type: none"> • Elicitation – i.e. politely call on people by name to share IF they are comfortable. Do not pressure anyone to speak. • Encourage participants to use the chat box (if remote) or write opinions/answers (if in person) if uncomfortable speaking aloud <p>Talkative participants:</p> <ul style="list-style-type: none"> • Acknowledge their desire to speak • Approach individual independently • Observe and describe the dynamic to help participant recognize the imbalance

Groups experiencing disagreement or conflict due to differences in religious, political, or social beliefs.	Verbally identify what the conflict is. Help members embrace moments of conflict by recognizing them as learning/growing opportunities. Work through it together while keeping/building trust.	<ul style="list-style-type: none"> • Repeat back what you hear to make sure you are clearly understanding both sides of the conflict • Move towards personal reasons of conflict • Role reversal activities • Emphasize the goal of the dialogue • Remind group of guidelines • State facts and provide examples
Discussion-adverse groups (e.g., groups who tend to say only what might be considered polite or politically/socially correct).	Encourage honest reactions. Reflect together on the need for dialogue on the given subject.	<ul style="list-style-type: none"> • Conduct a poll with extreme opinions • Break into smaller groups • Ask hard questions • Introduce alternative perspectives (videos, articles, etc.)
Groups struggling to stay engaged.	Emphasize the need for dialogue.	<ul style="list-style-type: none"> • Remind group of guidelines (no phones, etc.) • Distribute roles within the group (e.g. facilitator, rapporteur, etc.) • Ask group about their interest in the dialogue
Groups with imbalances of power.	This can be recognized through the choice of language and wording, framing, etc. Help participants become aware of the imbalance in behavior.	<ul style="list-style-type: none"> • Divide into sub-groups • Make use of both emotional and analytical questions

8 Ways to Be a Good Facilitator

1. Be Prepared

- ✓ Read this manual ahead of time.
- ✓ Plan what you want to say beforehand.
- ✓ Plan any materials you will need to bring for the meeting.

2. Be Loud and Clear

- ✓ Be friendly, confident, and enthusiastic.
- ✓ Speak clearly and loudly so every participant can hear you.
- ✓ Use simple, straightforward language so every participant can understand what you are saying.
- ✓ If participants don't understand something, find a different way to explain it until they are able to understand.

3. Keep the Training Focused and on Track

- ✓ Explain the purpose and objectives of the session at the beginning of each training session.
- ✓ Keep the training on track and do not allow it to drift off into unimportant topics.
- ✓ At the end of each training session, summarize the main points of the session so everyone remembers.
- ✓ At the end of each training session, explain any follow-up actions that participants need to take.
- ✓ Handle inappropriate questions or comments from the participants sensitively and quickly, so you can move on to another subject.

4. Create a safe, welcoming atmosphere where every participant feels comfortable sharing their thoughts and opinions

- ✓ Create a warm, friendly atmosphere with your participants.
- ✓ Call every participant by their name.
- ✓ Make everyone feel comfortable speaking by being respectful of everyone's questions, comments, and opinions.
- ✓ Listen to people's answers.
- ✓ Listen to others without judgment. Do not make rude remarks if someone says something incorrect.
- ✓ Keep eye contact with participants.

5. Encourage Active Participation

- ✓ Encourage participants to speak up by asking them questions or engaging them in discussions and activities. This will keep them awake and interested.

- ✓ Engage participants to answer questions rather than you answering them for them. People are more likely to remember what they said, than what the trainer said.
- ✓ Praise participants for their contributions and efforts.
- ✓ Encourage quiet students to get involved.

7. Be relevant:

- ✓ Adapt examples and activities so they are relevant to participants' real-life experiences and challenges. For example, if most participants work in coconut processing, make sure some of your examples focus on coconut processing businesses.

8. Review the key messages and key learnings of the training on a regular basis:

- ✓ At the end of each training session, remind participants what they have learned so far and what will be covered in the next session.
- ✓ At the beginning of every training session, ask a volunteer to recap what they learned in the last session.

Session 1: Introduction to the Training and Pre-Training Assessment

Objectives

By the end of this activity, participants will have:

- Introduced themselves, their village, and something unique about themselves.
- Identified their uniqueness with others'.

Materials Needed

- Name tags (if typically used in prior training)
- Pens/markers

Time: 35 Minutes

Activity 1: Welcome and Introduction - 20 mins.

Say: Good morning, everyone! Welcome to our workshop! Thank you all for coming. We know taking three days out of your business life is a significant time commitment.

Content Warning: Some of the topics we are discussing, such as gender-based violence are difficult to discuss and can bring up difficult feelings. Please take time out if you need to and do not feel compelled to speak about something if you would rather not.

Today we will have an opportunity to discuss the concept of gender and gender-based violence. We would also discuss how your role in running a mobile-money business can inform people in your community about the resources that are available and that can be accessed if someone faces gender-based violence. We will be defining these concepts throughout the workshop. We will also discuss why this is important to do, and how all of you here today have a role to play in helping to share information on this subject in a safe manner.

First, let's get to know ourselves more!!! Let us start today's session by standing in a circle. We are going to play a game to get to know each other better and learn about the life experiences that we have in common.

Please share your name, where you come from, and then something unique about yourself. After this, you introduce yourself, if someone else feels they also share that same unique feature, I will ask you to step forward. For example, if I say that what is unique about me is that I like the color red, I want anyone else who likes the color red to also step forward.

What questions do you have?

Instruction: After each person introduces him or herself, ask whether anyone else identifies with that person's unique feature to step forward in the circle. After everyone has introduced him or herself, thank

everyone for their participation and note that while some things are unique to us, we often also can share similar experiences or features with other people, even if we do not know it.

Activity 2: Summarizing Training Objectives - 5 mins.

Note to facilitator: Put these on a PowerPoint slide or summarize them on a flip chart.

Training Objectives:

- To raise awareness among WE GAIN agents and their spouses on power differentials, harmful gender norms, GBV, and how they harm individuals, families, and communities, and stop women from contributing to household income generation;
- To gain the buy-in of spouses and the community members who may serve as gatekeepers to agents sharing GBV messaging;
- To increase knowledge and strengthen capacity among WE GAIN agents and their spouses on how to raise awareness around and safely inform community-members about the harms of GBV and where they can seek support for GBV, when necessary;
- To strengthen the ability of the agents to map their local service providers, form links with service providers, and have confidence in informing community members of the services provided.

Activity 3: Pre-Training Learning Assessment - 5 mins.

Say: Now, before we begin with this training, we would like you to complete a small survey so we can understand your pre-training knowledge of these topics. You should fill in this survey alone without the aid of any other person. Please note that this is not a test, and you will not be graded or affected by it at all.

Pre - Training Assessment

No	Question	Answer
1	True or False? The gender of a person may determine their level of power.	1. True 2. False 3. Don't know
2	It is my responsibility to step into a situation of violence and help resolve it.	1. Yes 2. No 3. Don't know
3	True or False? Gender-based violence is any harmful act that is threatened or perpetrated against a person's will and is based on harmful social norms that subordinate a person to another person or group.	1. True 2. False 3. Don't know
4	DFS+ Agents are responsible for providing GBV response services to GBV survivors	1. True 2. False

		3. Don't know
5	Sex is determined at birth and Gender is determined by the social construct of the society.	1. True 2. False 3. Don't know

Step 1. *Hand out assessment to each participant.*

Step 2. *Give participants about 5 minutes to fill out the assessment.*

Step 3. *Collect each assessment form and keep them carefully for post-training reference. The pre-training assessment forms will serve as the baseline for the impact assessment for the training to be conducted.*

Activity 4: Summary - 5 mins.

Note: Before closing the session, the facilitator should discuss the schedule of subsequent training sessions and meetings with the participants. The facilitator should ensure the schedule is in line with participants' schedules and does not conflict with their household activities. Draw on summary key messages for the session from the below:

Summary and Key Messages

The objectives of this training:

- To raise awareness among WE GAIN agents and their spouses on power differentials, gender norms, GBV, and how they harm individuals, families, and communities, and stop women from contributing to household income generation;
- To gain the buy-in of spouses and the community members who may serve as gatekeepers to agents sharing GBV prevention messaging;
- To increase knowledge and strengthen capacity among WE GAIN agents and their spouses on how to raise awareness around and safely inform community-members about the harms of GBV and where they can seek support for GBV, when necessary;
- To strengthen the ability of the agents to map their local service providers, form links with service providers, and have confidence in informing community members of the services provided.

WE GAIN is a 2-year project that works to increase women entrepreneurs in northern Ghana's access to the financial, business, GBV referral and other services they need to start and grow successful businesses, and lead resilient lives.

The role of the WE GAIN DFS+ Agent is to deliver a bundled package of mobile money, business training and GBV information services that help women in your communities start and grow successful businesses and protect themselves from gender-based violence. Each DFS+ Agent should reach at least 100 women entrepreneurs in your community with your services. This is about 4-5 savings groups, farmers groups or other self-help groups in your community.

Session 2: Agenda, Ground Rules, and Feedback Loop

Objectives

By the end of this activity, participants will have:

- Shared current level of knowledge on the subject matter;
- Shared their expectations and hopes from workshop;
- Discussed the agenda for the 2 days;
- Discussed the logistics (meals, breaks, bathrooms, etc.);
- Established ground rules;
- Shared information about feedback loop/complaints mechanism.

Materials Needed

- Flip chart paper
- Markers
- Suggestion box, with a lid so contents cannot be reviewed

Time: 50 Minutes

Instruction: Prior to the workshop, write the agenda and the ground rules out on a flip chart paper and have them ready to post during this session. Have extra blank flip chart paper ready to add to the Ground Rules flip chart, in case participants see some ground rules they'd like to recommend. Pre-determine any specific logistics for the day, such as where the bathrooms are, where the breaks and lunch will occur, etc. Also, pre-determine the mechanisms in place for any of the participants to voice concerns regarding their experience with the workshop. There should be multiple mechanisms available for participants to express any concerns or to provide feedback. Examples may include a point-person who can be discreetly approached during the training, an email or phone number a person can call, a suggestion box, etc. Write these mechanisms out on a flip chart paper as well and have this ready to post.

Activity 1: Intention setting - 25 mins.

Say: We want to make sure we all get as much out of this workshop as possible. How many of you have participated in a training on gender-based violence or similar topics? (Encourage everyone who had ever attended a similar meeting to raise their hands. If someone raises their hand, ask them to share who provided the training and what the training covered.)

Say: Now I'd like to get an understanding of what you hope to achieve with this training. What expectations did you arrive with this morning?

Pass out sticky notes and pens to everyone and ask them to write their hopes and expectations and what they want to achieve with this time together. They should write their hopes for the training on sticky notes and put them on a board at the front.

(The facilitator should acknowledge the goals and group similar ones together. If there are ones that are outside of the scope of the training, note this).

Say: We will be going over the agenda so we can all be clear on what we will and will not cover. However, these are all really valid goals, and if we are not covering something in this workshop, we will keep it in mind and try to have a future session that does address this.

(This activity will help to identify potential champions in the course already--if they have prior knowledge--and will help to make sure we are all clear on what we are hoping to achieve and are realistic. It will help to alleviate disappointment and will acknowledge the time commitment everyone is making.)

Activity 2: Review Agenda - 5 mins.

Instruction: Post the agenda flip charts where all participants can see. Read through each of the sessions and briefly describe the activities of the day.

The facilitator should share copies of the training agenda here.

Activity 3: Review Workshop Logistics - 5 mins.

Instruction: Go over the logistics for the day. Make sure to cover the location of the bathrooms, where breaks and lunch will occur and any other arrangements that have been made, such as any per diems or allowances that are provided during the workshop.

Activity 4: Establish Ground Rules - 10 mins.

Say: We hope that this workshop will be a venue for us to safely talk, share ideas and make decisions together. Before we continue, we need to establish some ground rules to ensure that our conversations will be respectful to everyone and that we will be able to achieve our objectives. What are some ground rules that are important to you?

Instruction: Obtain group consensus for each suggested ground rule and list them on a flip chart. Post the flip chart where all of the participants can see.

Examples of ground rules:

Ground Rules

1. *Be on time.*
2. *Be present and active.*
3. *Avoid using cell phones.*
4. *Ask questions if in doubt or unclear.*
5. *Participate and contribute to the discussion.*
6. *Respect others' opinions and views even if you disagree with them.*
7. *Listen actively when others are speaking.*

8. *Don't be afraid of discomfort.*
9. *Seek honest reflection.*
10. *Be open-minded!*
11. *Suspend judgment, be curious, and be prepared to challenge yourself.*
12. *Give space for all to participate.*
13. *No side conversations.*

Say: Are there any other ground rules you would like to add to the charts? *(Add them to the blank flip chart or at the bottom of the existing flip chart.)* Thank you for your participation!

Activity 5: Share information on the feedback loop/complaints mechanism - 5 mins.

Say: We are going to be talking about sensitive topics throughout the next two days. Discomfort and a wide range of emotions may be experienced given we all have different life experiences and points of view. We want this to be a positive experience and hope we can all play our role in contributing to that goal. We have a few ways you can provide feedback to our team if at any point you feel uncomfortable or want to raise any concerns.

Instruction: Post the Feedback flip chart on the wall. Can look something like this:

Feedback

- Suggestion box: All feedback!
- Point persons: CSO Project Officer
- Email: complaints@grameenfoundation.org

First, at the (location) of the room, we placed a suggestion box and sheets of paper. We encourage you to use this box for both sharing positive feedback as well as any concerns. You can choose to leave your name and a phone number if you'd like us to contact you outside of the workshop. Naana Abena Afadi is also someone, if at any time of the training you need help or want to raise a complaint or concern, you can contact them during this training. Alternatively, you call your CSO Project officer or email us at complaints@grameenfoundation.org.

Summary and Key Messages

The objectives and summary of the training are:

- Sharing the current level of knowledge on the Gender and Gender-Based Violence;
- Sharing their expectations and hopes from workshop;
- Discussing the agenda for the next three days;
- Discussing the logistics (meals, breaks, bathrooms, etc.) regarding the Training;
- Establishing the ground rules;
- Sharing information about feedback loop/complaints mechanism.

