GBV Programming Decision Tree

**Purpose:** This decision tree is for country offices (CO) who are looking to start or expand GBV programming.

**Proposed users:** The decision tree can be used by program decision makers in the CO but should be accompanied by [CARE GBV technical support persons](https://careinternational.sharepoint.com/%3Ax%3A/r/sites/Global-EndingGBV-Hub/Shared%20Documents/CARE%20GBV%20Staff%20List.xlsx?d=wc109bf8e8e124e818e5693f283617b17&%3Bcsf=1&%3Bweb=1&%3Be=hdV0eJ&isSPOFile=1).

**Timing:** The decision tree can be used during proposal writing or during implementation.

Start

As CARE, we strive to implement GBV Risk Mitigation in all programming. For guidance on how to do this, please use the Risk Mitigation portion of the [GBViE Guidance Note](https://careinternational-my.sharepoint.com/%3Aw%3A/g/personal/peninah_kimiri_care_ca/EfAGYKtX7s9ElS5rnwgfnRwBmosNBRnTWTVV8tB6wlpZHA?e=LZd7y6) or the forthcoming GBV risk mitigation toolkit for non-GBV specialists.

Considerations: Why do you want to start GBV programming? What needs are being met by any new GBV programming? These can be answered by a review of existing data and literature on GBV, this includes prevalence data, mapping of organizations and services which can help identify gaps[[1]](#footnote-2)

Pre- Start Checklist

The CO must **answer yes to ALL** questions whether or not there is existing GBV programming:

* Has an RGA (Rapid Gender Analysis) or needs assessment been conducted that laid out specific recommendations on GBV?
* If there is an RGA, is there a plan in place for Step 6 to be implemented? (*RGA Step 6 is the step which tracks and monitors the results of an RGA. It will help us to answer questions such as, how are RGA recommendations being used? Are RGAs changing our programming? And how can we be accountable to our research findings?*)
* Is there already an identified niche the CO would like to fill i.e., prevention, risk mitigation, response or advocacy? (*This can be based on in-house assessments or recommendations from the GBV and/or Protection Working Groups).*

**Potential questions to be answered by existing programming:**

* + Are there increases in a particular form, or groups newly experiencing more GBV than others that have been identified by the RGA/needs assessment?
	+ Is there increased or decreased access to services?
	+ Are the services being safely delivered?
	+ How will the CO help prevent and handle cases of SHEA?
	+ Did previous GBV programming include any advocacy? Were there any results from this advocacy? (e.g. new policies developed or implemented?)
* Does the CO **have in-house capacity** , expertise, and a budget to support GBV programming **AND** does the CO **have any existing or potential partners with GBV expertise**?
* Does the CO have a PSHEA (Protection from Sexual Harassment Exploitation and Abuse) plan and policy in place?

Overview

This section should be read in tandem with the Interagency Steering Committee (IASC) [GBViE Minimum Standards](https://www.unfpa.org/minimum-standards) and CARE’s GBV Framework and Theory of Change.

1. Is there existing GBV programming in the CO (or with partners)?
	1. Yes, there is existing programming -SKIP TO PROGRAMMING OPTIONS
	2. No, there is no programming—SEE NEXT QUESTION
2. Is there available technical support for GBV programming (within CARE or partners)?
	1. Yes, there is internal personnel support in the form of GBV specialists who can lead programming- SKIP NEXT QUESTION
	2. No, there is neither an internal personnel support – SEE NEXT QUESTION
3. Is there an active GBV coordination mechanism in the country (GBV AoR, GBV sub cluster, Working Group etc?
	1. Yes, there is an active GBV coordination me- SEE NEXT QUESTION
	2. No or unsure: ACTION (search at humanitarianresponse.info) - SEE NEXT QUESTION
4. Can you ensure that personal GBV data is stored in a private, locked location to prevent unintentional harm from breaches of confidential data??
	1. Yes- PROCEED TO NEXT QUESTION
	2. No- ACTION: Work to strengthen internal systems first with the CI MEAL community of practice
5. Is there available funding for GBV programming?
	1. Yes- proceed on to the different interventions below
	2. No- STOP. ACTION focus on GBV risk mitigation as the CO look for funding

Risk Mitigation

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| **Overall Minimum Standards** |
| **Technical Expertise** |
| Have you adapted safety audit tools from the relevant GBV Coordination system?  |
| Do you partner with the GBV Subcluster WG to address issues from the safety audit?  |
| What measures are in place to ensure Privacy and confidentiality related to safety audit?  |
| **Personnel and tools** |
| Do you have M&E staff dedicated to GBV? |
| What tools are in place for collecting data…Kobo or ODK? |
| Do you have GBV Safety audit tools in place?  |

