This Toolkit contains information, guidance, tools and training material to help CC Programme staff in Somalia and South Sudan plan, implement and monitor the programme. There are four Parts of the Toolkit.

**PART 1:** Building Knowledge and Awareness
- **SECTION 1: INFO**
  - Information about sexual violence, social norms and self-awareness

**PART 2:** Programme Planning and Monitoring
- **SECTION 1: INFO**
  - Guidance and tools for programme planning and monitoring

**PART 3:** Strengthening Community-Based Care
- **SECTION 1: INFO**
  - Guidance and tools for strengthening community-based care

**PART 4:** Catalysing Change
- **SECTION 1: INFO**
  - Guidance and tools for facilitating community discussions and actions

### Part 1: Building Knowledge and Awareness
- Training: Sexual violence
- Training: Social norms
- Training: Self-awareness

### Part 2: Programme Planning and Monitoring
- Workshop guide: Orientation to the CC programme

### Part 3: Strengthening Community-Based Care
- Training: Survivor-centred response
- Training: Health response
- Training: Psychosocial response
- Training: Education response
- Training: Law enforcement response

### Part 4: Catalysing Change
- Training: Facilitating community discussions
- Community discussion guide: Building healthy, safe and peaceful communities
PART 1: Building Knowledge and Awareness

Part One shares information about sexual violence and social norms, and aims to inspire programme staff to take action with communities to stop it. Its objectives are to:

- Create shared understanding about sexual violence against women and girls, including in conflict-affected settings.
- Foster awareness of the harmful consequences of sexual violence and the rights and needs of survivors.
- Educate about the causes of sexual violence and explore the connections between gender inequality, power and sexual violence.
- Consider factors at the individual, family, community and societal levels that need to be addressed to make lasting change to norms, policies and practices that sustain sexual violence.
- Educate about social norms and how they contribute to sexual violence and how they can be used in programming to prevent it.
- Encourage reflection about personal values and beliefs.

Section 1 introduces the topics of sexual violence, social norms and self-awareness and provides essential information, reflection questions and programming tips.

Section 2 contains training materials for programme staff and stakeholders on sexual violence, social norms and self-awareness.

PART 2: Programme Planning and Monitoring

Part Two assists programme managers in planning start-up, implementation and monitoring of the community-based care (CBC) and community engagement and action (CE&A) components of the CC Programme. Its objectives are to:

- Build a strong foundation for the programme by creating a skilled, committed team and good relationships with community stakeholders.
- Ensure safety of CC staff and community members in all stages of the programme.
- Plan for creating holistic, compassionate community-based care and support for survivors of sexual violence.
- Plan for sparking community action to prevent sexual violence.

Section 1 contains information and guidance for getting started with the CC Programme, as well as tools for planning staffing structure, management, supervision and training; building community partnerships; and ethical and safe programming.

Section 2 contains a workshop guide for introducing the programme to managers and senior staff.

PART 3: Strengthening Community-Based Care

Part Three is for programme managers and staff working with professionals, paraprofessionals and community volunteers who provide care and support to survivors of sexual violence. Its objectives are to:

- Support the Community-Based Care Team to strengthen quality community services for survivors of sexual violence.
- Support the Community-Based Care Team to build survivor-centred knowledge, skills, beliefs and behaviours of service providers and other helpers in health, psychosocial care, education and law enforcement.
- Foster good practice in survivor-centred care and support.

Section 1 covers the process of implementing the CBC component and looks at strengthening quality survivor-centred services and supporting compassionate survivor-centred care and support. Each topic begins with information and guidance to implement programme activities, and also has an action checklist and tools to help carry out the activities and action points.

Section 2 contains training materials to build capacity of service providers in health, psychosocial care, education and law enforcement to deliver survivor-centred care.

PART 4: Catalysing Change

Part Four has information, guidance and tools to help the team implement the CE&A component of the programme. Its objectives are to:

- Support the Community Engagement and Action Team to promote positive social norms and spark transformation of norms that are harmful and contribute to sexual violence against women and girls in the community.
- Support the Community Engagement and Action Team to work with the community to build collective commitment and take concrete action to prevent sexual violence against women and girls.
- Support the Community Engagement and Action Team to provide services and encourage survivors to seek help.

Section 1 covers the process of implementing CC community discussion and action activities and provides information and guidance, an action checklist and tools to help carry out the key actions. It looks at building positive norms against sexual violence; fostering common cause, collective commitment and action for change; communicating change; and building a supportive environment.

