

# GENDER BASED VIOLENCE (GBV) TRAINING REPORT



**Implemented by: ISDP**

**Funded by: SHF**

**Date: 23<sup>rd</sup>—25<sup>th</sup>, Nov, 2022.**

## Introduction

The four-day training titled “Gender based Violence (GBV)” was given to frontline staff 3 health centers and 4PHUs’ and two IERT mobile team the main objective of this training was to build their capacity and create awareness on ways we can be accountable to the affected population in their respective operation villages.

### I.1: Objective of the Training

The objective of this training is to advance the knowledge *and* competency towards gender based violence for 15 midwives in SHF integrated emergency health and nutrition in Qandala supporting Health Facilities:

- Supporting women's rights and opportunities for education, employment, and full participation in society
- identify the available resources (drugs, materials, laboratory facilities)
- Create a referral network between the different sectors involved in caring for rape survivors (community, health, security, protection)
- Fighting HIV/AIDS through providing information and counseling
- Identify and apply the key components of an effective, multi-sectorial GBV programme for

Prevention and response of GBV within humanitarian coordination in Somalia.

- Articulate the core functions of an effective GBV coordination system and know the different dynamics of GBV coordination within Somalia.
- Apply knowledge gained during training sessions to development of individual action plans

### 1.2: Workshop Overview

This session had the objective of enabling participants to:-

- ✓ Share expectations of the workshop
- ✓ State workshop objectives
- ✓ Explain workshop schedule
- ✓ List norms to guide the workshop
- ✓ Be acquainted with logistics of the workshop

### 1.3: Opening remarks and Workshop Norms

Ayanle, ISPD Program manager had officially opened the training, he encouraged the participants to be interactive and seek immediate clarification of anything that was not understood during the sessions to ensure better comprehension of the topics. He emphasized that the objective of this training is to make sure it is clear and has been specifically designed for the community health workers to build their capacities to handle all the different categories of GBV consequences.

The participants thereafter introduced themselves by name, position at work, their location and their expectations for the workshop and they came up with house rules to be observed during the continuation of the training which included punctuality, maintaining their mobiles on silent mode during the sessions, among others. The participants went further to appoint a timekeeper and a house keeper in these 3 days training.

### 1.4: Participants Expectations

Participants were then invited to state their expectations from the workshop. At the end, a list of expectations was pasted on the wall and it had the following items:

- ✓ Gain an understanding on gender and sexual rights
- ✓ Understand gender equality and gender differences
- ✓ To have a better perspective on case management and referral process
- ✓ To get a certificate



### Pre-Posttest session

Explained that everyone will take a short pre-test on child protection and case management and that will only be a baseline to be compared to the posttest to see how effective the training is, and that the scores will be kept confidential

The participants were assessed via pre- and post-test matching assessments, overall, the participants scored higher on the post-test, indicating that their knowledge did increase from the pre-test, although there was significant variation between the participants.

Pre-post test results had shown difference- which say the level of knowledge and understanding of the participants had remarkably increased.

The facilitator encouraged the exchange of expertise· knowledge and skills by every participant. Asked participants to link examples to their own experiences and share lessons from their daily and professional life.

## Day I

### SESSION I: INTRODUCTION TO GENDER

#### I.1 Introducing the session

This training was facilitated by Asad Osman and co facilitator Abdullahi Bashir. This session was meant to enable participants define gender concepts, differentiate between gender and sex and identify gender roles. The facilitator began by giving out a short story of a couple who were in desperate need of getting a child. They were offered a chance to make a wish and chose just one child a baby girl or boy no twins. Each participant was given a piece of paper to make that wish. The papers were then collected.

The first day's sessions, the facilitator introduced the participants to Gender based violence- GBV, gender and sex, causes and consequences of GBV, contributing factors. He allowed them to brainstorm on their understanding of the term Gender based violence- GBV. He then gave them a brief history of Gender based violence and types with consequences and thereafter had an elaborate discussion on each of the key gender based principles and discussion continued well into lunch-time.