Programming Options

GBV Prevention

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| Overall Minimum Standards |
| Do you have Referral pathways in place and functional?  |
| Do you have Culturally and locally appropriate key messages, and information, education, and communication materials developed to accompany information on GBV services, and social norms?  |
| **Technical Expertise** |
| Do you have Technical Knowledge on minimum standards- if not to use GBV AoR messages  |
| Do you employ the Do No Harm approach for sensitization? If yes, how? Yes through community engagement, gender balance of target reached and minority inclusion, conduct assessments and audits for better programming and practicing protection principles. |
| **Personnel** |
| Do you have PSEA focal point? |
| Do you have a Case Worker in place to receive calls? |
| **Tools** |
| Do you have a Toll free line for support/reverse calling to bear cost?  |
| Is there a Private space to receive calls? |

Start

1. Is there existing GBV programming in the CO?
	1. Yes, there is existing programming, and we would like to expand it -SEE NEXT
	2. Yes, there is existing programming, but we would like to build internal capacity first- SEE [CARE’s GBViE TRAINING GUIDANCE NOTE](https://careinternational.sharepoint.com/sites/Global-EndingGBV-Hub/SitePages/GBV-in-Emergencies.aspx).
	3. No, there is no existing programming in the CO- SEE NEXT
2. Is the proposed project area accessible to staff and project participants?
	1. Yes- community members and staff can move around without restrictions- SEE NEXT
	2. Yes, but there are some restrictions such as curfews and need for chaperones- SEE NEXT
	3. No, there are frequent lockdowns which cut off staff from area-DIRECT IMPLEMENTATION MAY NOT BE POSSIBLE, WORK ON SUPPORTING LOCAL CSO PARTNERS AND STRENGTHEN THE REMOTE MONITORING SYSTEM.
3. Are there GBV services in the area to refer survivors to?
	1. Yes, we have a working referral pathway to refer survivors. SEE NEXT
	2. No- END, USE THE [GBV POCKET GUIDE](https://gbvguidelines.org/en/pocketguide/).
4. Is there an active GBV AoR?
	1. Yes, there is an active GBV AoR within the CO that can support. -SEE NEXT
	2. There may be one, but we are not involved, we need to be linked up to the GBV AoR SEE NEXT (Action- Request the regional or global staff to make the link to the relevant GBV AoR)
5. Is this an acute or protracted crisis? (See Glossary [and GBViE Prevention Guidance](https://careinternational-my.sharepoint.com/%3Aw%3A/g/personal/peninah_kimiri_care_ca/EfAGYKtX7s9ElS5rnwgfnRwBmosNBRnTWTVV8tB6wlpZHA?e=LZd7y6) Note for more)
	1. Acute- consider awareness-raising and sensitization campaigns. Use the GBV mainstreaming approach- SEE NEXT
	2. Protracted crisis- consider a more robust methodology such as WLiE (Women Lead in Emergencies), *SASA!* or Humanitarian Settings-SEE NEXT
	3. Development setting- consider *Power model, household dialogues* or Social Action and Analysis SKIP NEXT
6. Is there one year or multiyear funding (this can either be available funding or type of funding the CO is applying for)?
	1. One year- consider WLiE or *Indashyikirwa or* SAA for development setting
	2. Multiyear- all the above and *SASA!*

Response

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| --- |
| **Overall Minimum Standards** |
| Do you have an existing Referral pathway in place and functional? |
| Do you have GBV SOPs in place internally?  |
| Is there Standard intake and referral forms are developed and utilized by service providers?  |
| Has the Capacities of GBV staff and partners on response been are mapped and assessed to strengthen referral system?  |
| **Technical Expertise** |
| Has you team received Case management training? |
| Does you team have GBVIMS familiarity?  |
| Do you have Entry and exit/referral plan in place?  |
| **Personnel**  |
| Do you have enough Case Worker as per the GBV minimum standard?  |
| Do you have enough Supervisors?  |
| Is there M&E or GBVIMS FP? |
| **Equipment** |
| Is the Safe space/counselling space (private)?  |
| Do you have a Toll free line? |
| Are there Case management tools in place?  |