Session 3: Alien Arrival

Objectives

By the end of this activity,¹ participant will have:

1. Discussed the difference between sex and gender
2. Reflected on how gender is socially constructed and can be changed

Materials Needed

- Flip charts
- Markers
- 2 pieces of A4 paper for each participant or 2 pieces of flip chart paper
- Prize for winning team's drawing

Time: 60 minutes

Note to Facilitator

As male participants (if present) become more aware of how some gender stereotypes can negatively impact their lives and their collaboration with women, they might think constructively about how to challenge the stereotypes and promote more positive gender roles and relations in their lives and communities. Until they do, it is important to take their fears and concerns seriously, to provide support, and if available introduce them to role models that happily and successfully live the life of a “modern man.”

Activity 1: Introduce the difference between sex and gender, and gender norms – 30 min

Instructions: Pass out a piece of A4 paper to each participant.

Say: We are going to pretend that an alien arrived from space and your job is to draw a picture for the alien to teach them what is a man and a woman. Please draw a picture of a man and a picture of a woman.

There will be a prize for the best drawing with the most detail!

As you are drawing answer the following questions with your pictures:

¹ Some information and activities drawn from Mercy Corp Household Dialogue Toolkit page 20, and SNV Social and Behavior Change Communication to Address Gender Norms that Limit Women's Economic Empowerment.

- How do these individuals look?
- What do they usually do?
- How do they usually dress?
- What jobs do they usually do?
- How and where do they usually spend their time?
- What are their values and beliefs?
- How are they expected to act/ behave in the community?

You will have 10 minutes to work on your drawing.

Instructions: After 10 minutes, ask participants to tape their drawing on the wall and invite participants to do a 5 minute gallery walk. Give a prize to the participant with the most detailed drawing.

Ask:

- What are some of the similarities of the pictures?
- What do the pictures of men have in common?
- What do the pictures of women have in common?
- Did anything in the drawings surprise you?

Say: Thank you for your answers!

Activity 2: Sex versus gender and gender roles – 30 mins.

Say: Let's discuss how we differentiate between men and women further. Here we will be looking a little more into why there are some of these differences.

Ask:

- How can you tell if a person is a man or a woman or if a baby is a boy or a girl?

Notes to Facilitator

Sex describes the physical (biological and physiological) differences between individuals as man or woman. Sex is defined by genetic make-up such as chromosomes, external and internal genitalia, and hormonal status.

Be prepared for a heated discussion. If participants say that differences between man and woman are God-given or are explained in the Bible or Quran, validate that we are NOT saying there are NO differences or that men and women are the same. However, we do want to identify some differences that we assume are natural but aren't – they are cultural norms—and that are harmful, meaning they lead to negative experiences for the people that these norms are ascribed to, and are not positive. We will be exploring these throughout the day.

Also- be aware of statements that could be perceived as body shaming, or that could make people sad- for example if someone says a woman has noticeable breasts or long hair, or that women can bear children (what if a woman is infertile?)

Say: The very most basic answer is the person's sex – the differences between a man's body and a woman's body. The male body is different from the female body. These physical differences are how we identify the sex of a man or the sex of a woman.

Sex characteristics are universal for all humans.

Ask:

- What questions do you have about the definition of sex?

Say: Let's now talk about gender, another word that is used to differentiate men and women and that focuses on what it means to be male and female.

Ask:

- When you hear the word gender, what do you think of?

Instructions: Allow a few individuals to share their definitions.

Say: Unlike sex, which describes different reproductive capacities, or sex differences, gender can be described as how society expects a man or woman to act, look, or what activities they do in the household or at work.

Ask:

- Have any of you been told to "act like a man" or "that's not very ladylike?"
- How did it make you feel?

Say: People are born as man or woman but learn to be girls and boys who grow into males and females. They are taught about appropriate behavior and attitudes, roles and activities for them and how they should relate to other people. Gender roles can vary greatly from one culture to another. Some gender roles are positive, and some are harmful or negative. It is hard for all of us to see where gender roles come from, and that they are not "innate" or natural. They have been around for so long that we don't question them, and we think they are natural, but they are created by society and they serve purposes- some good and some not so good. We will be talking about this more in a later session. They also can change.

Ask:

- What are the main differences between the ways men and women are expected to behave in your community or family?
- How does being a man or a woman differ from the time of your parents?

- How does being a man or a woman influence women's participation in social and business activities?
- What are the changes that have occurred over time – for example from the time of your parents – in relation to men and women roles and why? Are these changes positive or negative? Why?

Say: For example,

- Can you think of ways you were treated differently because you are a woman/man?
- Are there things that you are expected not to do because you are a woman/man?
- What are the consequences of doing these things?

Instructions: Based on the discussion, highlight examples of gender versus sex. For example, masculine or feminine traits, or traditional roles for a man or a woman in a household or in the community. Ask questions about "why" this is. This will help to see if they are engaging with the idea of gender as being constructed. Ask questions about changes they have seen to gender roles, and what they think about these changes.

Summary and Key Messages

- Sex describes the physical (biological and physiological) differences between individuals as man or woman. Sex is defined by genetic make-up such as chromosomes, external and internal genitalia, and hormonal status.
- People are born as man or woman but learn to be girls and boys who grow into males and females.
- Gender is a socially constructed term and can be changed.

Session 4: Introduction to Gender Norms

Objectives

By the end of this activity, participants will have:

- Understood the meaning of “Gender Norms” and shared some examples;
- Discussed how harmful gender norms affect everyone negatively;
- Discussed how our family and community’s expectations of us influence what we do and don’t do.

Materials Needed

- Baby doll or some object that can serve as a baby during the skit
- Water jug (typically carried on top of one’s head)

Time: 60 minutes

Activity 1: Introduction to gender norms – 30 mins.

Say: It is important to remember that gender and the experiences of power vary across cultures; it is what we learn from the community as we grow up and is continually subject to change. Sometimes what we expect from a woman or a man can be positive and contributes to the household and community. Other times though, traditions based on norms about gender can prevent a person’s ability to live a life of their choosing – such as if they can make decisions or not, participate in certain activities in the home or community, and if they are respected and equal with other members of the community. Some traditions can even lead to violence. Both men and women can suffer as a result of gender norms that are harmful and the traditions related to them.

Provide this definition: Gender norms are the accepted standards and expectations to which gender identity generally conforms, within a given context. Gender norms are ideas about how women, men, girls and boys should behave and act. They are usually informal but can sometimes be expressed in policies and laws but are usually expressed through traditions.

Now I’m going to break everyone up into two groups: one group of women and one group of men, if men are not present, then two groups of women. When you get to your groups, choose one person that will serve as a spokesperson for the group. After you discuss a question, I will give to each of your groups, this spokesperson will share what was discussed in the group. You will have about 10 minutes to discuss in your groups and then we will share.

Ask:

Can you give some examples of gender norms that affect men and gender norms that affect women? Positives and negatives, or helpful and harmful gender norms are welcome. For example, what about

if a man might be prevented from doing things that he wants to because of the family's/community's expectations of him? What about if a woman might be prevented from doing things that she wants to do because of the family's/community's expectations of her?

[For example, a man might want to cook a favorite dish for his family but this might be frowned upon by others because he is not acting like a traditional man. Or a man might be OK with having his wife be a breadwinner, but his family or the wider community believes that it is his role as the man to be the only breadwinner in the family. For example, a woman might want to have a small business to earn extra money but this might be frowned upon by others because she is not acting as a traditional woman.]

Instruction: After 10 minutes, pull the groups back together. Ask the spokespersons to share what were the key points of discussions/responses to the questions. Ask the participants from the opposite-sex group to add any additional ideas that came to mind for them. Thank everyone for their participation.

Activity 2: Skit - 30 mins.

Say: Now, Let's look at an example of how gendered expectations of a man's work and a woman's work may not always make sense.

Instructions: The two facilitators (or volunteers who would have time to practice) act out the following skit.

Sharing household chores:

Narrator: Ahmed and his wife Mariam, live together in the village of Salvelugu with their 2-month-old baby. Every day Mariam goes to the well and leaves her baby asleep in the house. Today, the baby woke up and began to cry.

Ahmed: Mariam! Mariam! Where are you? Wait...maybe she went to the well.

Ahmed takes the child and goes to the village well. On his way he sees Mariam carrying a can of water on her head.

Ahmed: Here take your child, he won't stop crying.

Mariam: Please, be patient, can't you see I have a can of water on my head? Can you carry the water so I can feed him?

Ahmed: What?! Have you ever seen a husband carrying water for his wife in this village?

Mariam: But I can't feed the baby with this can on my head!

Ahmed: No, I can't do it! Do you want people to make fun of me?

Mariam: Fine. Why don't you take him and feed him yourself? It's your child too, right?

Ahmed: Don't make fun of me, you know very well that I don't have breasts to feed him.

Mariam: Exactly! That's why I'm begging you to help me with the water can. Look, he's crying.

Ahmed: But you know that fetching water is a woman's job.

Mariam: Yes, but men can do it, too. Besides, you are very strong, so it might be easier for you. And haven't you noticed in the neighboring village that it's men who fetch the water? Plus, I am the only one who can breastfeed our baby!

(After a few minutes of silence)

Ahmed: You are right, it never occurred to me. Here, give me the can! I will take it for you, and I can be an example for other men in our village.

Ask:

- Can we see how some of these gender norms are harmful?
- Have these gender norms changed through the years?
- What are the conditions needed for a man or woman to change gender traditions in their household or community? Can any of you share an example of how a woman is successful at doing something most men don't believe a woman should do, or vice versa, something a man now does that most men believe a man shouldn't do?

Say: Many gender norms and traditions create preferential treatment of sons, discriminating against daughters and women from birth. This can lead to violence and hurt individuals, families, and the community.

Many societies' practices – whether they negotiate with partners about family planning, shared decision-making, caring for the children they father, or using violence against a partner – are, in fact, rooted in the way they were raised in their families and communities based on gender norms. In many settings, men and boys may learn that being a “real man” means being strong and tough and that as the “breadwinner” and/or “head of the family” they are entitled to have the final word in their relationships and families in a “power over” manner. They may also be raised not to express their emotions and to use power or violence to resolve conflicts to maintain their “honor.” They may feel like “less of” a man if their wife works or brings in an income because that is their responsibility. The process of changing how we raise girls and boys and how we view women and men is not easy, but it is a necessary part of promoting healthier and more equitable communities that engage in collective decision-making and power with each other.

Ask:

- What questions do you have? What are your thoughts? Did anything strike you as particularly interesting?

Summary and Key Messages

- Gender norms are the accepted standards and expectations to which gender identity generally conforms, within a given context.
- Gender norms are ideas about how women, men, girls, and boys should behave and act. They can be helpful or harmful.
- Gender norms change over time and societies that develop are always working to improve their gender norms for the benefit of the members in the communities.

Session 5: Power Dynamics within the Community

Objectives

By the end of this activity, participants will have:

- Described power over, power to, power with and power within
- Identified individuals with power in the community and diverse power relationships
- Explained the consequences of power imbalances between men and women in the community
- Discussed actions one can take to balance power in our households and communities

Materials Needed

- Name tags with names of community member characters (see activity 2, Community Power Walkabout for suggested names).²
- Paper
- Pens/pencils

Time: 1 hour 10 minutes

Activity 1: Introduction – 20 mins.

Say: In our last session we discussed the difference between sex and gender.

Ask:

- Do you have any remaining questions about sex and gender and gender norms?

Say: Oftentimes beliefs in the community based on gender norms affect what is expected of them, what they can do and become and how much power they have.

Ask:

- Are men and women and boys and girls in your community treated similarly? What are the differences?
- Who has more opportunities? [Probe about education opportunities, inheritance practices, formal leadership structures, marital rights etc.]
- Are men and boys seen as more valuable than girls and women? Why or why not?
- Whose opinion do people respect more?
- What are the consequences of these views?

² Information and Activities in this section based on Bantwana Community Dialogues on Gender-Based Violence, page 17 (Power walkabout).

Notes to Facilitator

Make sure to give space to everyone to share and ensure that no one person is dominating the conversation. If so, gently encourage those who are quiet to share their thoughts.

Say: When communities value men more than women, men end up having more power over themselves and their life choices than women do. Indeed, men are allowed to more freely use their influence and power, while women are restricted in using theirs, thereby allowing **some** men to use their power over women. Today, we are going to explore the consequences of this power imbalance between men and women. The first thing we need to do is define power. This isn't an easy definition.

- What does power mean to you?

Notes to the facilitator: listen to their definitions, then provide the following. If someone came up with one of these, give them credit, so in the definition, include "Just like xx said" or something similar.

It can be helpful to look at power in four ways. Power over, power to, power with, and power within.

Power over: This is the most common understanding of power. It is the capacity to influence or compel action of others. It is closely linked with control.

Power to: This is more about the individual being able to exercise control over their own life choices. Power means people are able to shape their lives and make decisions (and act on those decisions) about what is best for them. Some cultures and communities place a great emphasis on individuals being able to control their own destinies. Others focus more on the community, or extended family influencing decisions, so power can be very influenced by cultural norms.

Power with: This is where individuals make decisions together and share a sense of control, influence, and ownership. As with the above definition, some communities and cultures are more open to the idea of power than others.

Power within: this happens inside a person, it is about their ability to recognize and see their worth and value, and their ability to engage in power to and power with.

Ask:

- What do we think about these definitions? How do they feel to us? What types of power are traditionally exercised most in your culture?
- What are some of the ways that men have any types of power we have explored vs. how women have power? over themselves?
- Would you agree that there can be a power imbalance between men and women? Why or why not? [Probe about decision-making power, mobility, respect, education opportunities,

inheritance practices, land ownership, formal leadership structures, marital rights, tribal decision-making, community decision-making structures, etc.]

- Because of the difference in power between women and men in most intimate relationships, who is more vulnerable? Why?

Note to Facilitator

Some participants may say that men are more vulnerable. This is okay. Probe further using questions such as “Who is more likely to face physical violence from their partner? Who usually has control of household funds and properties? Who is the usual initiator of sex?” Let participants discuss among themselves to reach the conclusion that women are more vulnerable than men in intimate relationships, and that men tend to have power over women, as well as the power to.

Activity 2: Community Power Walkabout – 40 mins.