After the lunch break the discussion went deeper into the gender based principles including do no harm and confidentiality of women and children. The second module which covered stigma and discrimination began. The participants seemed familiar with this topic and shared personal experiences and challenges observed within the community in dealing with stigma and discrimination in the context of GBV. The facilitator had told the participants that this session is focusing on Gender Based Violence (GBV). In order to understand them methods with a survivor-centered approach, and grounded in GBV language and the drivers of GBV.

#### 2.3 Defining Gender and differentiating it from Sex

After this reflection the facilitator then gave a working definition of gender which is socially contracted and differentiated it with sex which is the biological make-up of the human body. Participants were then asked to give examples of what makes a man and woman different of which they mentioned sexual and reproductive organs and functions.

At the end of this session, the facilitator read out the participants' wishes to have a baby. 11 women out of 15 wanted a baby boy while 4 out of 15 women wanted a baby girl. A brief discussion was held to find out why majority wanted boys and the participants assigned the following reasons:

Explained to participants to determine everyone's understanding about the difference between sex and gender.

#### Key Discussion Points

- Sex

- Refers to the physical/biological differences between males and females
- Determined by biology
- Does not change (without surgical intervention).

- Gender

- Refers to the social differences between males and females
- Determined by social factors—history, culture, tradition, societal norms, religion
- 'Gender' in any given society involves the socialisation for boys and girls, men and women that determines roles, responsibilities, opportunities, privileges, limitations, and expectations different in different culture
- Gender definitions can change.

During these sessions, the participants had discussed one by one through these below questions and with the support of the facilitator they deeply discussed

What is GBV? Share your best definition.

- Describe the differences between domestic, sexual, physical, and economic violence.
- Why do we emphasize prevention and response? Why is each equally important?
- What are some of the drivers of GBV?
- What is the impact of GBV on the girls, women, persons with disabilities,



The participants were taken to gender-based violence and broadly defined into five categories:

- Sexual violence (rape, sexual assault, sexual harassment)
- Physical violence (hitting, slapping, beating)
- Emotional violence (psychological abuse)
- Economic violence (denial of resources)
- Harmful traditional practices (forced marriages, female genital mutilation).

### GBV Prevalence Rates

There was no updated statistically significant difference in the likelihood of domestic violence experienced by women in urban and rural areas.

The only exception are that women in rural areas were 39% more likely to suffer from economic violence than women in rural areas and men in rural areas were 2.2 times more likely to have experienced physical violence than men living in urban areas.

Female students continue to suffer sexual harassment, defilement, forced marriage, FGM/C from teachers, parents and other community members in everywhere.

### As plenary discussion,

He reminded the participants that children who witness violence, especially boys are more likely to be perpetrators and girls are more likely to be in abusive relationships - asked participants why they think that is?

The participants were given chance to identify the types of perpetrators and underlined that perpetrators are in homes and schools + perpetrator known to victim. Physical abuse most commonly perpetrated by parents + caregivers. Likewise, the participants focused and discussed these below questions:-

1. What is the cause of this type of violence?
2. What are the impacts of this type of violence on the individual (child vs adult), family, and the community?
3. How common is this type of violence in your community?
4. How often do cases of this type of violence a) Get reported to police b) Come to court?
5. What are the challenges for supporting survivors of this type of violence in the court?

### Causes and risk factors

The participants as well discussed on GBV cause and risk factors and in summary, the mentioned poverty, approval of corporal punishment, mental health problems, having experienced child abuse as a child, alcohol and drug misuse.

Finally, the facilitator highlighted that no single factor causes partner violence. Violence emerges from the interplay of multiple interacting factors at different levels of the social 'ecology'. Some factors appear consistently potent in their power to elevate risk of partner violence including exposure to violence in childhood, presence of community norms that support wife abuse, binge drinking, harmful notions of masculinity and rigid gender roles.

<b>Consequences</b>	<b>Root Causes</b>	<b>Contributing Factors</b>
Psychological harm Feeling of rejection Economic results / dependence Health problems Lack of educational knowledge and awareness Social stigma Depression/Trauma/ PTSD/Suicide Unwanted pregnancy/ neglect	Inequality between men and women The culture of that society/ customs Patriarchal society Abuse of power	Lack of awareness of human rights Psychological problems Poverty Absences of protective laws Wars and crises

## Day 2: Case Management

The objectives of this session were to: 1) Learn the definition of case management, and, 2) Learn the steps of case management.