Section 2 contains a training module to help build the capacity of Community Discussion Leaders to facilitate guided discussions. It also contains the Community Discussion Guide.
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• Create shared understanding about sexual violence against women and girls, including in conflict-affected settings.
• Foster awareness of the harmful consequences of sexual violence and the rights and needs of survivors.
• Educate about the causes of sexual violence and explore the connections between gender inequality, power and sexual violence.
• Consider factors at the individual, family, community and societal levels that need to be addressed to make lasting change to norms, policies and practices that sustain sexual violence.
• Educate about social norms and how they contribute to sexual violence and how they can be used in programming to prevent it.
• Encourage reflection about personal values and beliefs.

Section 1 introduces the topics of sexual violence, social norms and self-awareness and provides essential information, reflection questions and programming tips.

Section 2 contains training materials for programme staff and stakeholders on sexual violence, social norms and self-awareness.

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• Ensure safety of CC staff and community members in all stages of the programme.
• Plan for creating holistic, compassionate community-based care and support for survivors of sexual violence.
• Plan for sparking community action to prevent sexual violence.

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• Support the Community Engagement and Action Team to promote positive social norms and spark transformation of norms that are harmful and contribute to sexual violence against women and girls in the community.
• Support the Community Engagement and Action Team to work with the community to build collective commitment and take concrete action to prevent sexual violence against women and girls.
• Support the Community Engagement and Action Team to promote services and encourage survivors to seek help.

Section 1 covers the process of implementing CC community discussion and action activities and provides information and guidance, an action checklist and tools to help carry out the key actions. It looks at building positive norms against sexual violence; fostering common cause, collective commitment and action for change; communicating change; and building a supportive environment.

Section 2 contains a training module to help build the capacity of Community Discussion Leaders to facilitate guided discussions. It also contains the Community Discussion Guide.
WHAT'S IN THE TOOLKIT?

This Toolkit contains information, guidance, tools and training material to help CC Programme staff in Somalia and South Sudan plan, implement and monitor the programme. There are four Parts of the Toolkit.
CONTENTS

Violence against women and girls: A preventable problem ........................................................ 1
What is the Communities Care: Transforming Lives and Preventing Violence Programme? ................................................................................................................................... 1
Pilot countries ........................................................................................................................................................ 2
Supporting peacebuilding and education ........................................................................................................... 3
Goal and objectives ............................................................................................................................................... 3
Guiding principles .................................................................................................................................................. 4
Pathway to Change ....................................................................................................................................... 6
Outline of training materials ..................................................................................................................... 10
Logical framework ....................................................................................................................................... 12
Adapting the Toolkit ...................................................................................................................................... 18

A note on CC Programme teams

The Community-Based Care (CBC) Team refers to CC Programme staff responsible for implementing the community-based care component of the programme, including senior social workers and social workers. The Community Engagement and Action (CE&A) Team refers to CC Programme staff responsible for the community engagement and action component of the programme, including senior community workers, community team leaders and Community Discussion Leaders.
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Violence against women and girls: A preventable problem

Violence against women and girls occurs across countries, cultures and classes and is one of the most serious health and human rights issues globally. It is also an obstacle to the achievement of equality, development and peace.²

All people have the right to live free from violence. The United Nations Declaration on the Elimination of Violence against Women (DEVAW) highlights the different forms violence against women and girls can take, including sexual violence. In recent decades, international actors and States have taken significant action in line with DEVAW and other human rights instruments to address violence against women and girls. The importance of sustaining this global momentum was reaffirmed at the fifty-seventh session of the Commission on the Status of Women, held in March 2013.³

UNICEF is committed to ending all violence against women and girls, and in particular to ending sexual violence. Sexual violence is an appalling assault on the dignity, health and well-being of individuals exposed to it. While anybody can experience sexual violence, women and girls are overwhelmingly affected, with girls up to three times more likely than boys to experience it.⁴ Women face the threat of sexual violence throughout life, and in conflict situations this threat is magnified. In nearly every instance, men are the perpetrators of sexual violence, with virtually all rapes committed by males.⁵ However, men are not born violent, and most men do not commit sexual violence.

