

**RESCUE & SUPPORT THE HELPLESS
FOUNDATION
(RESH)**



**GENDER BASED VIOLENCE STANDARDS
2025**

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2 INTRODUCTION

To maintain the RESH Foundation's organizational representation, ensure quality programming, and, most importantly, respect and protect the rights of women, girls, and survivors of GBV, all staff involved in the design, implementation, and monitoring of GBV prevention and response interventions must uphold the following minimum standards for related interventions.

Access Aid Foundation's approach to GBV Programming

RESH's GBV prevention and response programs are designed to support and empower women and girls who are most affected by gender-based violence and who face risks during and after armed conflict and natural disasters. Access Aid Foundation's priority is to strengthen core services for survivors of GBV, particularly case management and psychosocial support services, as well as quality healthcare. In areas of operation, RESH collaborates with local organizations, community-based support networks, and service providers to deliver survivor-centered care and support. Resh also works with communities to promote women's equality and to combat beliefs and practices that perpetuate different forms of GBV. The Access Aid Foundation tailors its programs to ensure activities are needs-driven, adapted for cultural and security considerations, and responsive to the nature and extent of GBV present in different contexts.

The following points outline essential elements of the RESH approach to GBV prevention and response: Focused on prevention of, and response to, forms of violence rooted in gender discrimination. Focused on the rights and needs of women and girls, Context and needs-driven, with attention to standard forms of GBV and culturally appropriate support services

- I. Consistent with international standards, national protocols, and plans of action

- II. Committed to increasing the capacity of government and community-based services
- III. Committed to advancing gender equality
- IV. Committed to survivor-centered service delivery

GBV mainstreaming and GBV as a protection intervention. In humanitarian contexts, GBV prevention and response are classified as a life-saving intervention and are commonly perceived as a specific area of work within a broader protection framework. Particular standards, skills, and methodologies are implemented in GBV prevention and response programming. GBV is acknowledged as a distinct area of responsibility within the Protection Cluster, with its own actors, structure, and coordinators.

Focused GBV prevention and response programs should be acknowledged as specialized protection interventions within the Access Aid Foundation.

Although GBV prevention and response programming are distinct fields that necessitate specialized knowledge, GBV is a cross-cutting concern. It is crucial to prioritize GBV, particularly the prevention and mitigation of GBV risks, in all sectors of humanitarian response. GBV is presumed to be occurring in humanitarian settings by the Inter-Agency Standing Committee, which has established responsibilities for all sector actors to consider it as a serious and life-threatening issue and to take appropriate action.

The standards outlined in this document pertain to GBV prevention and response programs prioritized by the Access Aid Foundation.

Application of the Standards

Comprehensive standards are strongly encouraged, while all programs must meet the minimum requirements. The GBV program personnel must ensure that GBV programs and activities adhere to established standards and that these standards are promoted at the field level. Standards should accommodate differences in the scope and Context of GBV interventions.

3 PROFESSIONAL CONDUCT

The Access Aid Foundation's GBV programs contribute to an improved protection environment for women and girls within affected communities. GBV programs promote nonviolence and gender equality, working to combat abuses of power that perpetuate vulnerabilities and injustice. In all actions, GBV program staff must uphold principles related to this work. During work hours and personal time, GBV program staff are required to adhere to high standards of conduct.

Domain	Minimum	Comprehensive
RESH code of conduct	Review and adhere to RESH's Code of Conduct and Ethics that embodies widely accepted standards of conduct for staff. Ensure that all staff, volunteers, and partners are oriented to, and agree to, RESH's Code of Conduct and Ethics.	Organize learning sessions on the Code of Conduct and Ethics.
Protection from Sexual Exploitation and Abuse	Ensure that all team members are familiar with the SEA reporting procedures. Share information rights concerning SEA reporting with the relevant populations. Through GBV support services, including support services, an appropriate survivor-centered approach is provided to maximize	Ensure that all team members are familiar with the SEA reporting procedures. Share information rights concerning SEA reporting with the relevant populations. Through GBV support services, an appropriate survivor-centered approach is provided to maximize the coordination and provision of PSEA training to RESH personnel by Human Resources Departments. Conduct PSEA training

		<p>sessions for beneficiary communities and partner organizations.</p> <p>Engage in mechanisms for inter-agency coordination of PSEA. Encourage the establishment of community-based complaint mechanisms.</p>
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Prevention of Sexual Harassment	Teams must be acquainted with and comply with RESH's Policy against Harassment. Sexual harassment should be perceived as a form of GBV.	Assist Human Resources Departments in the organization and delivery of anti-harassment trainings for RESH staff, with a focus on the consequences of sexual harassment.
Child Safeguarding	The Policy on Child Safeguarding of RESH must be adhered to, promoted, and understood by all teams.	Assist Human Resources Departments or Child Protection Specialists in the organization and delivery of training on child safeguarding concerning safeguarding against juvenile sexual abuse.
RESH Mission and Goals	Familiarize yourself with RESH's mission and goals. Ensure that RESH is presented in a positive light to all external audiences and donors.	Contribute to creating a country-specific mission and vision statement together with national staff
Humanitarian Principles	Teams must abide by common humanitarian principles (humanity, neutrality, impartiality, and independence).	