The second day began with a recap of the previous day's session began the first session of the day by giving an overview of Module 3 which dealt with the case management process.

The volunteer participants were then given large pieces of paper which include the different steps of case management and asked to put them in the correct order. The facilitator then went through each step in accurate order and worked together with the participants to summarize the key tasks for each step.

The facilitator had given the participants overview of gender based violence- GBV case management process including the steps and each step has key tasks that we need to accomplish, we do not always follow the steps in a linear way. For example, in order to meet a survivor's needs we often have to return to several steps such as assessment, action planning, and implementation as part of our follow-up before we close a case. Informed consent is a process that aims to ensure a survivor's control over, and comfort with, the case management process

### Session 6: GBV Case Management Step 1 – Introduction and Engagement –

The objectives of this part of the training workshop were presented as such:

- To learn to greet and comfort a survivor to effectively build rapport.
- To explain confidentiality and the exceptions to confidentiality.
- To guide survivors through the process of informed consent in a safe and empowering manner.

The good point was that the participants were asked to observe two role-plays "Greet and Comfort") and then discussed the positive and negative aspects of the caseworker's approach in each role-play.

#### The 5 steps of obtaining informed consent:

The facilitator had enlightened the process of the consent obtaining process

1. Explain the case management process
2. Explain confidentiality
3. Explain client information
4. Explain the survivor's rights
5. Ask the survivor if they have any questions and if they would like to continue.

The facilitator, together with the participants, looked into the details of each step. They addressed the issue of confidentiality and the exceptions to confidentiality. Exceptions may exist in cases where survivors threaten to harm themselves or others.

### GBV Case Management Step 2 – Assessment

The objectives of this part of the training workshop were to:

- Use supportive communication to facilitate disclosure
- Develop an understanding of the survivor's situation and what happened
- Conduct a thorough assessment of a survivor's needs

The participants were asked to offer an initial definition of assessment and its components. The facilitator then offered a more technical definition which states that assessment.

He distributed scenario between a caseworker and a survivor who is having an emergency, the facilitator divided the participants into groups and asked them to discuss what the caseworker did well and what could be improved.

The participants were introduced to strategies that can help facilitate a supportive conversation and make the survivor feel more at ease during assessment. These strategies include, among others, beginning the conversation with basic questions, listening carefully to the story as the survivor tells it, watching the survivor's body language closely.



The participants practiced this step by working in small groups to map out the survivor's needs. Each group was given a case study that includes information from an assessment and a "needs map". For each of the needs the group identified from the case study, they determined where to place it on the needs map, then they discussed their answers as a large group.



### GBV Case Management Step 3 – Case Action Planning to the steps 4, 5 & 6 – Implementation, Follow up and Case Closure

The purpose of implementation is to connect the survivor to relevant service providers through referrals, support them in accessing those services safely and ensure that the services are well coordinated.

The purpose of follow-up is to assess the status of the survivor's situation and case action plan. It is carried out through meeting with or contacting the survivor as agreed, reassessing safety, reviewing and revising the case action plan and implementing the revised case action plan.

The purpose of case closure is to recognize when the work is finished with a survivor and terminate with the survivor in a safe and supportive way.

A case can be closed in the following cases:

- When the client's needs are met and/or her support systems are functioning
- When the survivor wants to close the case
- When the survivor leaves the area, or is relocated to another place
- When you have not been able to reach the survivor for a minimum of 30 days

The facilitator noted that it is important to be clear about when the case should be closed to avoid piling up pending cases and hindering productivity and efficiency.

### Day 3: Referral Pathway and process

On day three, the facilitator conducted the recap of the previous day's sessions. It was important to establish that the participants had understood all the modules before they could embark on the next module which was basically to enable them embrace the GBV and case management based approach in providing services to the members of the community with protection concerns.