Say: Now we are going to play a game to explore this balance of power further, and to look at how different social categorizations and life circumstances can affect power

Instructions: Pass out a name tag, a piece of paper (if different languages are being used in the group, you might also want to put a small stick figure or graphic to depict the person), and a pen to each participant. Try to give men female roles and women male roles. Please give everyone a role. If you have a very limited group, please pick a mix of characters who have varying degrees of power, do not only include the first ones (or last ones) on the list.

Sample characters:

Male Doctor	Male Soldier
Female Doctor	Homeless Male
Female Judge	Queen Mother
Male Judge	Male Member of Parliament
Male University Student	Female Member of Parliament
Female University Student	Sugar Daddy
Male Police Officer	Adolescent Girl from a Wealthy Family
Female Police Officer	Male Taxi Driver
Businessman	Male Clan Chief

Businesswoman with multiple businesses and a strong online presence	Male Butcher
Poor Widower	Poor Male Carpenter
Poor Widow	Female engaged in Survival Sex
Female Local Leader	Male Priest
Male Local Leader	Female Market Seller with small struggling stall
Female Soldier	Female Hairdresser
Slay Queen	Orphan Girl

Say: Tape your name tag to the front of your body or hold them up so they are visible. Each name tag represents a person in your community. Walk around the circle as if you are the character on your name tag. Using your papers, you want to collect as many signatures as possible from the characters you encounter. **However, you can only get a signature from those who you feel have less power than you in the community. If you and the other character agree that you have more power than they do, then they have to sign your paper, but you do not sign theirs.** If you and another character cannot agree on who has more power – from the perspective of society as a whole – then neither of you should give a signature.

You will have about 10 minutes to get signatures. Please interact with everyone in the group and try to gather as many signatures as you can.

Ask:

- What questions do you have about the activity?

Instructions: Allow participants to get signatures for 10 minutes then call stop and gather everyone back together for a discussion.

Ask:

- How did you feel during this exercise?
- How did it feel giving your signature?
- How did it feel taking the signatures of others?

Say: Now let's explore who gathered signatures from who.

If you were a female character, please raise your hand.

Ask:

- How many signatures did you gather, and mainly from what types of people, men or women?

Instructions: Ask all the male characters to raise their hands. Ask each of them how many signatures they gathered.

Ask:

- What does this difference in the numbers tell us about who in the community has the most power and freedom to use their power?
- Were there any encounters where it was not clear which character should give the signature, or if there was disagreement? If so, which ones? Why was there disagreement?
- Did male characters feel more powerful? If so, why do you think the male characters often felt more powerful than the females?
- Why did some women gather signatures?
- What about the orphan girl? What does this tell us about her vulnerability?
- When men often feel more powerful than women, how do you think some women become a leader or a judge or businesswoman anyway?

Generally, as a group, men have power over women, even though in individual cases a woman may have more power “to” than a man, especially if she is economically advantaged. Although many men may strive for equality in their relationships, other men can still have power over women. This affects women’s choices and movement in the community.

Activity 3: Decision and Action Point - 10 mins.

Say: What decisions do you feel we can individually take to balance power in our households and our communities? What are some ways we can engage in power “with” each other, as opposed to power over each other? What decisions do you think can be easily taken and what decisions would be more difficult and why?

Say: Do you have any more questions for me? Thank you for your participation. Let’s move to our next session.

Summary and Key Messages

- There are different types of power—power over, power to, power with and power within.
- When communities value men more than women, most men end up having more power over women and more power to live their lives in a way that they choose. Indeed, men are allowed to more freely use their influence and power, while women are restricted in using theirs, thereby allowing some men to use their power over women.
- There are always exceptions based on intersecting identity factors and lived experiences. We are always talking about how things are in general, or for most, we can never capture how things are for everyone.

Session 6: Mistreatment and Gender-Based Violence (GBV)

Objectives

By the end of this activity, participants will have:

- Defined GBV and mistreatment;
- Explored how power imbalances and harmful gender norms contribute to myths about GBV that “normalize” it;
- Identified the root causes of GBV;
- Identified consequences of GBV;
- Discussed ideas of ways communities can reduce GBV.

Materials/Preparation Needed

- Five pieces of flip-chart paper:
 - Outline a tree with roots on each piece of paper. On the trunk of tree 1 write “physical violence;” tree 2 write “emotional violence;” tree 3 write “economic violence;” tree 4 write “sexual violence;” on tree 5 write “child marriage”.
- Three signs/flip charts marked with “Myth”, “Reality”, “Unsure”
- Markers/pens/pencils
- Tape to post flip charts

Time: 1 hour 25 minutes

Note to Facilitator

It is important to remind the participants of the importance of confidentiality for this session and adhering to the workshop norms. Be prepared to refer survivors who may disclose violence. If statements of blame occur, use the redirect referral mechanism. Knowing how to redirect statements of blame will help you facilitate an inclusive discussion in which everyone can contribute. Also, remind participants of the ground rules established at the beginning of the training regarding respecting others’ opinions and views even if you disagree with them. *Find more details under “Understanding the Role of Facilitators” in the Introduction section of this guide.*

Note to Facilitator

According to [USAID](#): Gender-Based Violence (GBV) is an umbrella term for any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. It is rooted in structural gender inequalities, patriarchy,

and power imbalances. GBV is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social, and other forms of control and/or abuse. GBV impacts individuals across the life course and has direct and indirect costs to families, communities, economies, global public health, and development.

Activity 1: Defining Gender-Based Violence - 15 mins.

Say: So far in our conversations, we have discussed sex, gender, gender norms and power. Now we are going to discuss how our gender can result in mistreatment and how it affects everyone in the community either directly or indirectly. This is a sensitive topic to discuss, and we want to make sure everyone feels safe, and we want every voice to be heard. Please do not use people's names when sharing stories or experiences. Remember, there are no right or wrong answers and you have the right to your own opinion. Please remember the content warning: some stories that people share may be upsetting, so please try to make some time for self-care.

Instructions: Put all the women in one group and all the men in another group, or break up the women into two groups if the men are not present. Have women in the women's group number off such that each person is randomly paired with another woman. Similarly, do this for the men. Have the pairs answer the following question. Each person should each have 1-2 minutes to talk. In total, the pairs should talk for approximately 5 minutes.

Ask:

- When you hear the term mistreatment, what do you think it means?

(After the discussion pairing is over, please have a few volunteers share what they discussed in their small group, for about 5 minutes.)

Say (and show slide): Thank you for your ideas. When we talk about mistreatment that happens to someone as a result of their gender-or because they do not fit in with the gender norms (sometimes harmful) of the community they live in, this is known as a specific type of mistreatment called Gender based Violence. Remember our discussion of how sometimes harmful gender norms can result in violence? We will be talking about that now. Gender-based violence, or GBV is a type of mistreatment that could be physical, sexual, mental harm or suffering, economic, can include domestic or intimate partner violence, forcing a person to commit sexual acts for money, sexual harassment, harmful traditional practice such as female genital cutting or mutilation, denial of resources or opportunities (such as forbidding a person from working or taking the money they've earned without their permission), child marriage, trafficking of persons, sexual harassment and sex-selected abortion. We are talking about any form of mistreatment that is threatened or directed towards another person based on their sex, gender identity, or due to society's expectations of a man or women rooted in harmful gender norms--some people may call this GBV. For this reason, we are going to use the concept of GBV throughout the next several sessions.

Slide:

Gender-based Violence (GBV)

Is any harmful act that is threatened or perpetrated against a person's will and is based on harmful social norms that subordinate a person to another person or group.

It includes acts that inflict or threaten:

- Physical - domestic or intimate partner violence;
- Sexual - rape, forcing a person to commit sexual acts for money, sexual harassment;
- Harmful traditional practices - female genital cutting;
- Mental harm or suffering;
- Economic coercion - denial of resources, forbidding a person from working or taking money they've earned without their permission;
- Child marriage;
- Trafficking of persons;
- Deprivations of freedom;
- Widowhood rites.

Ask: How many of you have heard of the term gender-based violence or GBV? How does this term vary from the conversation you had about the concept of mistreatment?

While men, women, boys, and girls alike can all face mistreatment by people who hold more power than them, globally it is usually women and girls who experience mistreatment, and mistreatment is often underreported. **Ask? Why do you think it is that globally women and girls experience GBV the most?** *(Invite the participants to think back to the earlier sessions...see if they come up with harmful gender norms or power imbalances).*

Say: GBV is rooted in and sustained by harmful gender norms and the power imbalances and gender inequities that we discussed in our last session. GBV not only affects the person experiencing it, but also it affects entire families, communities, and the economy.

Ask:

- How do these definitions differ from your earlier discussion?
- What are some general examples of GBV that you have heard about? *(When you are discussing, make sure to not share any names or personal information about the people involved. You can just say, "I am aware of this happening" and then share the general type of violence that occurred. Do not say, for example, "My neighbor (Patience) was beaten up by her husband." This is to protect the privacy of people in our community, especially the victim. If this is happening to you, or someone you*

know, please refer to the list of service providers we will be working on in this workshop. You can share this list with the person you know if you think it would be helpful.)

- How common do you think GBV is? (Give them time to answer, then say the following:) Did you know that according to the international organizations, like the World Bank, that GBV is considered a global pandemic that affects one in every three women in their lifetime?
- How do these examples differ from violence in general?
- How do you think GBV relates to some of the things we have been discussing earlier, like power and harmful gender norms? Can you give any examples of how power imbalances and harmful gender norms can be a cause of, or perpetuate acceptance of GBV?
- What questions do you have?

Activity 2: Five types of GBV - 35 mins

Say: We are going to explore five types of gender-based violence to better understand the causes and how to prevent it.

Five categories of GBV that we want to discuss are:

1. Physical, when someone physically hurts another person's body;
2. Emotional, when someone hurts feelings or manipulates emotions, scare another person, isolates a person from family and friends, makes them feel worthless, or tries to make them believe they are “crazy” or unstable;
3. Economic, when someone controls access to property, money, or resources, forbids attendance at school or employment; and
4. Sexual, is when someone controls or enforces sexual activity without consent;
5. Early and Forced Marriage. Early marriage is when a person aged less than 18 years, usually a girl, is married, sometimes boys are also victims. Persons less than 18 years cannot consent and therefore cannot be party to any marriage. Forced marriage is when one or more of the parties are married against their will. A marriage can become forced if someone who had entered it with consent is forced to stay in the marriage against their will.

Let's explore these types of GBV further. Just like a tree has roots in the ground, GBV has many roots or causes. Just like a tree has branches that can grow to be very large, GBV has consequences that are very far-reaching.

We are going to divide into five groups, each focusing on a different type of violence.

Instructions: Divide the group into five groups and pass out a tree picture to each group with a marker. Make sure there is one person with a sufficient literacy level per group. If literacy is low this activity can be done as a group with one of the facilitators acting as a scribe. The group can also draw pictures instead of using words.

Say: In your groups, think about what might be some of the far-reaching experiences of GBV on the trunk of your tree. On the roots of the tree, write what you think are the “root causes.” Who are the

people most vulnerable to these forms of GBV? On the branches of the tree, write examples of that type of GBV. On the leaves write the negative consequences of the GBV for everyone (the survivor, the family, the children, the community).

You will have 15 minutes to work in your groups. When you are finished, be prepared to share your picture with the group.

Ask: What questions do you have about the activity?

Say: You may begin.

Instructions: After 15 minutes, call the group back together and ask each group to present their picture.

After groups have presented, share the following slides that also highlight the types of consequences one might expect from different forms of mistreatment. Share that there are consequences for the survivor, the family, and for the community.

CONSEQUENCES of GBV for the SURVIVOR			
Physical health consequences	Psychological health consequences	Social consequences	Economic consequences
Physical injury or disability	Depression	Victim-blaming	Decreased earning/capacity and contribution
Sexually transmitted infections, including HIV/AIDS	Fear and anxiety	Stigmatization and fear of retaliation	Limited control over income
Unwanted pregnancy	Self-blame, guilt, shame	Rejection or isolation by family and/or community	Increased poverty or vulnerability to poverty
Unsafe abortion, miscarriage, fistula	Re-experiencing traumatic events, flashbacks	Forced marriage	Fear of continuing to work or to continue their business
Chronic pain, sleeping and eating disorders	Mental illness	Death or honor killings	Fear of seeking support from financial and business development service providers (due to sexual harassment)
Death	Suicidal thoughts and actions		Fear to take initiative in one's life.

Also highlight the type of consequences the family might experience if someone in the family is facing GBV by another person in the family.

CONSEQUENCES of GBV for the FAMILY

- Survivor withdraws from family
- Less income for the family
- Children are malnourished
- Children's education suffers
- Women and girls are unable to carry out their household duties
- Male family members have increased responsibilities and stress
- Children feel sad
- Children begin to think mistreatment is normal and may do it in their home when they grow up
- Medical bills

CONSEQUENCES of GBV for the COMMUNITY

- Community doesn't benefit from the gifts and talents of all individuals.
- Communities turn against their members rather than protecting them, which tears communities apart.
- Acts of violence, like rape, are used as weapons of war by combatants, which can traumatize entire communities.
- There are great economic costs for GBV: According to the World Bank, in some countries, violence against women can cost countries almost 4% of their economy. This is more than twice what most governments spend on education.
- Self-perpetuated poverty: child marriage, disability and illnesses can keep or drive entire families into poverty.

Ask: Can you identify any other consequences of mistreatment, either by individuals, families or communities?

Activity 3: Identify common myths rooted in harmful gender norms that perpetuate mistreatment – 25 mins.

Step 1.

Say: Now, we are going to talk about some common myths and realities to better understand how GBV can become normalized, or perpetuated in society. To be clear, a myth is something that is widely believed to be true but is false. Reality is the state of things as they truly are. Look at the following example.

Myth: All boys like to play sports.

Reality: Some boys and some girls like to play sports.

Say: Myths about gender roles often contribute to GBV because some people believe that it is ok to beat or harm a woman or girl when she does not follow the typical roles or responsibilities expected of a woman. For example

Myth: It is the job of women to clean the home well, and if she does not it is okay to beat her to teach her a lesson.

Reality: A husband and wife can split up the household workload in the way that works best for both of them. And it is never ok to beat someone.

Step 2.

(Instruction: Paste three flip chart papers on the three corners of the wall. One should say 'Myth', one will say 'Reality', and one will say 'Unsure').