GBV Guiding Principles	In all areas of work, teams should be guided by common principles for GBV prevention and response. (respect, confidentiality, safety & security, and non-discrimination).	Teams may require staff to sign specific confidentiality agreements. Train and orient other sectors/programs on the GBV Guiding Principles
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4 GBV Staffing, Recruitment, and Competencies

Apply the global Core Competency Framework for GBV Specialists.

Ensure professional development and supportive work environments.

Address risks of stress and trauma among GBV staff.

5 PROFESSIONAL DEVELOPMENT, STAFF SUPERVISION AND SUPPORT

The Access Aid Foundation must invest in the development of its staff, as professional development opportunities not only contribute to the quality of its programming but also to staff growth, motivation, and retention. Additionally, it is crucial to establish positive and supportive work environments for GBV program staff, who are exposed to specific risks and stress and vicarious trauma.

5.1 GBV ASSESSMENTS

Conducting a rapid GBV assessment at the onset of a new emergency, or a more comprehensive assessment when preparing to expand GBV programming, is good practice and will provide

information for designing a GBV program that is both relevant and appropriate. To avoid duplication and minimize risks to affected populations, the main assessment findings should be shared with relevant humanitarian partners. GBV assessments should inform the design of interventions. In most humanitarian contexts, information collected through assessments should include: perceived safety risks for women and girls, services available for survivors of GBV, perceived nature and extent of different types of violence, common social consequences of GBV, and community structures and support systems that may be reinforced. Under no circumstances should rapid GBV assessments attempt to collect individual accounts of survivors' experiences with violence, nor should RESH engage in any attempts to measure incidence or prevalence of forms of GBV as part of an initial assessment in a humanitarian emergency.

Domain	Minimum	Comprehensive
Assessment Design and Methods	Multi-sectoral assessments should include attention to GBV risks. The Access Aid Foundation's Initial Rapid Assessment tool incorporates these concerns. GBV specialists lead focused GBV assessments.	GBV teams can contribute to the development and review of interagency assessment plans, including multi-sectoral assessments such as MIRA. GBV teams can support other sectors to integrate attention to GBV into assessments. This is expected of other sector actors, but where possible, GBV teams can support these efforts.

6 PROGRAM IMPLEMENTATION & SERVICE DELIVERY

Access Aid Foundation GBV programs vary in size, complexity, and types of interventions. While interventions vary, all programs should

abide by core principles, and all programs should include some actions related to the following key areas of work: coordination, response and support services, prevention, and community mobilization. Standards related to common interventions are organized under these categories below.

6.1 CORE PRINCIPLES

Domain	Minimum	Comprehensive
Core Principles	<p>GBV programs adhere to specific GBV guiding principles that are part of a survivor-centered approach.</p> <p>GBV programs are implemented according to rights-based and participatory approaches.</p> <p>GBV programs are implemented as part of a multi-sectoral model for GBV prevention and response and therefore require operational coordination with other sector actors.</p>	

7 COORDINATION & PARTNERSHIPS

GBV prevention and response is classified as a life-saving intervention in humanitarian settings, and the IASC has established responsibilities for all humanitarian actors to take measures to address GBV concerns. Despite this, GBV is too often not prioritized by humanitarian agencies and donors. Effective coordination is essential to promote appropriate attention to the prevention of GBV across sectors and actors and to ensure that survivors of GBV have access to multiple services through safe referral systems. Through partnerships, Access Aid Foundation works to build the capacity of national and local actors, contributing to sustainability and self-reliance.

Domain	Minimum	Comprehensive
GBV Coordination Mechanisms	Participate in coordination groups and follow SOPs.	Initiate coordination groups and lead the development of SOPs.
GBV Service Coordination	Map services and establish referral pathways.	Train actors, assess service capacity, and improve referral systems.
GBV Mainstreaming	Orient staff and sectors to GBV principles.	Develop and follow up on action plans.
Government Engagement	Coordinate with government actors and build capacity.	
NGO & CBO Partnerships	Partner with local organizations and build capacity.	Conduct assessments and advocate for inclusion.
Community Structures	Engage traditional leaders and informal networks.	Train community actors and involve them in interventions.

8 Response & Support Services

8.1 Individual Psychosocial Support

- I. Provide basic emotional support
- II. Promote self-reporting
- III. Ensure multiple entry points for services

8.2 GBV Case Management

- I. Follow Inter-Agency GBV Case Management Guidelines
- II. Obtain informed consent
- III. Limit caseworker load to 20 active cases
- IV. Use GBVIMS tools for data management

8.3 Women and Girls' Safe Spaces (WSS)

- I. Establish safe, accessible spaces

- II. Staff with trained personnel
- III. Ensure health and safety standards

8.4 Group Psychosocial Support & Empowerment

- I. Organize culturally appropriate activities
- II. Avoid stigmatizing survivors
- III. Conduct participatory assessments

8.5 Clinical Care

- I. Understand the health consequences of GBV
- II. Coordinate with health services
- III. Organize CMR trainings
- IV. Ensure safe data management

9 Prevention & Community Mobilization

9.1 Awareness Raising & Outreach

- I. Consult communities, especially women and girls
- II. Train outreach workers in GBV principles
- III. Avoid direct identification of survivors