Important Notes on referral were given to the participants such- when someone has experienced physical or sexual violence, encourage her/him to access health services as soon as possible. To prevent sexually transmitted infections (STIs) it is important to access health services within 72 hours and within 120 hours to prevent unwanted pregnancy. Always provide information on what is available. Share what you know and let the survivor decide if s/he wants to access them.

**If the survivor is a child...** Children are particularly vulnerable to any kind of violence and depending on their age may be unable to take decision. It is important to ensure the child/adolescent is always in the company of a trusted adult, ideally selected by the child.

**Do no harm...** Do not seek out child survivors. It is not your job to investigate if a child/adolescent is experiencing violence. Doing so can lead to more violence and risks for the child/adolescent.

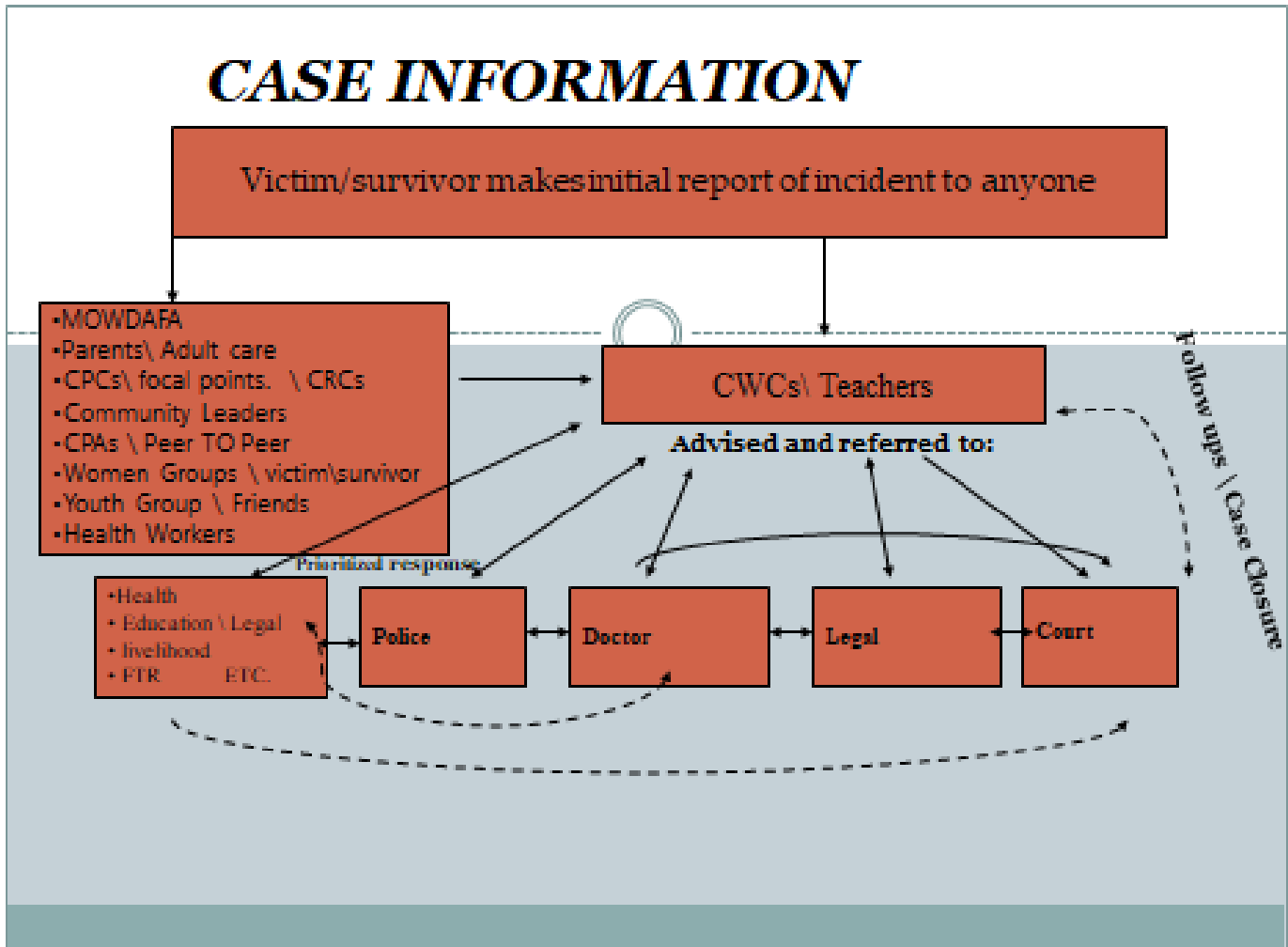
**Ensure the safety of the survivor...** The physical and emotional safety of the child is the primary concern.