Say: Now, we are going to do an activity. I am going to say a statement, and every participant should stand in the Myth, Reality, or Unsure corner depending on whether you think my statement is a Myth or Reality. Does anyone have any questions before we start?

(Instruction: Read each of the following statements one at a time. After reading the statement, allow participants to join the corner of their choice. After participants have gathered in their respective corners, ask a few volunteers to explain their thinking for choosing a particular corner. At the end of each statement, the facilitator explains whether the statement is a myth or reality. If a person disputes or argues whether a statement is a myth or reality (or not) that conflicts with the answer, put the question back out to the group for them to respond with their own reactions to the dispute. If it's highly sensitive, you may wish to break people up into smaller groups (men with men, women with women) to allow them to reflect on the point/dispute and have a spokesperson share with the larger group the key points of their discussion.) If at any point the conversation is not productive and it's clear no agreement will be found, you may have to thank the participants for their contributions and indicate it's ok that we always don't agree. Given time constraints you may simply have to move on to another conversation).

Myths vs Reality

1. Women who dress in revealing or modern clothes are promiscuous so it is ok to sexually harass or rape them. It is their fault if they become victims.

(MYTH) Cultural norms around what is appropriate or not appropriate for a woman to wear in public are not an excuse to act violently towards women. Women have the right to wear what they want without being violated. Men are responsible for their violent behavior toward women.

2. Many women and girls are sexually violated by someone close to them, including their partners, husbands, fathers, priests, friends, colleagues, and bosses.

(REALITY) Sexual violence is often perpetrated by someone close to the survivor. It is important to remember that no one has the right to violate a person, no matter what their relationship is to that person.

3. Wife-beating is a normal part of many marriages and relationships.

(MYTH) Disagreements, arguments, and disputes are normal in all human relationships; however, using violence to solve problems is not an acceptable solution.

Violence is also not a very effective solution since it breeds resentment between husbands and wives and the wife's family and leads to unhappy marriages.

4. Women who go out in the evenings are to blame if they are raped.

(MYTH) Women have to go out in the evenings for many reasons, including for work or to travel home from a supplier; and they should not be put in danger because of this.

Widows and other single women are in an especially difficult position because they are often the sole breadwinner for their families.

Step 3.

Wrap up by saying: Cultural myths like the ones we have talked about today are related to harmful gender norms making people think GBV is acceptable. But, as we discussed, in reality GBV has many negative consequences on survivors and their families, including physical, emotional, social, and economic consequences.

Remember earlier we talked about the forms of power, and one of the types of power is having “power over” someone. What are some ways we can all work together as families and communities to have “power with” each other to help dispel myths, challenge harmful gender norms, and combat GBV and promote behavior that benefits everyone?

One way is to be open and share information- for example, information about services people can access if they are facing GBV. Being open about this, de-stigmatizes GBV and brings it into the open.

Ask:

- What questions do you have about gender-based violence?
- How could men help reduce gender-based violence and/or harmful norms around gender-based violence?
- How could women help reduce gender-based violence and/or harmful norms around gender-based violence?

Say: Thank you for your participation!

Summary and Key Messages

- Gender-Based Violence (GBV) is an umbrella term for any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. GBV is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social, and other forms of control and/or abuse.
- It is rooted in structural gender inequalities, harmful gender norms, traditions and myths, and power imbalances.
- GBV impacts individuals across the life course and has direct and indirect costs to individuals, families, communities, and economies.

Session 7: Role as an Agent and GBV

Objectives

By the end of this activity, participants will have:

1. Discussed what a DFS+ agent should and shouldn't do as it relates to GBV.
2. Discussed what a DFS+ agent should and shouldn't say as it relates to GBV.
3. Reviewed the GBV Pocket Guide.
4. Discussed challenges that might arise.

Materials/Preparation Needed

- Have copies, one for each person of the following document: PocketGuide.
- Also, download this same guide onto the agents' mobile phones or tablets.

Time: 2 hours 10 minutes

Activity 1: Role of GBV Experts- 25 mins

Note to facilitator: Use slides below and have participants follow-along on their printout.

Say: Now we are going to transition to talking about the role you will play as a DFS+ agent to share information about GBV services and how to engage with GBV survivors in your community if they disclose GBV to you. Before we do that, we must first talk about what the experts that work to support people who have experienced GBV do and how this compares to what you will do as a non-expert and in your role as a DFS+ agent. **We want you to feel comfortable and safe in your role, and to rest assured knowing you are not expected to be an “expert” or to engage in any heavy-duty response activities. Your role is to share information.**

Show slide below. Say: Experts who support individuals who experience GBV develop plans and services that help support them. They share information, identify services, and help individuals receive the support they need to leave an abusive relationship, receive medical services, counseling and legal support. In Ghana, the Department of Social Welfare (DSW), DOVVSU, health providers and some NGOs are considered experts.

ROLES of GBV EXPERTS			
1	2	3	4
Coordinate services between service providers	Share information among service providers	Identify services that individuals need	Coordinate services for individuals and follow them through a referral pathway

(Note to facilitator: If DOVVSU, DSW, health professionals are able to attend the workshop, invite each person to speak about 5-10 minutes about how they coordinate with the other GBV referral actors and what a survivor should expect when they seek support from them. This should take about 20 minutes maximum.)

Activity 2: Guiding GBV Principles and Safe Responses as an a Non- GBV Expert - 15 mins

Say: This session is about your role as a person who has not been trained professionally in how to support individuals who have experienced GBV. **Your role is to share information on available GBV response services and how to link with them, not to respond to GBV.**

As a DFS agent sharing information on available GBV services-

Show slide and say:

There are four principles we have to remember.

1. **Safety.** The safety of the individual experiencing mistreatment and her family should be ensured at all times. Keeping individuals safe should be a number one priority, but you are not a trained GBV service provider or responder. So, the best way you can keep someone safe is by sharing information with them on choices available to them, and in some instances to help them connect with a service provider who can keep them safe *if this is what they want*. Individuals experiencing mistreatment are at heightened risk of ongoing violence (e.g. domestic violence), murder or suicide, as well as social discrimination and isolation. Incidents of mistreatment also affect an individual's sense of security and trust in other people. The world may suddenly seem a dangerous, chaotic, or unsafe place. Naturally enough, individuals experiencing mistreatment may lose their belief in the goodness of humankind. Helpers should try to support them by staying close and remaining calm, even if the person is extremely distressed. Being genuine and honest will help the distressed person to rebuild a sense of trust and safety and begin the recovery process. If someone is visibly distressed, perhaps they need to sit down, or go to a quiet place away from the hustle and bustle of the market area to gather themselves and their thoughts. If possible, you can ask the person if they would like to go somewhere and talk. A mosque or a church is a good location to consider. Never go to your home or their home. Do not take them to a different location unless they are ok with that. If they would feel more safe talking with you at your kiosk, that is their choice. However, this may make any conversation you have with them be something that others can overhear, which would impact confidentiality, which is something we are going to talk about next. Please let them know this.
2. **Confidentiality.** Maintaining confidentiality means that information about individuals experiencing mistreatment should not be shared with others without their informed consent. Confidentiality means not sharing information with doctors, other NGOs, co-workers, family members, the media, etc. without consent. Informed consent is when the survivor at a

minimum verbally agrees to have you share information with others. Disclosure of confidential information can expose individuals experiencing mistreatment to severe social stigma. In some societies people affected by violence will be punished or at risk of losing their life (together with those of their immediate family). They may be isolated or rejected from their families and the community. Confidentiality is therefore paramount in all aspects of support for individuals experiencing mistreatment. The threat of discrimination, social isolation and punishment is very real. Individuals will be frightened that information about them could become public. Helpers must always inform those they are supporting that no information will be shared unless consent is given. The fact that a person has shared his/her story with you is a big step and a sign of trust. All personal information should therefore be treated extremely carefully. Maintaining confidentiality always is an important strategy to ensure the safety of the individual and to minimize the risk of discrimination and isolation.

3. **Respect.** Respect means seeing the individual experiencing mistreatment as the primary actor in the situation. This means you prioritize their wishes. The role of helpers is to provide resources for problem-solving, such as clear information on the choices available to them. Loss of control is a central element of GBV. During the recovery process, an individual has to gain back a sense of control over his/her life. The failure to respect the individual's right to find their own solutions can increase their feelings of helplessness and dependency on others. The work of the helper should always be to help a GBV survivor to feel strong and competent and to give them clear, accurate and complete information they need to make their own decisions.
4. **Non-discrimination.** All people have the right to the best possible assistance without discrimination, on the basis of gender, age, disability, race, color, language, religious or political beliefs, sexual orientation, status or social class, etc. To offer support in a non-discriminative way, we need to be aware of our own preferences or prejudices.

Slide:

Four Principles to Remember	
SAFETY #1 Priority	CONFIDENTIALITY Do not share any information without the individual's consent.
RESPECT Respect the individual's choices, wishes, rights, dignity	NON-DISCRIMINATION Provide equal and fair treatment.

Say and share slide: Next, let's focus on how these principles guide what we should or should not do when an individual who has experienced mistreatment approaches us.

- It IS your duty to focus on the individual's safety. Confidentiality and privacy are a must. Do NOT share any information that the individual shares with you, even with your own family.
- It IS your duty to respect and protect the rights and needs of all persons in need, and to not make assumptions or judgments.
- It IS your role to provide a listening ear, free of judgment, and to provide accurate, up-to-date information on available services, how to access them, and what they could expect to encounter if they seek assistance and let the individual make their own choices.
- It is NOT your role to seek out an individual who is experiencing mistreatment. This can cause more harm. Instead, we are going to talk about how to be a helpful resource in your community in general and if someone approaches you for help.
- Your role is NOT to provide counseling, conduct an interview, conduct mediation, understand what happened and the details, tell them what to do or give your own opinion.

YOUR ROLE AS A DFS+ AGENT & GBV

DO	DO NOT
<ul style="list-style-type: none"> • Focus on your role as a provider of clear and up to date information about GBV response actors; what these actors do; what people can expect when they go to the actor or agency; and how people can access them or “link” with them. You can do this through displaying information on your kiosk, through awareness raising sessions, or other ways. Please work out with the CSO supporting you what will work best for you. • Focus on the GBV survivor’s safety if someone discloses GBV to you. Do not ignore the disclosure. • Protect confidentiality and privacy. • Provide a listening ear. • Respect the GBV survivor’s decisions and wishes, her/his dignity, and let her/him make her/his own decision. • Provide equal and fair information to anyone seeking support. 	<ul style="list-style-type: none"> • Do NOT seek out individuals who may be experiencing GBV. This can cause more harm. • Do NOT act as the first place for survivors to get assistance. This is the role of trained responders and service providers. • Do NOT counsel a GBV survivor. • Do NOT tell them what to do. • Do NOT go to their house or take them to your house. • Do NOT ignore the disclosure. • Do NOT conduct an interview or seek details from the GBV survivor. • Do NOT interview witnesses. • Do NOT investigate the incident or try to verify if the abuse is true or not. • Do NOT tell them what to do. • Do NOT give your own opinion. • Do NOT judge. • Do NOT take photos. • Do NOT record them. • Do NOT insist on meeting with the survivor and their spouse to try to mediate or reconcile them. • Do NOT make assumptions. • Do NOT try to follow up with an expert or a service provider if the person tells you they are going to go to that provider to seek help. • Do NOT share anything the individual has shared with you, with your spouse, family, or friends. • Do NOT encourage the person to return to the source of abuse e.g. family member; and • Do NOT do anything that is against the survivor’s wishes or without his/her consent (unless the life of others is endangered).

Say: If we apply the attitudes we discussed earlier towards what we should or should not do if an individual who has experienced mistreatment approaches us, we see that:

From a survivor's perspective		
To be treated with dignity and respect	Versus	To be treated with victim-blaming attitudes
To have the power to choose		Feeling powerless and being told what to do or what "is best"
To have one's privacy and confidentiality upheld		Feeling shame and stigma, including having one's experiences shared without their consent
To be free from discrimination and judgement		Discrimination based on gender, ethnicity, age, marital status, religion, circumstances, etc.
To have accurate access to information		To have limited or incomplete information on available options
Feeling safe and secure disclosing their experience to you because you actively listen, support and provide available information		Feeling less safe after disclosing their experience to you.

Ask: **What questions do you have about these differences?**

Say: Next, let's take a deeper look at the attitudes that we may confront within ourselves or within others, some of these are beliefs we talked about earlier when we discussed myths vs reality. First of all, we have to recognize that individuals who experience GBV are never responsible for the violence they experience. The use of violence is always a choice made by perpetrators. *(Note to facilitator: read the negative belief first, then the associated supportive attitude and belief.)*

Negative Beliefs	Supportive and True Attitudes and Beliefs
If women or girls who behave inappropriately are raped, it is their fault.	Rape is a choice made by the perpetrator to use his power over another person. It is never the fault of the survivor. Acts of GBV are always the fault of the perpetrator.

A woman causes her husband's violence because of her own behavior.	Acts of GBV are always the fault of the perpetrator. It is never justified in a relationship.
A person who forces another person to have sex is just a person who cannot control their own sexual desire.	Most rapists are motivated by power, anger, or control, not their desire to have sex. Men can control their sexual impulses. Most rapes are planned in advance--the man is in control when he rapes.
Intimate partner violence (IPV)/domestic violence is a family matter and should be handled within the family.	IPV should be a significant safety and health concern for the community and is a crime in many countries. Thousands of women are killed every year due to IPV. IPV survivors deserve community support.
Most men beat their wives only after taking drugs or drinking.	Drugs and alcohol can be a contributing factor to GBV. However, only the choice to use violence, power and control by the perpetrator is the cause of GBV. Not all perpetrators who drink or use drugs abuse their partners. Perpetrators who use drugs and alcohol decide who they abuse, which shows that they are choosing who to be violent towards.
If a person has disclosed GBV to you but they seem to not be clear on the situation, they are making up the incident.	The psychological and physical response to trauma may lead a survivor to be confused and unable to be clear about the event. Do not push them, your job is not to press for answers or to conduct an "interview" it is simply to get them the information they need to be able to make a choice.

Ask: What other negative beliefs or attitudes might you add to this list? What would be the true attitude that you'd suggest corresponds to the negative attitude?

Activity 3: What to say and NOT say to a GBV survivor -- 20 mins.

