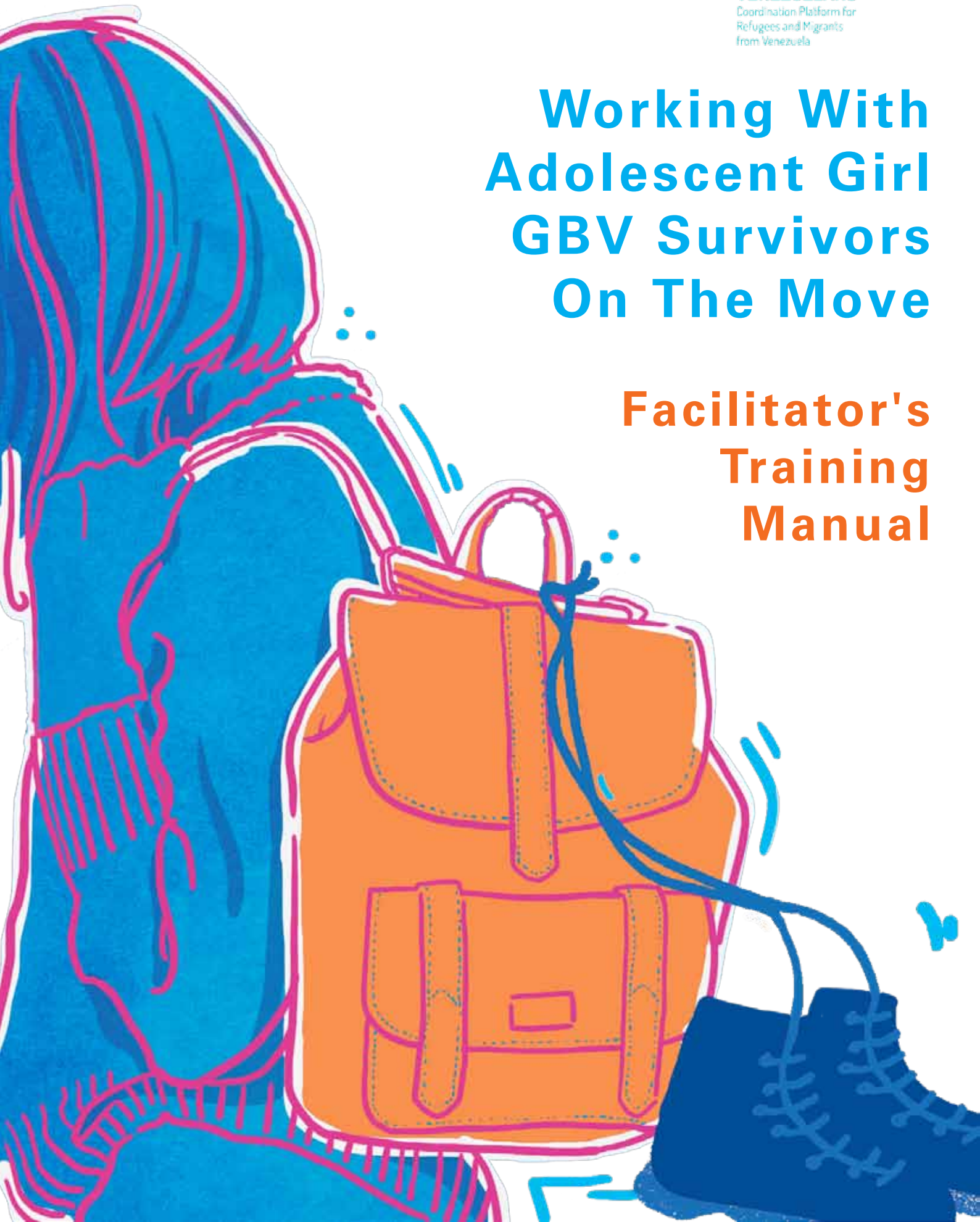# Working With Adolescent Girl GBV Survivors On The Move

Facilitator's Training Manual

Working With Adolescent Girl GBV Survivors On The Move: Facilitator's Training Manual

This Training Manual and accompanying Guide are designed for service providers in Latin America and the Caribbean (LAC) working with adolescent girls on the move who experience or are at risk of gender-based violence (GBV), with a particular focus on contexts of Venezuelan migration. The Training Manual and Guide complement existing guidance and resources and aim to strengthen GBV care and support in the region by addressing context-specific concerns.