Start

1. Is this a sudden, slow-onset/protracted crisis or a development setting?
	1. Sudden Onset Crisis- END consider lifesaving services (dignity kits, CMR (CLINICAL MANAGEMENT OF RAPE), psychosocial support services)
	2. Slow onset crisis, protracted crisis, or development setting- SEE NEXT
2. Is the proposed project area accessible to staff and beneficiaries?
	1. Yes- community members and staff can move around without restrictions- SKIP NEXT (can provide mobile, static response services)
	2. Yes, but there are some restrictions such as curfews and need for chaperones- SKIP NEXT (can do mobile, static response services)
	3. No, there are frequent lockdowns which cut off staff from area-explore remote programming. SEE NEXT
3. Is there good telephone/internet infrastructure?
	1. Yes, the network is good- SEE NEXT
	2. Yes, but it is sometimes affected by weather conditions- SEE NEXT
	3. No, phone networks are often down in the field- SEE NEXT
4. Can women and girls access telephone/internet infrastructure?
	1. Yes, women and girls have adequate access: END provide [remote psychosocial support services](https://lac.unfpa.org/sites/default/files/pub-pdf/unfpa_guiavbg_web.pdf)
	2. Yes, but the uptake is low for women and girls- END provide [remote psychosocial support services](https://lac.unfpa.org/sites/default/files/pub-pdf/unfpa_guiavbg_web.pdf) Action, advocate for greater access for women
	3. No, women and girls are unable to access/severely limited in their access- Not a good candidate for remote. Look into supporting the local CSOs (civil society organizations) to directly provide services
5. Is the CO already providing SRH (Sexual Reproductive Health) services?
	1. Yes, the CO is already providing SRH (Sexual Reproductive Health) services -SEE NEXT
	2. No, there are no other services- SKIP THE NEXT QUESTION
6. Is there an opportunity to integrate GBV in proposed interventions?
	1. Yes, we have existing programming that GBV can be integrated- SEE NEXT
	2. Yes, but we do not have funding to mainstream or integrate GBV- SEE NEXT
	3. No, we do not have any opportunities or funding to mainstream or integrate GBV- END, use the [GBV Pocket Guide](https://gbvguidelines.org/en/pocketguide/).
7. Is there an active GBV Sub-cluster or Working Group[[2]](#footnote-3) ?
	1. Yes, there is an active sub-cluster or working group within the CO that can support -SEE NEXT
	2. Yes, there is an active GBV Working Group not in the CO but in the region that the CO is linked to- SEE NEXT
	3. No, we need to be linked up to the GBV sub cluster or working group- SEE NEXT (Action- Request the regional or global staff to make the link to the relevant GBV sub cluster or working group)
8. Has the GBV sub cluster or working group requested for more actors to do case management due to higher case load?
	1. Yes, the GBV sub cluster or working group has requested for more actors- SEE NEXT
	2. No, there is no such request- PAUSE Link with the GBV sub cluster or working group to see where this work would fit
9. Does the available/potential funding cater for: personnel (considering ratio of case workers to clients 25:1), supervision, care for carers[[3]](#footnote-4), technical support from the region/global and accompaniment for partners in the field
	1. Yes, the funding can cover all the above- Humanitarian Settings. Use the [IASC (Inter Agency Standing Committee) MHPSS (mental health and psychosocial support) guidelines](http://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf) on how to start off case management services (29-38). Development settings consult GBV AoR for SoPs (Standard Operating Procedures). SEE NEXT
	2. No, END network with an available case management service provider in the area.
10. FOR HUMANITARIAN SETTINGs: Are there any existing community spaces that can be converted for GBV services?
	1. Yes, there is an existing building the CO can ask to have or a plot of land we can build on- END The CO is a good candidate for Women and Girls Safe Spaces (WGSS) programming. See the [WGSS Toolkit](https://gbvresponders.org/wp-content/uploads/2020/02/IRC-WGSS-English-2020.pdf) for more.
	2. No, there is no existing community space that can be converted- END CO cannot create a WGSS.