Say: Remember-your role is not to actively seek out GBV survivors. However, if someone does disclose GBV to you, active listening is a key element of supportive communication. Active listening in support situations means focusing on the speaker. This means not only listening to what is being said, but also registering movements, body language, tone of voice and facial expressions. It gives the speaker space and time to talk, without the helper interrupting by expressing their own thoughts and feelings.

ACTIVE LISTENING is VERBAL and NON-VERBAL...

- Maintaining eye contact (if this is culturally appropriate) without staring
- Focusing on the survivor and give them room to talk, rather than guessing or preparing what you are going to say
- Using clarifying questions and summarizing statements, e.g. "What do you mean by saying ..."; "I am not sure I understand what you mean when you mention ..."; "Are you saying that you ..."; "Did I understand you correctly ..."
- Avoiding giving opinions or arguing
- Using your own body language to convey your attention
- Confirming you hear and understand what the survivor is saying, using words like 'yes,' and 'hm,' and 'go on'
- Allowing time for silence and thoughts.

Say: People affected by GBV often blame themselves. Helpers must communicate that GBV is always the fault of the perpetrator and never the fault of the survivor. Instead of telling survivors what NOT to feel, we should validate their feelings and normalize it. Healing statements are things that helpers can say to a survivor immediately after she tells us what happened and throughout the helping process in order to promote her healing and recovery.

Here are some examples of what you should and should not say if a survivor approaches you for support:

Don't Say...Say	
Don't Say	Say
"Why didn't you have someone accompanying you that night?"	"Let me see if I understand what you have told me so far."
"Don't be afraid."	"You have every right to be upset and sad."
"It's not as bad as it seems."	"It's okay for you to cry here."
"Don't cry,"	"We can talk when you are ready."
"Everything is going to be fine."	"I believe you."
	"I am glad that you told me."
	"I am sorry this happened to you."
	"This is not your fault."
	"You are very brave to talk with me."

The best thing we can do is understand and acknowledge what survivors are feeling—and make it feel normal.

Say: While there is a lot of guidance that is the same for adults and children, there is some specific guidance for children. **The most important difference is whether there are laws that require you to report child abuse. Engaging a child protection actor is an important step to take, so that they can handle the situation safely and do not report the abuse to the relevant authority yourself, that is the role of the child protection actor** *(Show slide below).*

A note on mandatory reporting and responding to GBV disclosures from children and adolescents

- Most countries and humanitarian agencies have mandatory reporting requirements for abuse of children. If this is the case, humanitarian workers may have no choice but to refer the child for care (or at a minimum report the incident to a Child Protection actor).
- Children may be especially afraid to report abuse by a family member. In these cases, forcing the child to seek care against their will – in a situation where the child has no choice but to go back home with their abuser – can make the child even MORE unsafe.
 - In these cases, it is critical to have a more comprehensive understanding of the overall situation. **This is not the role of a non-Child Protection specialist. You should refer the case directly to a Child Protection specialist, and not interfere further.**

So what this means in practice for agents is that they should not report child abuse to the police. Instead, they should call the DSW OR a teacher that they know (the teacher can report to the DSW) and tell them about the situation. They should not call in front of the child, they should wait until the child has left, and then make the call.

Say: Let's do a quick practice. I'm going to read a series of statements. I want you to raise your hand if you agree with the statement. Please note that when we say GBV focal point we mean the relevant GBV actor or response service provider. We will be mapping these service providers later on.

AGREE



DISAGREE



In order to understand what a woman or child needs, it's important to know their history. Ask them about the violence they have experienced.

AGREE



DISAGREE



In order to understand what a woman or child needs, it's important to know their history. Ask them about the violence they have experienced.

NEVER ask a woman or child to tell you about their experience of violence. Offer to provide information about services for women and children, and allow them to direct the conversation based on what they need and want.

AGREE



DISAGREE



If a woman or child is upset, comfort them by saying:
“Don’t cry. Everything will be okay.”

AGREE



DISAGREE



If a woman or child is upset, comfort them by saying:
“Don’t cry. Everything will be okay.”

*Empathize with the woman or child’s feelings. Don’t make
promises you can’t keep.*

*Instead, say: “I am sorry this happened to you. You are
very brave for sharing this with me. I will do everything I
can to help you.”*

AGREE



DISAGREE



A woman discloses intimate partner violence and asks for your help. You offer to speak with her and her husband to resolve the conflict.

AGREE



DISAGREE



A woman discloses intimate partner violence and asks for your help. You offer to speak with her and her husband to resolve the conflict.

NEVER mediate and ***NEVER*** speak with the husband in cases of intimate partner violence. Validate the woman's feelings and inform her of available women's services, such as Safe Spaces, that you have mapped and are of sufficient quality. With her consent, offer to connect her to these services.

AGREE



DISAGREE



A woman approached to you and told her story. She is not willing to talk to anyone including the GBV focal point. You listened to her story and then explained her what the GBV focal point can do and the contact of the GBV Focal point. But you didn't do anything after that.

AGREE



DISAGREE



A woman approached to you and told her story. She is not willing to talk to anyone including the GBV focal point. You listened to her story and then explained her what the GBV focal point can do and the contact of the GBV Focal point. But you didn't do anything after that.

Yes. This is a right approach. It is a survivor's choice whom she wants to disclose her experience and when and how she seeks support.

AGREE



DISAGREE



A 10 years old boy told you that he has been beaten by his foster family everyday. He was separated from his parents. He was bleeding and had visible scars and bruises. But since he has no parents to agree for referral, I couldn't do anything.

AGREE



DISAGREE



A 10 years old boy told you that he has been beaten by his foster family everyday. He was separated from his parents. He was bleeding and had visible scars and bruises. But since he has no parents to agree for referral, I couldn't do anything.

In case of life-threatening situation like this, immediately refer the boy to the health facility and contact child protection focal point in the camp for follow up and services.

Activity 4: Examples-- 50 mins

(Note to facilitator: Please respond gently if someone gets the answer wrong and explain why the "correct" response is different, based on what we have discussed so far. .)

1. Explain the procedure for the examples: You will read out the examples and the participants will discuss the "correct response" as a group.

Examples
Characters: 2 Men For two men: A man you don't know well comes up to you in the market and is visibly angry. He tells you that your wife has meddled in his family's private affairs by giving information on GBV services to his wife (he brings out a flyer or sticker with numbers on it as proof). He tells you that you should keep your wife in check and not letting her run around and meddle in the private affairs of other families. He asks you what kind of man you are to allow your wife to do this. What do you do? What would you say?
Characters: 1 Man and 1 Woman (or 2 women with one playing a man) A man you don't know well comes up to you at your place of business and is visibly angry. He accuses you of meddling in his family's private affairs by giving his wife information on GBV services (he brings out a flyer, a text or sticker with numbers on it as proof). He tells you that you should mind your own business and not meddling in the affairs of other families. What do you do? What would you say?
Characters: 1 Man and 1 Woman Your wife comes home from her daily work activities and seems visibly shaken and withdrawn. You ask her what is wrong, and she tells you that she had a situation at the business that was emotional and difficult for her to hear, but she feels good that she was able to help give someone information that they needed to make a choice that was right for them. You are curious to know more. What do you do? What do you say? What does she say or do?
Characters: 2 Women A woman comes to you and tells you she heard her neighbor yelling at and beating his wife and wants you to go and talk to the wife and help her. What do you do? What do you say?
Characters: 2 Women A woman comes to your kiosk and is visibly upset, she is crying and shaking but doesn't disclose any information to you about GBV. What do you do? What do you say?
Characters: 2 Women A woman comes to your kiosk and looks at the informational materials you have on GBV service provision, and other anti-GBV messaging. She tells you that she has heard from others in your community that you can help people get help, and that you are trustworthy. She is crying and has a bruise on her face. She starts to tell you about a situation she is in related to GBV, but there are many people around and others can probably overhear. Even if they can't hear, they can see that she is crying, and there are some onlookers getting curious. What do you do? What do you say?

Characters: 2 Women

A busy body woman in your community comes up to your kiosk and accuses you of meddling in the private affairs of other families. She points to the informational materials you have as evidence and says that you should be minding your own business and leaving the personal affairs of other families alone, as that is their private business. What do you do? What do you say?

End with a group discussion to ensure that people are clear on what they should and should not do as non-GBV experts, and how to engage with people that may confront them or accuse them of meddling in private family business.

Activity 5: Using the GBV Pocket Guide - 30 mins

Say: Now we'd like for you to download a resource onto your mobile phone and/or tablet that can help you navigate the experience if a GBV survivor approaches you for assistance. **Please remember that you are not a GBV response provider, and that you should only use this guide if someone requests your assistance.** This guide provides you with your own place to take notes, but it will also be a helpful reference. If the GBV Pocket Guide has not already been downloaded, you can have participants search and download the application from Google Playstore (https://play.google.com/store/apps/details?id=com.gbvpocketguide&hl=en_US&gl=US) or other application store by searching for the GBV Pocket Guide. Or use the QR code to easily scan for accessing the app:



Step 1: Download the app onto mobile phones and/or tablets

Say: The GBV Pocket Guide was developed by a consortium of GBV actors for actors like yourselves who are non-GBV actors who can play an important and critical role in support GBV survivors.

Resource #3: The GBV Pocket Guide



- A step-by-step guide for non-GBV specialists on how to support survivors of GBV when receiving a GBV disclosure
- **Based on the Psychological First Aid Framework (Look, Listen and Link), includes messages that you can directly share with the survivor once they disclose to you**
- Accompanied by the GBV Pocket Guide mobile app, now available in 12+ languages (more later)

Say: The GBV Pocket Guide is based on a psychological first aid framework that promotes a survivor-centered approach. This simply means it helps you identify what the survivor needs and how you can respond to those needs. This framework has 4 steps: Prepare, Look, Listen, and Link. Note I did not say “Act” but “Link”. This is the most important action you will take is to link people to the experts and resources that have been adequately trained to respond to a GBV survivor.

The GBV Pocket Guide is based on the Psychological First Aid Framework

PREPARE

LOOK

LISTEN

LINK

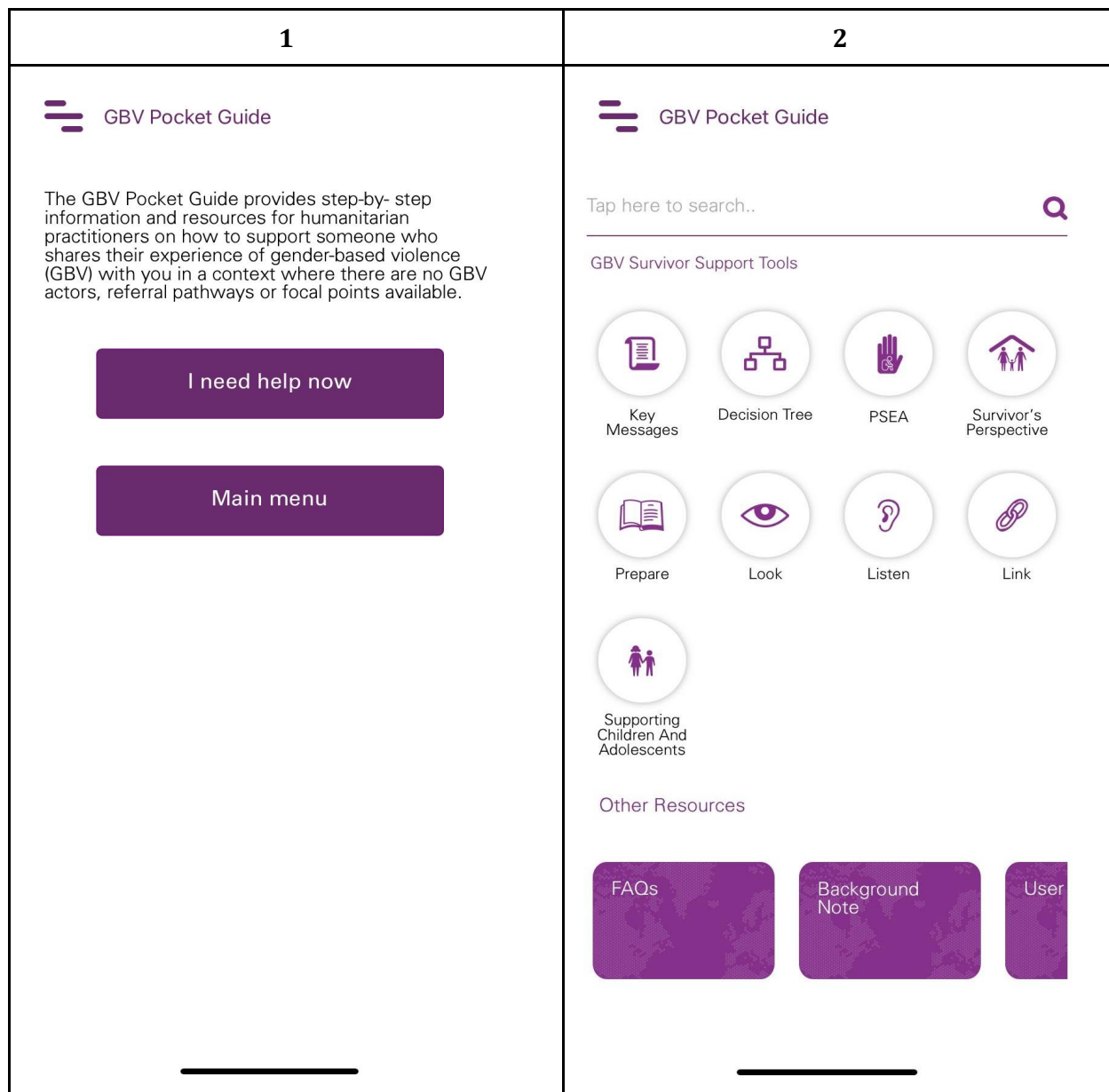
& promotes the use of the survivor-centered approach

Step 2: Set your language.

Say: Once the app is downloaded, you can change the language of the app by clicking on the dashes in the upper left-hand corner. To our knowledge, only English or Hausa would be locally relevant languages that are available. You can then hit the home/house button to go to the main menu.