Sexual violence is preventable. Its roots lie in unequal power relations between women and men. In addition to pervasive gender inequality, sexual violence happens because of shared beliefs and expectations in a community about gender, sex and violence. These shared beliefs and expectations are unspoken rules for behaviour that can: (1) encourage men to behave violently towards women and girls; (2) foster tolerance and silence about sexual violence in communities; and (3) stop people from speaking out or taking action against it. Unspoken rules have a very strong influence on the way people behave, and to change harmful behaviours related to sexual violence, we need to change the harmful beliefs and rules that underlie them.

What is the Communities Care: Transforming Lives and Preventing Violence Programme?

UNICEF developed the Communities Care: Transforming Lives and Preventing Violence Programme (CC Programme) based on evidence and experience⁶ that show that changing collective beliefs and unspoken rules in communities can lead to change in collective practices and behaviours. This

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⁶ For example, programmes using a social norms perspective have contributed to ending open defecation in many communities around the world and to abandonment of female genital mutilation/cutting (FGC/M) across Africa. For more information about a social norms perspective to end FGM/C, see “The Dynamics of Social Change: Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries,” Innocenti Insight Paper, UNICEF Innocenti Research Centre, (Florence, 2010), <www.unicef-irc.org/publications/pdf/fgm_insight_eng.pdf>.
Innovative and exciting programme aims to prevent sexual violence against women and girls in communities affected by conflict by working with these communities to transform social norms – reshaping norms that promote sexual violence into norms that promote dignity, equality and non-violence.

This programme focuses on altering individual behaviours, collective practices and widely held beliefs that contribute to sexual violence against women and girls. The process of shifting social norms requires the involvement and buy-in of key decision makers, stakeholders and agents of change of both genders. Emphasizing that the whole community – men, women, boys and girls alike – benefits from the creation of healthier, safer and more peaceful communities in which all members enjoy their right to live free from violence is a powerful means to promote buy-in among stakeholders.

The main strategy for catalysing change in harmful community norms is to facilitate dialogue among key groups in the community. Dialogue stimulates reflection on human rights principles and ideals and on shared community values and beliefs, debate about beliefs and norms that are harmful for women and girls, and deliberation about alternatives. It localizes human rights concepts and situates them in a culturally and contextually appropriate way. For example, in many communities dialogue would involve religious leaders and draw on religious values and principles. Once community members identify the benefits of change and decide on alternative norms, the CC Programme will support them to take collective action to make these changes.

Until sexual violence is eradicated, survivors have the right to compassionate care and support to promote their dignity, healing and recovery. The programme will also build capacity within communities to provide such care and support to survivors and their families.

**Pilot countries**

The programme is being piloted in Somalia and South Sudan over a three-year period that began in 2013. Somalia and South Sudan were chosen as pilot countries after consultation with child protection, health, HIV/AIDS and education colleagues in nine UNICEF country offices programming in conflict-affected contexts.

Factors considered in selecting the pilot countries included the degree to which gender-based violence (GBV) is a programming priority within the country office, the existing GBV programming capacity within the team, and the ability of different UNICEF sectors to engage in and contribute to implementing the CC Programme. The proximity of the two countries is also a benefit, as it will allow for sharing of lessons and cross-learning over the three years.
Supporting peacebuilding and education

The CC Programme is being implemented alongside UNICEF’s four-year Peacebuilding, Education and Advocacy in Conflict-Affected Contexts (PBEA) programme, an innovative cross-sectoral programme with the goal of strengthening resilience, social cohesion and human security in conflict-affected contexts.

Periods of conflict create intense social upheaval and generate new rules for how people interact. The peacebuilding and post-conflict period is a critical time for reshaping those norms while also providing an opportunity to enhance protective, positive norms and support the inclusion of women and girls in reconstruction.

By building norms that promote health, safety and peace for all members of the community, the CC Programme will complement the PBEA programme efforts to enhance social cohesion and human security and build sustained peace.

Like the PBEA programme, the CC Programme works with the education sector because of the important role of formal and non-formal education in all aspects of peace, security and community well-being. The CC Programme engages schools, educators and young people in effecting positive social change using a social norms perspective, and also focuses on non-formal education with community members to catalyse community-led action to build human security and gender-equitable peace through preventing sexual violence against women and girls.

Goal and objectives

The goal of the CC Programme is to create safer communities for women and girls through transforming harmful social norms that contribute to sexual violence into social norms that uphold women and girls’ equality, safety and dignity.