Advocacy

1. Are there trained available staff (at least one dedicated advocacy focal person) on advocacy AND resources (time and funds for staff training and extended advocacy support) allocated for regional or national support on advocacy?
	1. Yes, one fully dedicated person- SEE NEXT
	2. Yes, the CO has staff that are partially working on advocacy- SEE NEXT
	3. No -PAUSE, consult with Regional Advocacy Manager on way forward
2. Are there any existing advocacy initiatives focused on advancing gender equality or GBV in the country office?
	1. Yes- SEE NEXT
	2. No- SKIP NEXT
3. Was the advocacy planned (part of the initial design of the project) or was it ad hoc (arising from the needs of the CO)?
	1. Yes- SEE NEXT
	2. No- SEE NEXT
4. Was previous advocacy documented e.g., using the advocacy tracker, Advocacy and Influencing Impact Reporting Tool (AIIR)?
	1. Yes- SEE NEXT
	2. No- SEE NEXT
5. Is the CO connected to the national or regional advocacy networks focused on gender or GBV e.g., GiHA (Gender in Humanitarian Action), GBV sub-cluster/working group /AoR, Grand Bargain National Reference Groups)?
	1. Yes- SEE NEXT (ACTION- Liaise with Regional Advocacy Manager to strengthen current networks)
	2. No- SEE NEXT (ACTION- Liaise with Regional Advocacy Manager to link the CO to the regional next works)
6. Is the CO working with existing feminist networks, WLOs (women led organizations) and WROs?
	1. Yes- SEE NEXT (ACTION: Liaise with Regional Advocacy Manager to update partner mapping)
	2. No- END. (ACTION: Liaise with Regional Advocacy Manager to work on developing the CO’s partnership with these organizations and plug into regional initiatives in the meantime to work on strengthening in.)
7. Is there an existing mapping of advocacy interests and opportunities and stakeholders for collaboration in the CO?
	1. Yes- END Use CARE International Advocacy Handbook)
	2. No- END- (Liaise with Regional Advocacy Manager to develop mapping and strategy)

Glossary

**Acute Emergencies**

**Slow Onset Crisis:** emerges gradually over months, or even years, often resulting from a confluence of different factors or events.

**Sudden Onset Crisis**- characterized by a large-scale loss of or threat to life, injury, or damage to assets and property. The emergency is usually caused by a single sudden shock, for example, an outbreak of violence which prompts large-scale displacement.

**GBV Mainstreaming-** GBV mainstreaming into technical sectors is the process of incorporating key gender and diversity considerations and protection / GBV principles and risk mitigation measures with adequate resourcing into all relevant activities.

**GBV Integration-** GBV integration is the process of including specific objectives, activities, additional resources and indicators on gender, diversity, protection/GBV and SRH (Sexual Reproductive Health) into all technical sector programmes.

**GBV Standalone-** Standalone programmes are specialized programmes that involve GBV/SRH specialists and have specific objectives, activities, resources, and indicators for the purposes of advancing protection or SRH outcomes.

**Indashyikirwa-** is an innovative and effective tool for preventing and reducing violence in the home among couples and their children, especially when combined with CARE’s VSLA (Village Savings and Loans Association) model.

**Protracted Crisis:** situations where a significant part of the population is acutely vulnerable and dependent on humanitarian assistance over a prolonged period. In many cases, this period becomes so long that the emergency has become the normal situation, Development setting, no emergency

**SASA!** SASA! (The Kiswahili word for “now”) is a community mobilization methodology developed by Raising Voices - a Ugandan NGO (Non-Governmental Organization) - for addressing the link between violence against women and patriarchy by exploring the central question “How are you using your power?” The [SASA! methodology](https://raisingvoices.org/sasa/) provides an approach for changing the social norms that perpetuate women’s vulnerability to violence. It is structured around four stages of community mobilization that enable organisations to facilitate a process of behaviour change effectively and systematically in the community. Steps in *SASA!* are rigid and consecutive which means that this approach must be taken on by a country office that has guaranteed funding for implementation and technical support for the first 1.5 years.

**Women Lead in Emergencies** Women Lead supports women in communities at the frontline of conflict and disaster to overcome barriers to their participation, and to take the lead in meeting the needs of their communities. Women Lead brings tried-and-tested approaches from development programmes into our humanitarian response to:

* enable women to identify their own priorities and act on them
* put decisions on how to spend programme funds in the hands of women
* support them to engage with community leaders, governments, and humanitarian agencies to access rights, services, and assistance.
1. A useful decision tree on collecting data on VAW <https://asiapacific.unfpa.org/en/resources/decision-tree-data-collection-violence-against-women-and-covid-19>

 [↑](#footnote-ref-2)
2. This refers to the relevant country level coordination forum [↑](#footnote-ref-3)
3. These include a range of supportive behaviors, including group and individual therapy, peer mentoring, verbal encouragement, professional training, support to balance workload and paid annual leave), [↑](#footnote-ref-4)