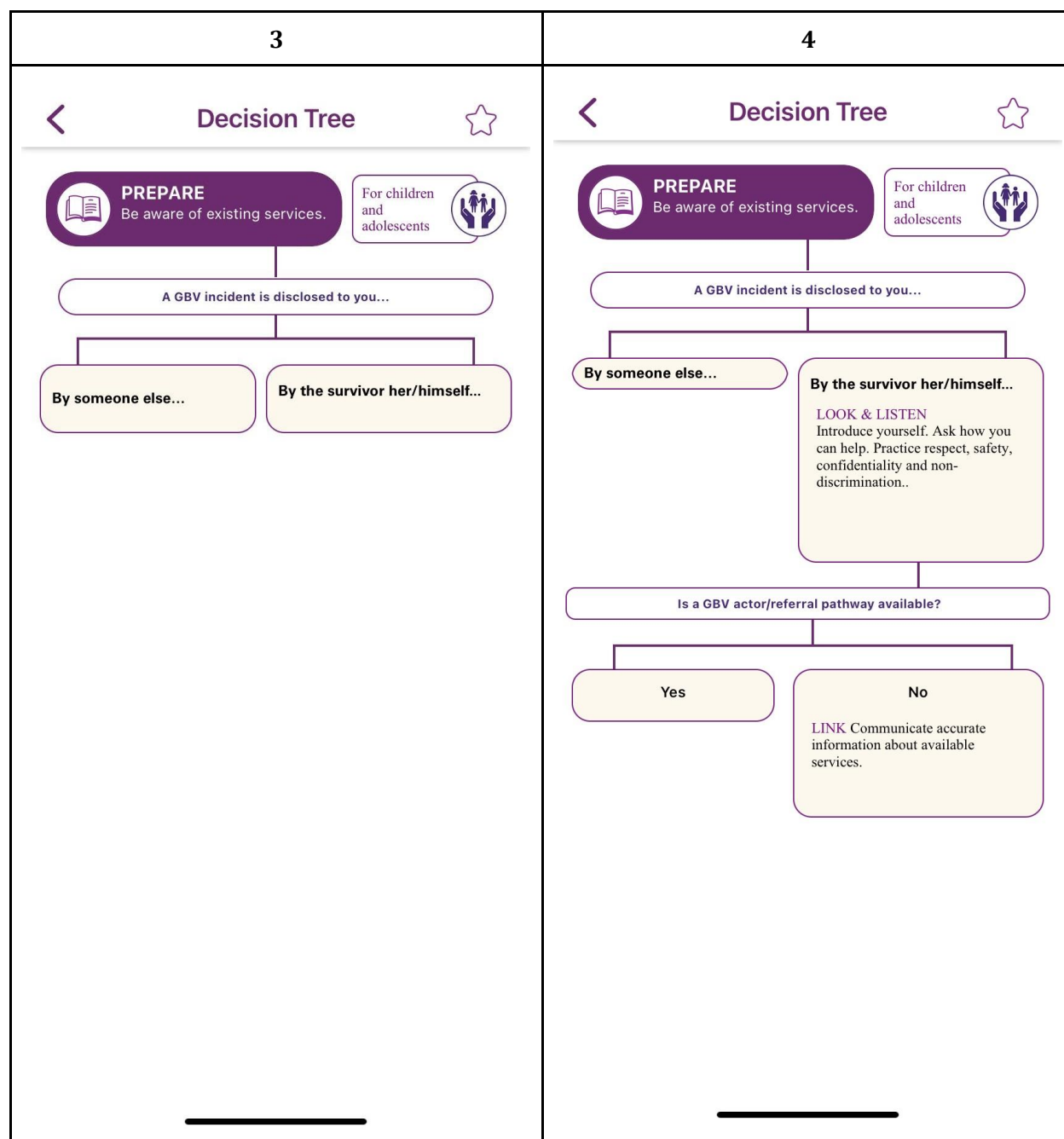
Step 3: Navigate the application.

Say: When you come to the home screen of the application, you can either click “I need help now” or “Main Menu.” Let’s first click on “Main Menu” (step 1) and then you will see a lot of different options. Let’s click on the “Decision Tree” so that we can see how the app can help you respond to a survivor who comes seeking support.



Say: Once you click on “Decision Tree” the screen will look like step 3. You can choose to select that a person other than the survivor has approached you, or the survivor her/himself. Let’s pretend it’s the survivor herself. Click “By the survivor her/himself”. The screen should look like Step 4. First, note that the app reminds you to Look and Listen: Ask how you can help and respect the survivor’s privacy, confidentiality, etc. The next question is whether a referral actor or pathway is available in

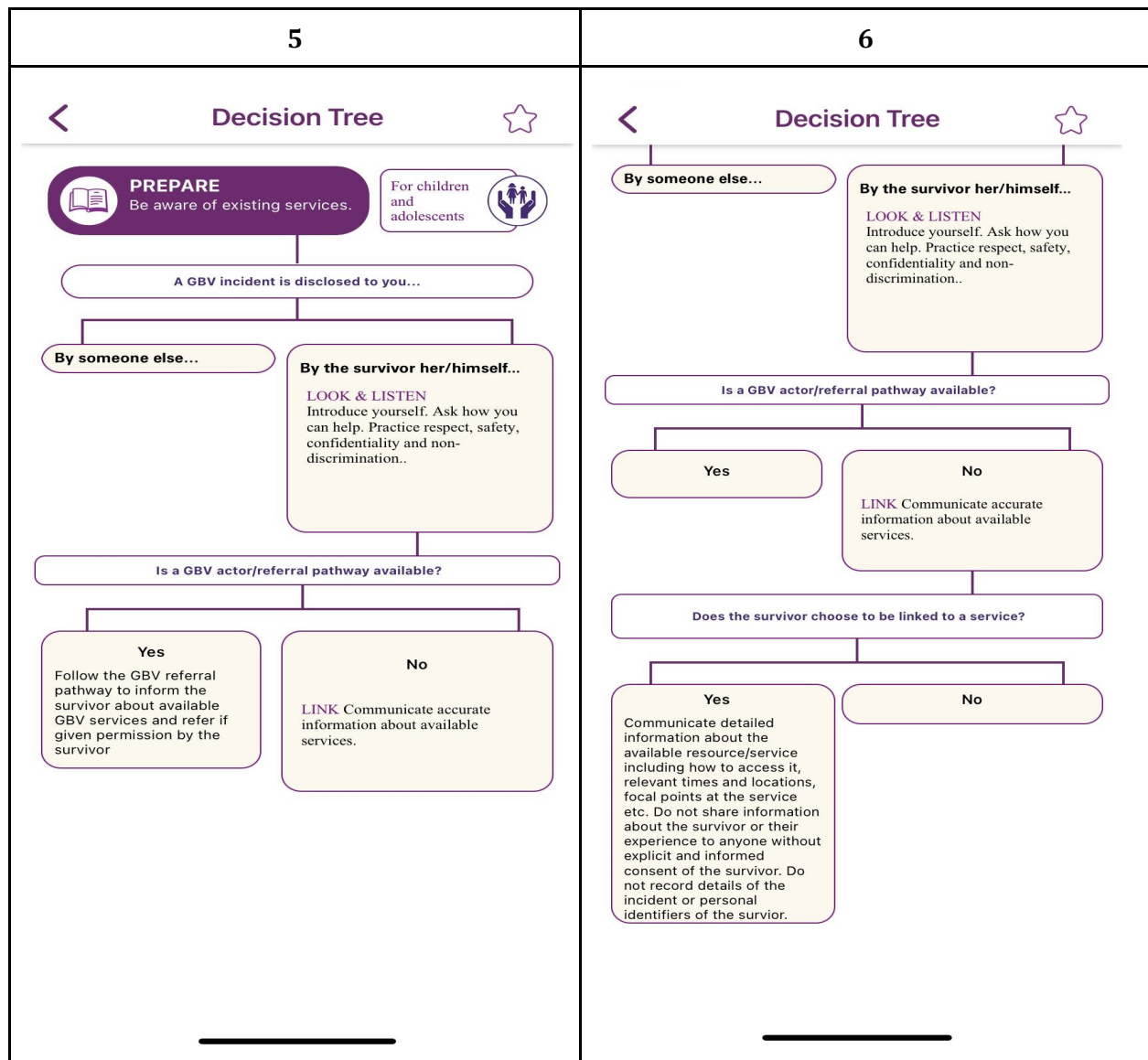
the community. If the answer is “No”, a note is provided that reminds you to provide information on what you know is available, even if at the district, regional, or national level (like a hotline).



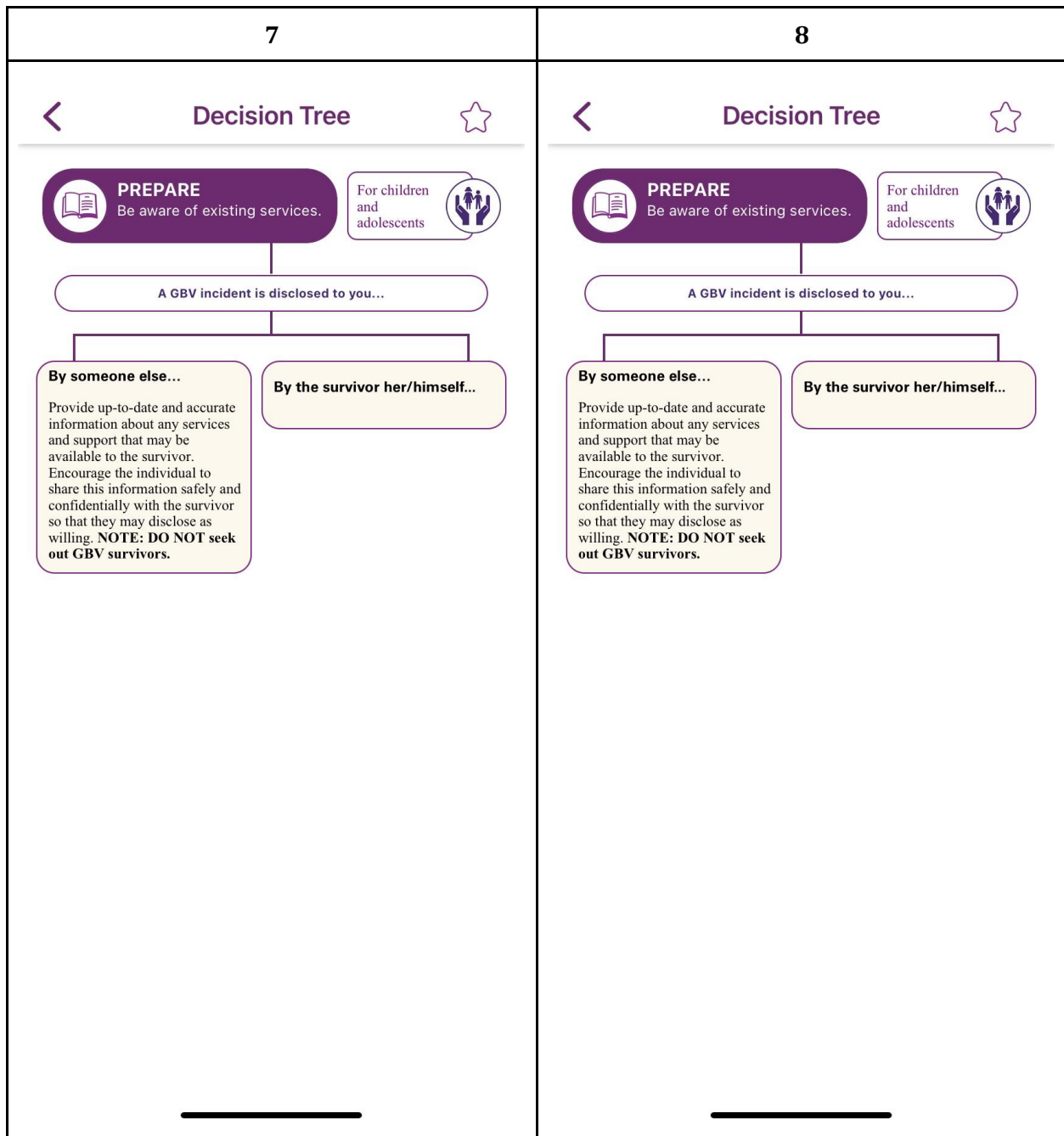
Say: In the case of “Yes” you can “refer” that person to a local actor (See step 5); this means for your situation as a DFS+ Agent that if there is a NGO that provides relevant services in the local area, or a DSW, you can very clearly explain to the person that this entity is the one where GBV experts are available and can help them with their situation, and give them the information for how they can contact that agency or NGO. It does not mean that you take them to the location yourself. For your own safety do not do this. If you click on “No” a local GBV actor is not available, this reveals another

action. The question asks whether the survivor wants to be linked to a GBV actor. If they answer “yes”, it reminds you of what you should and shouldn’t do.

Ask: Can someone read for me what the notes are under “Yes” which indicates the person wants information on where to seek help? *(After they read it, ask:)* **How is this consistent with what we just learned on what we should and shouldn’t do if a survivor approaches us for help?**



Say: Now let’s go back to the beginning of the Decision Tree and choose that a GBV incident is disclosed by someone other than the survivor. Note that the same guidance is given, that you provide information on the services, but you don’t personally seek out this person unless he or she comes to you. On Step 8, note you can also click on “For Children and Adolescents”.



Say: For adolescents and children, note that a lot of the advice is similar. You do not seek out child survivors. You provide them a listening ear, but you might help connect them to another trusted adult that the child identifies as being safe. Click on “Next” at the bottom to see additional guidance (step 9). This next page provides some “Do’s and Don’ts” for children and adolescents (step 10). *(Note to facilitator: Depending on the literacy level, you may have volunteers read out each do or don’t out loud or simply read through each one as the facilitator.)* If you click on “next” at the bottom again, additional guidance is provided on what to do with children of different ages (step 11). *(Again, have volunteers read these out loud of the facilitator can also do this.)*

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Supporting Children and Adol...

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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.

→ 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.

!

→ Treat every child fairly. All children should be offered the same unbiased support regardless of their sex, age, family situation, status of their caregiver or any other part of their

Prev

Next

10

Supporting Children and Adol...

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DO'SDON'TS

IF SOMEONE ASKS YOU FOR HELP ABOUT A CHILD/ ADOLESCENT IN NEED...