The programme uses two mutually reinforcing strategies: the first is to strengthen care and support for survivors of sexual violence; the second is to engage the community in collective action to prevent sexual violence. Each community will identify the collective actions that are relevant and achievable to their particular context at the family and community levels, including across different sectors. For example, collective actions could include working with fathers/husbands on how to support wives/daughters who are survivors of sexual violence, encouraging religious leaders to take a public stance against sexual violence with their congregants, or urging local officials to strengthen laws and policies to reduce impunity for perpetrators of sexual violence.

“The goal of the CC Programme is to create safer communities for women and girls through transforming harmful social norms that contribute to sexual violence into social norms that uphold women and girls’ equality, safety and dignity.”
The CC Programme has two overall objectives that reflect its two components:

1. To create an environment in which survivors can obtain holistic compassionate care and support from quality survivor-centred services.

2. To catalyse community-led action to reduce tolerance of sexual violence and to implement comprehensive prevention measures through transforming harmful beliefs and norms that foster sexual violence.

Guiding principles

These three principles underpin the programme and should guide the values and actions of all programme staff:

1. **Sexual violence is a fundamental and unacceptable violation of human rights.**
   - All women and girls have the right to live free from sexual violence.
   - Survivors of sexual violence have the right to health, to protection from further violence and to dignity.

2. **Preventing sexual violence involves promoting gender equality and promoting beliefs and norms that foster respectful, non-violent gender norms.**
   - Ending discrimination and inequality based on gender is at the heart of ending sexual violence against women and girls.
   - Violence is a learned behaviour.

3. **Participation and partnership are cornerstones of effective sexual violence prevention.**
   - Genuine participation by communities is empowering, gives a voice to unheard members of the community, and fosters ownership of the problem and its solutions.
   - Preventing and responding to sexual violence requires collaborative action and partnerships across organizations and sectors, and most importantly with communities.
PATHWAY TO CHANGE

The CC pathway comprises six steps that are the building blocks of the programme. These steps are based on careful analysis and research about what has worked in shifting harmful social norms and practices in other contexts.

See Pathway of Change Infographic
PREVENTING SEXUAL VIOLENCE AND BUILDING HEALTHY, SAFE AND PEACEFUL COMMUNITIES

EVERYONE HAS A ROLE TO PLAY

Community members
(women, men, girls and boys)

Community leaders
(government workers, religious leaders, women’s leaders, etc.)

Healthcare actors
(doctors, nurses, community health workers)

Psychosocial actors
(social workers, case managers, etc.)

Education actors
(educators and administrators etc.)

Law enforcement actors
(police, prosecutors, judiciary, etc.)

STEP 6 BUILD

The pathway to change requires more than strengthening services and changing collective norms; it requires building an environment that supports members of the community in sustaining change. An ‘enabling’ environment is created by identifying and advocating for laws, policies, protocols, and other mechanisms that support new practices and behaviours, address violations, and further strengthen the capacity of institutions and services to provide care for survivors.

STEP 5 COMMUNICATE

Change is affirmed and reinforced by communicating positive norms with others in the community, as well as with different communities. Making these changes visible reinforces that change is indeed happening and that people are taking actions to prevent sexual violence. The CC Programme works with core groups to communicate by highlighting evidence of change, taking public actions, and using interpersonal and mass communication channels to spread new beliefs and practices.
The pathway to change requires more than strengthening services and changing collective norms; it requires building an environment that supports members of the community in sustaining change. An ‘enabling’ environment is created by identifying and advocating for laws, policies, protocols, and other mechanisms that support new practices and behaviours, address violations, and further strengthen the capacity of institutions and services to provide care for survivors.

Survivors of sexual violence have rights to compassionate and quality care and support that maximizes their health, safety and well-being. The CC Programme strengthens community-based care and support for survivors – including health, psychosocial, law enforcement, and education services – by addressing gaps in services, identifying barriers to access, and providing training and mentoring for providers on sexual violence, social norms, self-awareness and survivor-centred care.

**STEP 1 STRENGTHEN**

Survivors of sexual violence have rights to compassionate and quality care and support that maximizes their health, safety and well-being. The CC Programme strengthens community-based care and support for survivors – including health, psychosocial, law enforcement, and education services – by addressing gaps in services, identifying barriers to access, and providing training and mentoring for providers on sexual violence, social norms, self-awareness and survivor-centred care.