These materials would not have been possible without the valuable support of the Bureau of Population, Refugees, and Migration (PRM) of the U.S. Department of the State.
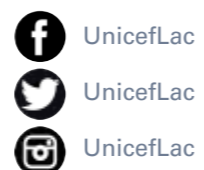
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AMPLIFYING WOMEN AND GIRLS IN CRISES
voice

Within the framework of

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RESPONSE FOR VENEZUELANS
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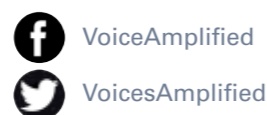
CREDITS
Illustrations: UNICEF
Design: VOICE

Working With Adolescent Girl GBV Survivors On The Move

Facilitator's Training Manual

Contents

Acknowledgements

Introduction

This document, 'Working with Adolescent Girl GBV Survivors on the Move: Facilitator's Training Manual' (hereafter called the Training Manual) is designed to support the implementation of the 'Working with Adolescent Girl GBV Survivors on the Move: A Guide for Service Providers' (hereafter called the Guide).

The Guide and this Training Manual are designed for service providers in Latin America and the Caribbean (LAC) working with adolescent girls on the move who experience or are at risk of gender-based violence (GBV), with a particular focus on contexts of Venezuelan migration. The Guide complements existing guidance and resources and aims to strengthen GBV care and support in the region by addressing context-specific concerns.

This resource aims to support frontline service providers in:

- Understanding the diverse experiences of adolescent girls, the risks of GBV they face, and barriers to getting assistance while on the move
- Ensuring effective communication with adolescent girls on the move
- Working with adolescent girls to reduce the GBV risks they face while on the move
- Adapting quality care and support for GBV survivors to adolescent girls in all their diversity and respond to the risks and barriers to assistance they face while on the move
- Understanding and using existing resources (tools, guidance and training materials) to support these aims

Why Adolescent Girls on the Move?

This Training Manual and the Guide it accompanies focus on working with adolescent girls, due to the additional risks and violence they face.[1]

- Compared to adolescent boys and to adults, adolescent girls are less likely to have life-saving information, skills and resources to navigate the challenges and risks that come with displacement.
- Adolescent girls face a unique set of violence-related risks, including sexual violence, harmful practices and human trafficking.
- Adolescent girls are forced to assume roles and responsibilities that restrict their mobility and visibility, increasing their isolation and breaking bonds with their peers and other social networks.
- Adolescent girls account for an increasing proportion of displaced persons, but services are often not tailored to their specific needs and age. For example, services may be targeted to adult GBV survivors or be child- and youth-focused without a gender focus.

The combination of factors means that services must be tailored to adolescent girls' needs and experiences in order to serve them well and help them survive and thrive during times of crisis and displacement.

Adolescent girls on the move addresses all those affected by migration and displacement (on their own or with caretakers), namely:

- Those who are migrating within their own country or across borders
- Those who are forcibly displaced within their own country and across borders
- Those moving in a documented or undocumented manner, including those whose movement involves smuggling or trafficking networks
- Those who have reached a temporary or permanent destination, and those who have been or are in the process of being deported to their country of origin

Who Is This Training For?

The Guide and this accompanying Training Manual are designed for those who work with adolescent girls on the move – especially survivors of GBV – including government agencies, non-government organizations, and community-based organizations (especially women's organizations). This includes, but is not limited to, those who specialize in GBV case management response (for example, social workers and managers); healthcare providers; legal or justice actors; child protection actors; those who provide more generalized protection support (for example personnel for Support Spaces, safe spaces, and mobile spaces); those who may encounter adolescent girls through their work, such as women's rights organizations, socio-integration actors, or others providing support to girls on the move; and, importantly, those community activists that have been at the forefront of raising awareness on protection issues and mobilizing (for example, women's rights activists and indigenous leaders).