✓ DO provide accurate, up-to-date information on available services to the individual who asked you for support.

✓ DO respect confidentiality.

✗ DO NOT investigate a rumor or seek to find/ interview the child/ adolescent.

✗ DO NOT discuss or share the details of what you learned with anyone.

IF THE CHILD/ADOLESCENT SEEKS YOUR HELP...

LOOK

✓ DO ask the child/adolescent if they want to find a quiet and private place to talk. Make sure it is a place where others can see you, but not hear you

✓ DO ensure that you are sitting at their eye level. Maintain open body language.

✓ DO ask girls and boys if they want to talk to an adult woman or man of the same gender.

✗ DO NOT direct the child/ adolescent to go to a quieter or private place, or isolate the child against their will.

✗ DO NOT touch, hug or make physical contact as this can be traumatizing, uncomfortable and distressing.






















LISTEN

Prev

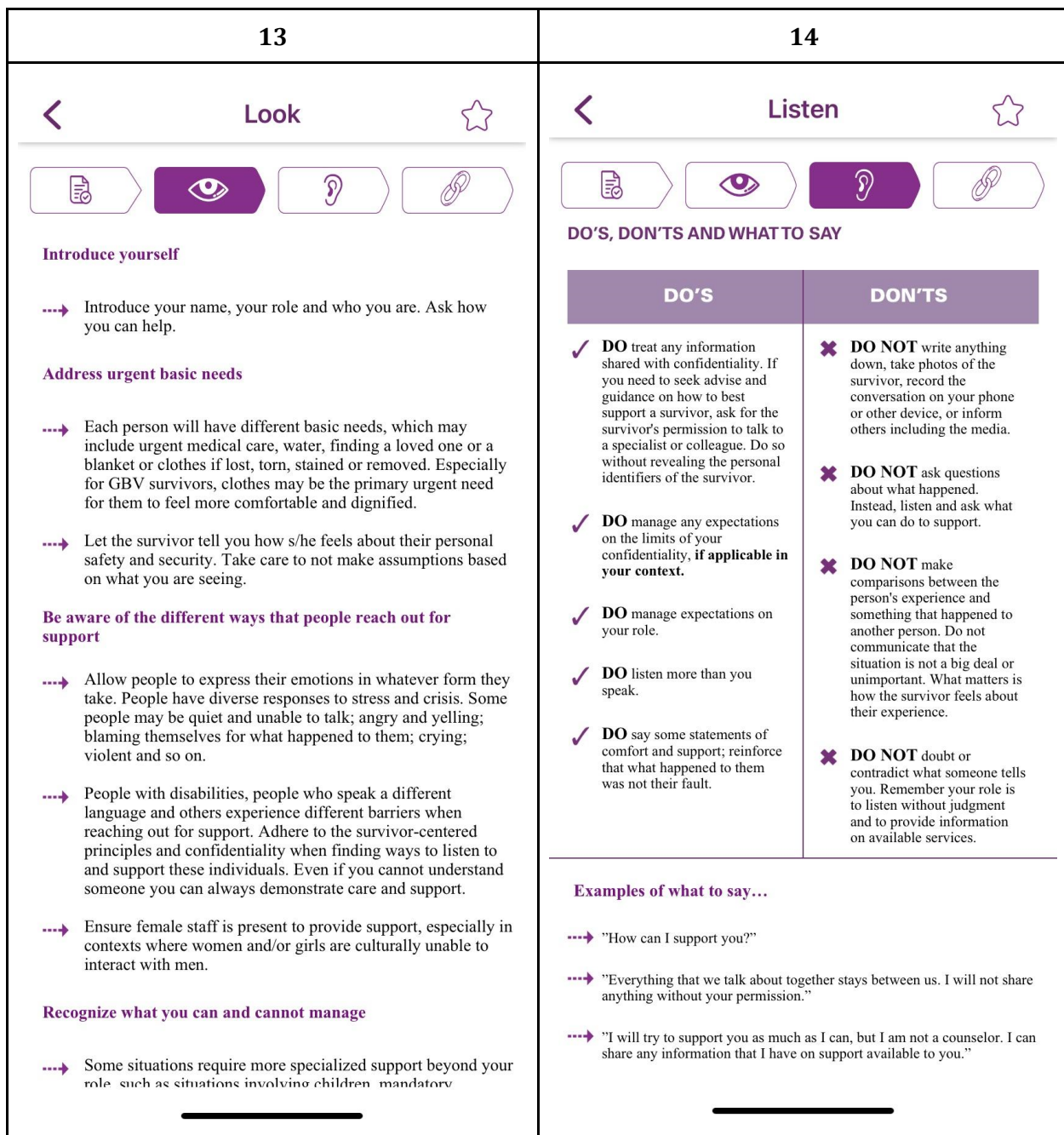
Next

Ask: What are local understandings of how to handle or report child abuse? What actors might you consult?

Say: Let's see what else the app can help you do. Click the arrow pointing to the left at the top of the app and return to the main menu. You can also click on "Prepare", "Look," "Listen," and "Link" for information related to each of these actions. For example, let's click on "Look." See that "Look" drops down and provides you with things to say or not to say and well as some guidance on how to introduce yourself. Click on step 1.

11	12
<div data-bbox="228 323 761 365">  Supporting Children and Adol...  </div> <div data-bbox="220 403 721 428"> Reference for children's age and ability to make decisions </div> <p data-bbox="220 443 768 554">Note that a specialized practitioner – with experience working with children/ adolescents who experience GBV – is best positioned to determine a child or adolescent's ability to make decisions in coordination with the child/adolescent themselves and their respective caregiver(s).</p> <p data-bbox="220 602 776 714">Your role as a non-specialist is to listen to and comfort the child/adolescent, link them to someone that they trust, and share information on available services. The age categories below are for reference only and may change depending on the age, level of maturity, developmental stage and other factors.</p> <p data-bbox="220 753 745 823">Older adolescents age 15 years and older are generally mature enough to make their own decisions and understand their experiences.</p> <p data-bbox="220 892 773 980">----> Your role: (1) listen to the adolescent share their experience, (2) support the adolescent to connect with someone they trust for ongoing support and (3) provide information on available services and how to access them.</p> <p data-bbox="220 1008 776 1075">Young children 6 to 9 years and young adolescents 10 to 14 years may or may not be able to self-report experiences of violence. They may or may not be able to make decisions on their own.</p> <p data-bbox="220 1102 764 1192">----> Your role: (1) support the child/adolescent to find an adult they trust to support them with next steps and (2) provide information on available services and how to access them to both the child/adolescent and the identified adult.</p> <p data-bbox="220 1220 771 1308">Infants and toddlers 0 to 5 years will not self-report experiences of violence given their lack of or limited communication skills. Another individual –a friend, caregiver, family member, community member etc. – will likely seek help on the child's behalf.</p> <p data-bbox="220 1335 734 1381">----> Your role: provide information to the accompanying individual on available services and how to access them.</p> <div data-bbox="220 1402 797 1423"> United States UNHCR Post-Interv. Determination Guidelines </div> <div data-bbox="253 1434 305 1457">Prev</div> <div data-bbox="691 1434 747 1457">Next</div>	<div data-bbox="846 308 1125 352">  GBV Pocket Guide </div> <div data-bbox="846 415 1386 753"> <div data-bbox="846 415 954 575">  <div>Key Messages</div> </div> <div data-bbox="987 415 1096 575">  <div>Decision Tree</div> </div> <div data-bbox="1128 415 1237 575">  <div>PSEA</div> </div> <div data-bbox="1269 415 1386 575">  <div>Survivor's Perspective</div> </div> <div data-bbox="846 617 954 756">  <div>Prepare</div> </div> <div data-bbox="987 617 1096 756">  <div>Look</div> </div> <div data-bbox="1128 617 1237 756">  <div>Listen</div> </div> <div data-bbox="1269 617 1386 756">  <div>Link</div> </div> </div> <div data-bbox="867 819 1229 846">  DO'S, DON'TS AND WHAT TO SAY </div> <div data-bbox="867 867 1149 894">  STEP-BY-STEP GUIDANCE </div> <div data-bbox="899 915 1331 1129"> <div data-bbox="899 915 1214 942">  Step 1. Introduce yourself </div> <div data-bbox="899 963 1302 991">  Step 2. Address urgent basic needs </div> <div data-bbox="899 1012 1331 1060">  Step 3. Be aware of the different ways people reach out for support </div> <div data-bbox="899 1081 1308 1129">  Step 4. Recognize what you can and cannot manage </div> </div> <div data-bbox="846 1161 954 1335">  <div>Supporting Children And Adolescents</div> </div> <div data-bbox="846 1377 1027 1404">Other Resources</div> <div data-bbox="846 1457 1398 1507">    </div>

Say: If you clicked on step 1, see the specific guidance on the way to introduce yourself and what some of the initial needs are that you may need to address, such as clothing. Now let's go back to the main menu and click on "Listen". Note the examples of what you might say to a survivor. Can someone read these out to the group?



Say: Now I would like to give you a few minutes to familiarize yourself with the application. Click into the different options, read the guidance. Afterward, we will discuss any questions you have about how to use the app or any questions that come up for you after reviewing the additional content.

Summary and Key Messages

- GBV Experts support individuals who experience GBV develop plans and services that help support them. They share information, identify services, and help individuals receive the support they need to leave an abusive relationship, receive medical services, counseling, and

legal support. In Ghana, the Department of Social Welfare (DSW), DOVVSU, health providers and some NGOs are considered experts. DFS+ Agents are NOT GBV response experts.

- DFS+ Agents are not expected to provide GBV direct services or response. **DFS+ Agents can provide clear and up to date information about GBV response actors; what these actors do; what people can expect when they go to the actor or agency; and how people can access them. You can do this through displaying information on your kiosk, through awareness raising sessions, or other ways. Please work out with the CSO supporting you what will work best for you.**

Session 8: GBV Resources in the Community and Key Messages

Objectives

By the end of this activity, participants will have:

- Introduced to Self-Care tips and routines;
- Identified local GBV expert actors and resources;
- Documented GBV expert actors and resources in each agents' tablet/mobile phone;
- Discussed key GBV messages for dissemination;
- Participants in a post-training quiz.

Materials/Preparation Needed

- Flipcharts
- Markers, pens, pencils
- Sticky notes
- Paper tapes
- *Contact local actors to join this session.*

Time: 1 hour 10 minutes

Activity 1: Self-care - 5 mins

Self care

Listening to and hearing other people's experiences can expose you to their pain, hurt, or trauma



What are some tips that help you handle the feelings that arise from hearing a traumatic and painful story?

A few self-care tips...



Activity 2: Resource Mapping -- 45 mins

Say: GBV Resource Centers in the community are the public and private spaces where survivors and family can report GBV incidents and receive support from GBV experts. These may vary from community to community. It is anticipated, however, in Ghana that every district has a Department of Social Welfare office or Representative, a Health Center or/and a Domestic Violence and Victims Support Unit. At the community level, this may vary given the distance from the district capital.

Divide participants into groups. Mention that our next activity is to list out places we can go for help and support in our communities so we can ensure that we have up to date information to share with people. Ensure that participants who live in the same or close by communities are placed in the same group.

(Hand each group a copy of the mapping that WE GAIN already did to determine what local resources are available. Each partner has their own mapping)

Say: For each district and community served by DFS+ agents, we tried our best to identify local resources that have GBV experts available and respond to GBV cases. As we noted earlier, DOVVSU, DSW, and health centers/hospitals are the three primary resources that have GBV experts available. In addition, there are local community-based organizations that may also provide support, like RISE Ghana. *(Note to facilitator: Read out at least one example of information that has already been mapped, noting that our observation is that most GBV actors are in the district capital and nowhere else.)* Your task is the 1. Validate the information we found and determine whether you think it is accurate or not, and 2. add any additional actors you are aware of. For example, are there local experts you would tell a survivor about, such as a queen mother, and assembly person? While we want you to focus on your district and community specifically, we will ask you to share about your discussion so that we can also take notes at our level to update our own mapping. **Note any actors you might be concerned with telling a survivor about, and why. You have 15 minutes in your small groups.**

(Note to facilitator: it is important that notes are taken by someone on the facilitation team so that any updates to the current maps can be made at the project level. Please correct any incorrect information as well as update what other resources were mentioned for each community).

During plenary, ask the groups to report out and update the existing map with the new information. *(Allow 20 minutes of discussion regarding the mapping).*

Say: Now, remember the GBV Pocket Guide we discussed earlier. Click on the dashes in the upper left-hand corner and then click on “My Tools” and then “Info Sheet”. You can use this sheet to add specific contacts that you have information on. Otherwise, your task when going home is identifying specific phone numbers or other ways to contact entities like your local DOVVSU, DSW, or health facility. If you are not sure how to do this, please consult your organization (i.e. contact your RISE Ghana staff person or facilitator) for support. Be sure to click “save” so that you can refer back to this page later for this contact information.

Say: There are also national level GBV actors that survivors can be told about, if district or local GBV actors are not present, easily accessible or trusted. *(Share the slides with the information.)*

National GBV Actors or Hotlines

GBV Pocket Guide

Change Language

Home

My Tools

Info Sheet

My Bookmarks

Survivor Support Tools

Other Resources

Downloads

Connect with us

Terms of Use

Share your feedback

GBV Pocket C

The GBV Pocket Guide information and resources practitioners on how shares their experien (GBV) with you in a o-actors, referral pathw

Info

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Information Sheet

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INFORMATION SHEET

Fill in this information sheet for services in your area and keep it in a place where it is easily accessible. Work with a GBV specialist, your team leader and partners to identify (1) available services provided by humanitarian partners and (2) community-based services such as religious groups/ places of worship, women’s groups, Disabled Persons’ Organizations etc.