**STEP 2 REFLECT**

Group discussion is at the heart of the CC Programme, and begins by raising awareness and promoting reflection among core groups in the community about harmful beliefs and norms that foster sexual violence, as well as positive community values that contribute to healthy, safe and peaceful communities. This step requires identifying core groups and community members who can be agents of change, and stimulating reflection among them about the relationship between community values and the rights of all people.

**STEP 3 EXPLORE**

Deepening discussion allows exploration into the ways in which certain beliefs and practices contribute to sexual violence against women and girls. Through the facilitated discussions, core groups are given space to explore and choose alternative practices that promote non-violent, respectful relationships between men and women, identifying both immediate and long-term changes that can be made. Opinion leaders are encouraged to become “champions for change” by publically supporting new norms and practices.

**STEP 4 COMMIT**

Successfully shifting social norms requires that community members understand the benefits of change, and collectively commit to taking action to prevent sexual violence. The CC Programme supports core groups in identifying collective advantages of promoting change, and organizing public actions that demonstrate their commitment to change. Such public commitments encourage others in the community to adopt positive beliefs and practices that prevent sexual violence against women and girls.
STEP 1
Strengthen community-based care and support for survivors of sexual violence.

This step involves building stronger multisectoral systems and services, including health, psychosocial, law enforcement and education, to ensure that survivors of sexual violence can receive compassionate and quality care and support. The CC Programme addresses gaps in services, identifies barriers to access, and provides training and mentoring to service providers. It also works with them as a core group in the community to help them reflect on values, harmful beliefs and norms, examine how these influence their treatment of survivors, and explore how this treatment may influence a survivor’s willingness to come forward for help. The following activities are key for *strengthening care and support services*:

- Mapping existing services and sources of care and support.
- Assessing and addressing gaps in services.
- Assessing and addressing barriers women and girls face in accessing services, including those that exist within the family.
- Establishing and supporting interagency coordination at district/state levels to improve communication and collaboration between different actors.
- Developing and disseminating a referral directory and protocols.
- Facilitating group discussion and dialogue with interagency actors at district/state levels.

These activities are key for *developing survivor-centred knowledge, skills, beliefs and behaviours* amongst service providers:

- Training service providers on sexual violence, social norms, self-awareness and survivor-centred care.
- Training, equipping and mentoring community health workers to provide basic health response to survivors and make appropriate referrals.
- Training, equipping and mentoring clinic-based health workers to treat violence and make appropriate referrals.
- Training and mentoring psychosocial actors in good practice in survivor-centred psychosocial care and case management.
- Training and mentoring education staff in good practice in education sector response to sexual violence.
- Training and mentoring law enforcement in good practice in law enforcement response to sexual violence.
- Providing support and supervision for case management of survivors.
- Facilitating group discussions with service providers.

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7 The CC Programme will support existing interagency groups and only establish new ones where none already exists.
STEP 2
Enable reflection among core groups in the community\(^8\) about human rights and sexual violence.

Group discussion is at the heart of the CC Programme, and the process begins by identifying influential people and groups in the community to involve in discussions and to inspire as change agents. In this step group members will be guided through a process of learning and reflecting on their collective values and aspirations and assisted to connect these to universal values of dignity, fairness and justice. They will be encouraged to reflect on beliefs and norms that foster sexual violence, as well as positive beliefs and norms that contribute to healthy, safe and peaceful communities.

The following activities are key for building awareness and reflection:
- Identifying core groups to start the community discussions with.
- Facilitating group discussions with core groups.
- Identifying group members and others who will be ‘champions for change’.
- Identifying new community members to participate in group discussions.\(^9\)

\(^8\) These will be groups that have the most influence or impact in daily life, such as religious organizations or clan organizations. These groups should also be representative of the community in terms of gender, ethnicity, and include community members that are marginalized. Core groups will also include service providers in line with facilitating group discussion with service providers in Step 1.

\(^9\) These should include both men and women, as well as religious leaders, chiefs and others recognized as important to the community.

STEP 3
Explore shared beliefs and practices.

Continuing the discussion process, this step involves helping groups to explore the ways in which certain beliefs and practices contribute to sexual violence against women and girls and to adopt alternative beliefs and practices that promote non-violent, respectful relationships between men and women. Once positive beliefs and practices have been chosen, the group discussion focus on identifying changes they can make to reinforce positive beliefs and practices.