The participants were asked participants if they have seen or used this where they work? Ask what challenges they experience in using the referral pathway?

After long discussion, the participants realized that police and justice officers/officials are often not involved in discussions on referrals, and this was considered a key bottleneck to ensuring access to justice.

At this point, the facilitator highlighted there are different understandings regarding what the entry point into the referral system should be.

### Referral Pathway for Survivors of Gender-Based Violence



### Conclusion

The training was officially closed by representative from district ministry of health and ISDP program manager- who thanked the training participants on the positive way of and attractive participation with punctuality during the training days and encouraged to roll-out the knowledge and skills gained from this training to their duty-stations. He encouraged the participants not only to attend and leave away but change it into actions and pass the messages to the communities they are representing then let us evaluate its Impact.

### Participants' feedback:

In summary, to a large extend the objectives of the training and expectations of participants were met. The experiences, skills, knowledge and interactive mode of presentation made the facilitation friendly and lively. Most of the participants were of the view that the training was very relevant as they embark on a journey to combat, curbed and eradicate gender based violence- GBV in their localities.

Photos





## Annex for Participants list



### GENDER BASED VIOLENCE (GBV) TRAINING

#### ATTENDANCE SHEET

DATE: 23<sup>rd</sup>, 24<sup>th</sup>, 25 and 26<sup>th</sup> - November - 2022

o	Name	Location	Gender (F/M)	Telephone Number	Title	Signature Day 1	Signature print Day 2	Signature print Day 3	Signature print Day 4
1	Hafsa Said hussein	Taaloziye	F	6501641	midwife	haafso	haafso	haafso	haafso
2	Hayoob Maxmed xirsi	Taaloziye	f	7445259	nurse	Am.	Am.	Am.	Am.
3	Haawo nhamd muusini	Canjeel	f	7624456	nursing	Haawo	Haawo	Haawo	Haawo
4	Maryam Ali mohamed	dhankadus	F	7528206	midwife	Ma	Ma	Ma	Ma
5	Hafsa asman salad	Xijiile	F	7994483	Nursing	Hafsa	Hafsa	Hafsa	Hafsa
6	fadumo osman mohamed	uuun	F	7765265	Nursing	f	f	f	f
7	fartuun Faarah yuusuf	uuun	F	7531366	midwife	Fa	Fa	Fa	Fa

8	Hawmo Said Mohamed	Xankorib	F	7893370	Nurse	HE	HE	HE	HE
9	Nasro Lawi Ahmed	Ballidhidi	F	7728322	midwife	HE	HE	HE	HE
10	Marijan Mohamed Samatar	Buruc	F	6000969	midwife	HE	HE	HE	HE
11	Saytum Mohamed Said	Ballidhidi	F	7523744	midwife	HE	HE	HE	HE
12	Ayaan bi-Laal Mohamed	Tuurmasic	F	7876005	Nursing	HE	HE	HE	HE
13	Sayyid Abdulkali Ak	Tuurmasic	F	7845823	midwife	HE	HE	HE	HE
14	Fadumo Adan maxamad	Canjeel	F	5588817	midwife	HE	HE	HE	HE
15	Nafax siad maxamad	Kijijik	F	7376632	midwife	HE	HE	HE	HE
16									
17									

Prepared by: Zaytum Mohamed ismail Title: LYCF Supervisor Sign/Date: 26/11/2022

Approved by: Ayanle Abdullahi Title: H&M program manager Sign/Date: [Signature]

29-11-2022