CHILD PROTECTION

Information:

Enter information

Focal Points:

Enter Focal Points

MENTAL HEALTH/PSYCHOSOCIALSUPPORT

Information:

Enter information

Focal Points:

Enter Focal Points

HEALTH

Information:

Enter information

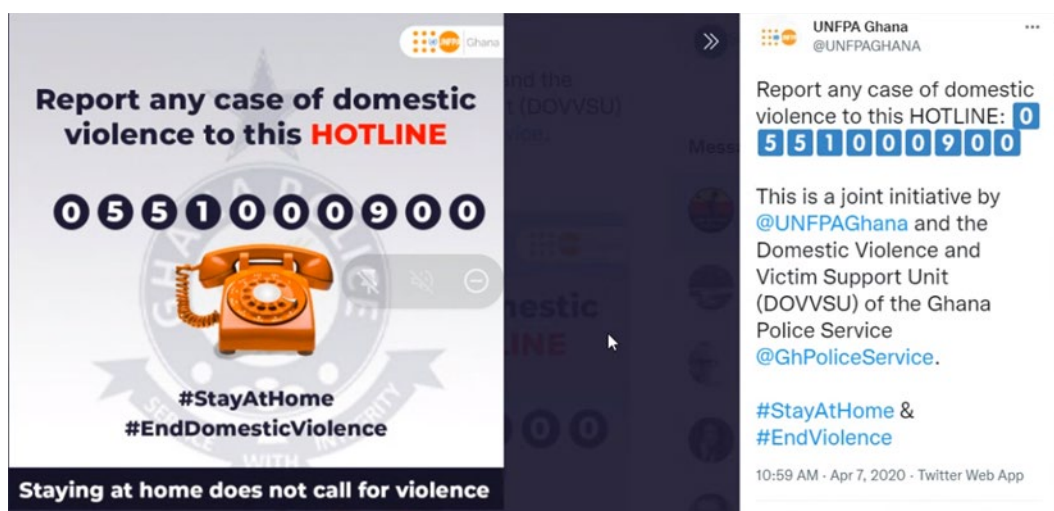
Focal Points:

Enter Focal Points

SEXUAL AND REPRODUCTIVE HEALTH

SAVE

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Slide:

Name of Hotline	Phone Number	Purpose
Orange Center, Boame Application ³	0800 111 222	Representing a collaboration between the Ministry of Gender, Children and Social Protection and UNFPA, the BOAME Application is an innovative platform that supports survivors of domestic and gender-based violence to talk to relevant resource persons, while the Orange Support Centre is a call center with counseling units for survivors of such violence to call for help and talk to a resource person for advice. The app was created to meet a specific need of the youth.
Agoo Platform ⁴	5100 (free of charge for MTN users) or 0540 118 999 for non-MTN users	A joint effort between UNICEF and MTN in Ghana. Can be accessed in Twi, Ewe, Hausa, Ga, Dagbani, English. Once the number is called, the caller presses: <ul style="list-style-type: none"> • 1 for COVID 19 • 2 for Health issues • 3 for Social issues (for support on GBV, child policy and adolescent related issues, counseling, education, WASH, employable issues, entrepreneurship, financial literacy)

³ MyGhanaDaily.com. 2021. BOAME App, Orange Support Centre launched to fight domestic, gender-based violence <https://myghanadaily.com/boame-app-orange-support-centre-launched-to-fight-domestic-gender-based-violence/>

⁴Fabrice Laurentin. 2015. Agoo: An Interactive Mobile Platform. UNICEF Ghana. <https://www.unicef.org/innovation/stories/agoo-interactive-mobile-platform>

		<ul style="list-style-type: none"> ● 4 for Agoos games <p>For GBV, information is provided to callers on where to seek help for victims, how to stop harming others, how to help someone who is abused.</p>
Vodafone ⁵	321	The Vodafone 3-2-1 Service is a free information portal for Vodafone users that is provided through collaboration with Viamo that shares health information, agriculture tips, the daily weather, and so much more, via yam phones and smartphones in 6 local languages across Ghana. It has incorporated information on GBV.
Social Protection Hotline (called the Helpline of Hope Call Centre) ⁶	0800 800 800 or 0900 900 900 or by sending an SMS message to 8020	Led by the Ministry of Gender, Children and Social Protection, the helpline is a 24/7 call center with multilingual customer support that seeks to resolve complaints related to child abuse, rape, defilement, forced marriage, female genital mutilation, child labor, assault, etc.
Sexual Health Education Plus (SHE+) Platform ⁷	0544 717 199 or 0502 863 699 or 0591 908 507	A hotline that responds to supported needed for sexual and reproductive health related issues. Languages options are: Twi, Ga, Ewe, Dagbani and English.

Ask: Which of the following hotlines are you aware of? Would anyone care to share any experiences using or that you have heard about regarding these hotlines? (Give a few minutes to respond).

Leave the last slide up and Say: You may wish to add these contacts to your info sheet in your application as well, or jot them down in your phone as numbers you might recommend if a GBV survivor were to approach you?

⁵Vodafone. 321Ghana. See <https://www.facebook.com/321Ghana/>

⁶Ministry of Gender, Children and Social Protection. 2017. Launch of the HelpLine of Hope Call Centre <https://www.mogcsp.gov.gh/launch-of-the-helpline-of-hope-call-centre/#:~:text=The%20channel%20of%20communication%20to,Welfare%20Offices%20Community%20Focal%20Persons%2F>

⁷ Adongo A. D. Fatawu. 30 April 2020. "Savana Signatures Delivers COVID-19 Information Through SHE+ Platform." ModernGhana.com <https://www.modernghana.com/news/999001/savana-signatures-delivers-covid-19-information.html>

Ask: In your opinion, what are the pros and cons of referring a survivor to a hotline versus a local or district-level actor? What would you feel most comfortable doing and why?

Activity 3: Key Messages Development Activity - 20 mins

Say: As we conclude our sessions on the GBV, let's take a moment to reflect on the key learning points we have covered during this workshop. Think about the messages you would like your sisters, brothers, other family and friends in your communities would love to know/learn or what you feel would be useful to them.

Let's get into small groups and each group will discuss and write out the proposed messages on flip charts. *(Break the room up into groups no larger than 4 people.)*

Say: I would like each group to think about up to 10 learning points or messages you would like to see shared with your community. You do not have to perfectly draft a short message but note down the key ideas you would like shared and how you think they should be shared. For example, if you think it would be helpful for everyone in the community to be aware of GBV services available in the community and surrounding areas because that will help to destigmatize GBV by making it part of normal conversation and not something hidden and secret, how would you do this? Would you have a laminated card with the relevant contact information of service providers on the side of your kiosk? Would you pass out stickers with these numbers? Also, think about whether there are messages you think could be shared in audio form (for example, through a voice recording or radio spot), in text (such as through a text message) or in print (could be a poster). Someone in each group should be the one to take notes and each group should assign someone what will report out on what their group discussed.

(Give the groups up to 10 minutes to brainstorm their ideas. After 10 minutes, bring the groups back together and each reporter can share 1-2 key ideas from their groups. The facilitator may consolidate the ideas on one flip chart, especially if there are similar concepts across all groups, and be sure to collect these flip charts to share back with Grameen Foundation to inform the key messages that will be shared back with the agents to share with their communities.)

Summary and Key Messages

The objectives and summary of the training are:

- Self-care is the practice of individuals looking after their own health using the knowledge and information available to them.
- GBV Resource Centers in the community are the public and private spaces where survivors and family can report GBV incidents and receive support. These may vary from community to community.
- It is anticipated, however, in Ghana that every district has a Department of Social Welfare (DSW) office or Representative, a Health Center or/and a Domestic Violence and Victims

Support Unit. At the community level, this may vary given the distance from the district capital.

- Please keep your mapping up to date so that you are not sharing out of service numbers or outdated information.

Session 9: Closing Session

Objectives
By the end of this activity, participants will have: <ul style="list-style-type: none">• Completed the post-test• Received appreciation and certificates of completion
Materials/Preparation Needed
<ul style="list-style-type: none">• Post-training assessment printouts• Certificates
Time: 15 minutes

Activity 1: Big Ideas - 5 mins

Ask: What are the big ideas you are taking away from this workshop? Can I have one or two volunteers summarize what the most important things they learned over the two days? *(Have everyone applaud the volunteers).*

From our end- the big takeaways are simple. We don't want you to feel pressure or feel scared that you will do something wrong. You do not have to be GBV response service providers, nor should you be. You just need to keep the points in mind that we went over, and you will do just fine. So, remember:

1. Don't go seeking out survivors of GBV. If someone comes to you because they know you are a trusted member of the community and your kiosk is a "safe space" then you should of course listen to them, but you do not need to, nor should you go out actively seeking to find and "solve" GBV cases or insert yourself into family dynamics as a mediator. Even the expert service providers don't do this.
2. If someone does disclose GBV to you, provide them with a safe judgment free space for them to speak and share what they are comfortable sharing. Do not press for detail or tell them what they should do. Remember:
3. Do not make decisions for the person. Provide them with clear and up to date information they need to make the choice for themselves.
4. Keep what they do share with you confidential. Do not tell others in the community. Do not act as a go-between with the individual and service providers. Make the introduction if that is what the individual wants, and then get yourself out of the situation.
5. Keep your information up to date.

Activity 2: Thank you! - 5 mins

Say: Thank you for your important contributions! Congratulations to everyone on the awesome performance throughout this training!

Activity 3: Post Training Assessment - 5 mins

- Step 1.** Distribute the pre-training assessment forms to each participant.
- Step 2.** Ask participants to fill in the form independently without consulting any other participants.
- Step 3.** Ensure that each participant fills in the entire form before submitting it back to you.
- Step 4.** Collect each assessment form and keep them carefully for post-training reference. The pre-training assessment forms will serve as the baseline for the impact assessment for the training to be conducted.

Annex 1: GBV Service Provider Mapping in Project Areas

Mapping for RISE Ghana

		Distance to Capital	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
Talensi	District Capital: Tongo		YES	YES	YES	Talensi District Hospital (in Tongo)	RISE-Ghana, and Widows and Orphans Movement	
	Pelungu	12.9 Km	YES					
	Pwalugu	22.4 Km						
	Gwane	19.4 Km						
	Shia	18.3 Km						
	Pusi-Namango	17 Km						
	Tongo		Yes	Tongo	DISTRICT CAPITAL (Tongo)	Talensi District Hospital (in Tongo)		
	Wakii							
	Baare	6 Km						

		Distance to Capital	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
	Tongo-Beo	12 Km						
Kasena Nankana West	District Capital: Paga		YES	YES	YES	Navrongo War Memorial Hospital, Paga District Hospital	RISE-Ghana, and Youth Harvest Foundation; Norsaac	
	Doba	13km						
	Natungina	20km						
	Kazugu	15 Km						
	Atiyorum	22 Km						
	Navio	14.8 Km						
	Bugsongbo							
	Kandiga	20 Km						
	Sirigu	22km						
Bongo	District Capital: Bongo		YES	NO	YES	Bongo Hospital	RISE-Ghana	
	Gworie	13km						
	vea	10km						

		Distance to Capital	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
	Gurko	8 Km						
	Madina	6.3 Km						
	Zorko	14km						
	Zorko-Tarongo	14km						
	Bongo-soe	9.1km						
Nabdam	District Capital: Nangodi		YES	NO	YES	(Ayafoomya Memorial Hospital?)	RISE-Ghana, and Widows and Orphans Movement	
	kongo	6.3km						
	Pelungu	9.2km						
	zanlerigu	14km						
	Nangodi	1.2km						
	Dussi	9.7 Km						
	Dasabligo	9.9km						

Mapping for HKN Agents

District	Community	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
Mion	District Capital: Sang		Yes		In Mion, there are health centers in Sang and a Jimle Health Center, and Yendi municipal hospital; Sambu Health Clinic; Kpabia Health Center		
	Kpachaa	No			no	Sontagba, Norsaac, Shea Network	
	Namvilli				no		
	Sakpei				yes		

District	Community	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
	Zakpalsi				no		
	Sang	Sang (says it's a traffic police station?)	YES	?	yes		
	Salankpan				no		
	Kpabia				yes		
	Sambu				yes		
	Ambatinga				no		
Tolon	Capital City: Tolon	In Tolon	yes	yes	There is the Tolon health center and district hospital		
Tolon	Tolon	yes	yes	yes	yes		
	Nlaalaayili	no	No	No			
	Chirifoyili						

District	Community	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
	Kasuliyili				Kasoyili health centre		
	Nyankpala				Nyankpala Health centre		
	Gbanjong				No		
	Cherifoyili				Cherofoyili CHPs	Norsaac	
	Tali				Tali CHPS		
Kumbungu	Capital City: Kumbungu	In Kumbungu			Kumbungu Health Center		
Kumbungu	Yepelgu						
	Kpegu				yes		
	Dalun Kukuo				yes		

District	Community	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
	Nawuni						
	Nwodua					Norsaac	
	Mbanayili				yes		
	Mbanayili						
	Dalun						
	Cheshegu				yes		
	Gumo						

Mapping for GDCA Agents

District	Community	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
Tolon	Capital City: Tolon	YES	YES	yes	Tolon Health Center and District Hospital; There is an NHIS office as well in Tolon.		
	Gbanjong				NO		
	Fihini				NO		
	Kpaligun				NO		
	Kambonayili				NO		
	Tolon	yes	yes	yes	YES		
	Yipelgu						

District	Community	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
Karaga	Capital City: Karaga	YES			Karaga health center and district hospital		
	Tong				YES		
	Pishigu				YES		
	Nyengbolo						
	Karaga				YES		
	sung						
	Nyong nayili				YES		
Mion	District Capital: Sang	YES			In Mion, there are health centers in Sang and a Jimle Health Center, and Yendi municipal hospital		
	Sang		NO	YES	YES		

District	Community	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
	Salankpang			NO	NO		
	Sambu			NO	YES		
	Kpabia			NO	YES		
	Gumah			NO	NO		
Savelugu Nanton	District Capital: Savelugu	YES	Yes		Savelugu Hospital		
	Nabogu						
	Pong-Tamale						
	Tibali						
	Langa						
	Tampion						
	Savelugu						
Kumbungu	Capital City: Kumbungu	YES			Kumbungu health center and		

District	Community	Is there a police station in the district?	Is there a DOVVSU in the District? Mark the community where it exists.	Is there a DSW unit in the district?	Is there a health center capable of supporting the survivor with medical support and/or medical exam that could be used for legal recourse?	NGOs providing services to survivors?	Are there any trusted local actors, such as assembly members, queen mothers that you would recommend to a survivor?
					Kasuliyili clinic		
Kumbungu	Gbullung						
	Gizaa-Gundaa						
	Mbanayili				yes		
	Nwogu						
	Zugu						
	Jegbo						