The following activities are key for exploring shared beliefs and practices:
- Enabling questioning of harmful norms and exploring and choosing positive alternatives through group discussions, including identifying changes that can be made immediately.\(^{10}\)
- Supporting ‘champions for change’ to publically support new norms and condemn harmful practices in ways that are meaningful to community members.

\(^{10}\) Examples of changes include making reporting sexual violence easier; ensuring the availability of appropriately trained female service providers; working with families to understand the benefits of reporting sexual violence; allocating dedicated space to assisting survivors at health posts, police stations and other service-delivery points; increasing the punishment for sexual violence within clan-based justice systems.
STEP 4
Support collective public commitment to taking action and making changes.

Successfully shifting social norms requires that community members understand the benefits of change, and collectively commit to taking action to prevent sexual violence. This step involves supporting core groups to identify advantages of promoting change, and organizing public actions that demonstrate their commitment to change. Such public commitments encourage others in the community to adopt positive beliefs and practices that prevent sexual violence against women and girls.

The following activities are key for supporting collective commitment and action:
- Working with core groups to identify collective ways to publicly show their motivation and commitment to new community rules and behaviours.
- Organizing and supporting public events.
- Advocating with public officials at local and national levels to participate or endorse public events.
- Sharing news and information about events using mass and social media.

STEP 5
Communicate change.

This step involves affirming and reinforcing among core groups that change is happening and encouraging others in the community to also adopt positive beliefs and practices. As change begins to take root, and norms and practices begin to shift, communicating this change provides important feedback and reassurance that others are changing and spreads the message to others outside the core groups that change in happening in their community. Spreading the word to new communities will inspire others to act to prevent sexual violence. Evidence of change could be increased discussion of sexual violence in public settings, availability and uptake of survivor-centred services, increased monitoring of sexual violence, publicized changes in punitive response for perpetrators and demonstrated increased responsiveness to the needs of survivors in houses of worship, schools and other settings central to the life of the community.

The following activities are key for providing feedback and communicating change:
- Identifying public actions people can take to promote benefits of change and reinforce new norms and behaviours.
- Expanding community discussions to new communities.
- Communicating new ideas, information and decisions to adopt new beliefs, practices and actions using interpersonal and mass media channels.
STEP 6
Build an environment that supports change.

The pathway to change requires more than changing collective norms; it requires building an environment that supports change and supports community members to sustain change. This step involves advocacy for supportive laws, policies and other mechanisms that support new practices and behaviours, address violations, and further strengthen the capacity of institutions and services to provide care for survivors.

The key activities for building an enabling environment are:

- Advocating with decision makers for new laws, policies and rules that support zero tolerance of sexual violence.
- Working with education, health and social welfare systems to introduce institutional measures such as codes of conduct, services and protocols, to support positive practices that prohibit sexual violence and monitor and address violations.
- Documenting and sharing stories of change.
## Outline of training materials

<table>
<thead>
<tr>
<th>Module Title</th>
<th>Location</th>
<th>Length</th>
<th>Audience</th>
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<tbody>
<tr>
<td>Sexual violence</td>
<td>Part One</td>
<td>1 day</td>
<td>• All CC staff</td>
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<td></td>
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<td>• Interagency group at state/district level</td>
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<td>• Community-based response actors</td>
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<tr>
<td>Social norms</td>
<td>Part One</td>
<td>1 day</td>
<td>• All CC staff</td>
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<td>• Community-based response actors</td>
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<tr>
<td>Self-awareness</td>
<td>Part One</td>
<td>1 day</td>
<td>• All CC staff</td>
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<td>• Community-based response actors</td>
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<td>Putting survivor-centred response into practice</td>
<td>Part Three</td>
<td>4 days</td>
<td>• Interagency group at state/district level</td>
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<td>• Community-based response actors</td>
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<td>• CC social workers</td>
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<tr>
<td>Community health worker training</td>
<td>Part Three</td>
<td>10 days</td>
<td>• Community health workers</td>
</tr>
<tr>
<td>GBV AOR caring for survivors medical training modules 9 to 15</td>
<td>External</td>
<td>3 days</td>
<td>• Clinic-based health workers</td>
</tr>
<tr>
<td>Or IRC Clinical care for survivors of sexual assault: A multimedia training tool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthening psychosocial response to sexual violence</td>
<td>Part Three</td>
<td>2 days</td>
<td>• Community-based social welfare and psychosocial actors and CC social workers</td>
</tr>
<tr>
<td>Strengthening education sector response to sexual violence</td>
<td>Part Three</td>
<td>2 days</td>
<td>• School staff</td>
</tr>
<tr>
<td>Strengthening law enforcement response to sexual violence</td>
<td>Part Three</td>
<td>2 days</td>
<td>• Police officers</td>
</tr>
<tr>
<td>Facilitating community discussions</td>
<td>Part Four</td>
<td>7 days</td>
<td>• Community Engagement and Action Team</td>
</tr>
</tbody>
</table>

11 State/district level interagency group are managers and senior staff in health, social welfare, law enforcement and education sectors.
<table>
<thead>
<tr>
<th>Who will deliver the training</th>
<th>Desired outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Programme coordinators/ managers</td>
<td>CC staff will have a shared understanding of sexual violence and be able to apply knowledge about sexual violence to programme activities, including building knowledge about sexual violence with programme stakeholders.</td>
</tr>
<tr>
<td>• Senior social workers</td>
<td>State/district level sector managers and community-based response actors will have a shared understanding of sexual violence and be able to apply knowledge about sexual violence to their work in order to provide appropriate care and support to survivors.</td>
</tr>
<tr>
<td>• Programme coordinators/ managers</td>
<td>CC staff will understand the role of social norms in fostering sexual violence and understand the process of social-norms change used in the programme.</td>
</tr>
<tr>
<td>• Senior social workers</td>
<td>State/district level sector managers and community-based response actors will understand the role of social norms in fostering sexual violence, the process of social norm change and the ways in which social norms affect help seeking and help outcomes.</td>
</tr>
<tr>
<td>• Programme coordinators/ managers</td>
<td>CC staff will reflect on their role as change makers and have increased awareness about their personal attitudes, values and beliefs.</td>
</tr>
<tr>
<td>• Senior social workers</td>
<td>State/district level sector managers and community-based response actors will have increased awareness about their personal attitudes, values and beliefs and the ways in which these affect help seeking and help outcomes.</td>
</tr>
<tr>
<td>• Senior social workers or other qualified trainers</td>
<td>State/district level sector managers and community-based response actors will be able to apply good practice principles and survivor-centred knowledge and skills when responding to survivors of sexual violence.</td>
</tr>
<tr>
<td>• Qualified health personnel</td>
<td>Community health workers will be able to provide basic care to survivors of sexual violence.</td>
</tr>
<tr>
<td>• Qualified health personnel</td>
<td>Clinic-based health workers will be able to provide post-rape care in line with good practice.</td>
</tr>
<tr>
<td>• Senior social workers or other qualified trainers</td>
<td>Social welfare and psychosocial care workers will be able to demonstrate survivor-centred knowledge and skills, including implementing a case-management approach to responding to survivors.</td>
</tr>
<tr>
<td>• Senior social workers/ social workers or other qualified trainers</td>
<td>School staff will be able to recognize and respond to different types of sexual violence affecting students, understand the role of schools in preventing and responding to sexual violence and identify action to strengthen the school’s response to sexual violence.</td>
</tr>
<tr>
<td>• Senior social workers/ social workers or other qualified trainers</td>
<td>Police officers will understand their role in law enforcement in relation to sexual violence and the frameworks that guide their work in responding to sexual violence.</td>
</tr>
<tr>
<td>• Programme coordinators/ managers</td>
<td>Team members will have the knowledge and skills to implement community discussion and the community action component of the CC Programme.</td>
</tr>
</tbody>
</table>
Limited availability, access to and quality of support services and harmful social norms contribute to poor outcomes for survivors of sexual violence and their families and to acceptance/tolerance of and inaction against sexual violence.
The pathway to change requires more than changing collective norms; it requires building an environment that supports change and supports community members to sustain change.
<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
</tr>
</thead>
</table>
| A | **ACTIVITIES**
| | Map sources of care and support in the community
| | Assess gaps in services and barriers in accessing services
| | Implement solutions to gaps in and barriers to services
| | Establish and support interagency coordination groups at district/state level
| | Develop and disseminate referral directory and protocols
| | **OUTPUTS**
| | Sources of care and support in the community are identified; gaps in services and barriers to access are addressed
| | Interagency coordination groups at district/state level are functioning effectively
| B | **ACTIVITIES**
| | Train all service providers on sexual violence, social norms, self-awareness and good practice in survivor-centred care
| | Train, equip and mentor community health workers to provide basic health response to survivors
| | Train, equip and mentor clinic-based health workers to treat sexual violence survivors
| | Train and mentor psychosocial actors in good practice in psychosocial care and supervise case management
| | Train and mentor education staff in recognizing and responding to sexual violence
| | Train and mentor law enforcement actors in good practice in law enforcement response to sexual violence
| | **OUTPUTS**
| | All relevant service providers across sectors have the necessary capacities to provide appropriate, survivor centered care
| C | **ACTIVITIES**
| | Identify core groups to start community discussions, including interagency response actors
| | Facilitate group discussions with core groups
| | Identify ‘champions for change’ and support them to raise awareness
| | Identify new community members to participate in group discussions
| | **OUTPUTS**
| | Community discussions occur and are effectively led
| | New or additional community discussion groups are created
| D | **ACTIVITIES**
| | Identify ways groups can publically demonstrate commitment to new rules and behaviours
| | Organize collective public events that show commitment to new norms and behaviours
| | Advocate with public officials to support public events
| | Share information about events using mass and social media
| | **OUTPUTS**
| | Collective public actions demonstrating commitment to new norms and behaviours are undertaken, supported and publicized by public officials
| E | **ACTIVITIES**
| | Identify public actions people can take to reinforce new norms and behaviours
| | Expand community discussions to new communities
| | Communicate community decisions and actions using different communication methods
| | **OUTPUTS**
| | Public decisions and actions to reinforce new norms and behaviours are creatively publicized
| F | **ACTIVITIES**
| | Advocate with decision makers for new laws, policies and rules that support zero tolerance of sexual violence
| | Introduce institutional measures in education, health & social welfare systems to monitor and address violations
| | **OUTPUTS**
| | New laws, policies and rules that support zero tolerance of sexual violence are enacted
| | New initiatives and protocols in education, health and social welfare systems are able to monitor and address violations
| | Stories of change are publicized
**MID-TERM OUTCOMES**

- Availability and accessibility of community-based sexual violence support services are increased
- Quality of community-based sexual violence support services is increased
- Positive norms and behaviours that encourage respectful and non-violent relationships, acceptance and support for survivors and action against sexual violence are promoted
- Positive norms and behaviours are supported by broader community
- Positive norms and behaviours spread and are sustained
- Community and institutional measures are implemented that support positive behaviours and actions against sexual violence

**LONG-TERM OUTCOMES**

- Survivors receive the quality survivor centred care that they need
- Community’s acceptance of sexual violence is reduced

**IMPACT**

Reduced tolerance of sexual violence within the community and increased use of survivor centred services

**VISION**

Communities are healthier, safer, and more peaceful.
Adapting the Toolkit

At the end of the field-testing period in Somalia and South Sudan, this Toolkit will be revised as necessary and finalized for global use. Accordingly, its information, guidance materials, tools, training exercises and suggested activities have been drawn from evidence and experience from around the world. It may therefore be necessary to adapt particular tools, training exercises and activities to your context, based on local expertise, experience, knowledge and common sense.

To adapt particular materials, you will need to review their purpose or objective and modify them to be appropriate to your context, while making sure that the intended outcome or objective can still be met. In adapting materials, it’s crucial that you do not make changes that could alter the overall objective or purpose; these are linked to the programme’s theory and pathway to change, and if they are altered, we won’t be able to measure effectiveness of the programme.

Ethics and safety should always be the primary consideration in all aspects of the programme. All the materials in the Toolkit have been put together based on good practice for ethical and safe programming; as part of your initial ethics and safety assessment you should nevertheless identify and adapt any exercises or activities that could in any way compromise ethical and safe practice in your setting.

While this Toolkit contains guidance and suggested training exercises and activities, you need to draw on local experience and expertise, and be flexible and creative; for example, by tailoring training sessions and content to suit the particular audience. It may be appropriate to spend more time on a particular topic or discussion with a particular group, or in a particular context; it is at your discretion to decide whether particular training topics require more or less time to meet the needs of each audience.

If you are unsure about how to adapt a tool, training exercise or activity without compromising the programme’s theory of change or approach, or would like further advice on any aspect of the Toolkit, please consult with UNICEF Gender-based Violence in Emergencies Specialist Mendy Marsh (mmarsh@unicef.org).
POCKET CONTAINS:
Handout 1: Pathway to Change
Handout 2: Logical Framework