The Guide is intended to be useful for:

1. Those providing specialized GBV services, helping them to adapt their work to the needs and experiences of adolescent girls on the move; and
2. Non-specialized GBV actors, helping them to better understand the risk factors and experiences of adolescent girls, and how to interact with them in supportive ways.

Neither this Training Manual nor the Guide it accompanies is intended to replace existing guidance and resources, e.g. GBV case management.

Training participants should have a working knowledge of gender, GBV, and essential GBV response services. For those who do not, suggested pre-training preparation is indicated in the Preparation section below. This is *not* a comprehensive training on GBV, case management, counselling, or psychosocial support; individuals wanting such training should seek additional support prior to participating in this training. Further relevant resources can be found in the Additional Resources sections of the Guide.

Who Can Lead This Training?

It is essential for this training that facilitators have a combination of both significant technical expertise on GBV (ideally including experience in providing direct services to female survivors), as well as significant experience in facilitation with strong facilitation skills. Facilitators must have a robust understanding of survivor-centred approaches and how these are demonstrated in practice.

Facilitators need to be able to ensure that the training delivered is in line with the expertise of the training participants and adapt to participants' experience, knowledge and expertise; they must be able to ensure that any sticky, challenging or sensitive issues are dealt with productively while keeping adolescent girls and female survivors at the centre, and remaining grounded in feminist principles and practice.

Ideally, there should be two female facilitators who lead the training together. If not, there should be a minimum of one female facilitator who leads the training.

Using the Training Manual

This Training Manual presents 12 sessions, intended to be covered during a three-day training. A suggested agenda is included in Annex 1. If you are conducting this training virtually, you might want to consider breaking up the three-day training into six halves and spreading them out over a two-week period. This or a similar set up is recommended, given how exhausting online training can be. Breaking it up ensures more focused and productive training sessions and allows for participant reflection, homework, and time to read through the next session's supporting documents.

A suggested virtual agenda is also included in Annex 1.

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[1] Adapted from United Nations Population Fund and United Nations Children's Emergency Fund, 'Adolescent Girls Toolkit – Iraq', p. 4. <https://gbvguidelines.org/wp/wp-content/uploads/2018/05/Adolescent-Girls-Toolkit-Iraq.pdf>

Using the Training Manual *(continued)*

Each session description begins with a session overview, which includes the learning objective for the session, the corresponding section(s) in the Guide, the time required for the sessions (including suggested timing for each activity), and required preparation and materials.

Session descriptions outline step-by-step activities and discussions, which can be adapted as needed. Most sessions begin with a participatory activity and end with a summary or discussion drawn from the Guide – this summary content is also included in accompanying slides.

The slides for each session include the key messages and actions to highlight during the session. These can also serve as the basis for summary discussions at the end of the training.

Supporting documents for sessions can be found in Annex 2. Suggestions for energizer activities can be found in Annex 3.

Suggestions for adaptation from in person to remote/ virtual training are included throughout the manual.

Notes

Methodology

Approach

This training follows adult learning methodologies, supporting participants to explore, share and learn from their own and others' experiences. The approach is highly participatory, with a variety of exercises and activities, and many opportunities for discussions and questions. This is not a pedagogic teaching approach; instead, each session is designed to prompt questions, encourage discussion and reflection, then provide some key material and references to where further information can be found. The training is structured so that each session builds on previous sessions.

The training is based on a feminist understanding and approach, recognizing gender inequality and power imbalances as the root causes of GBV. The violence experienced by adolescent girls, and the barriers they face in accessing care and support, are in large part based on negative attitudes and beliefs around girls and their role in society. As participants – and facilitators – are likely to have internalized some of these attitudes and beliefs even without knowing it, much of the focus of the training is on recognizing and challenging our own attitudes. As it is not possible in three days to cover every aspect of working with adolescent girl GBV survivors, this training has been designed to promote the attitudes and processes that are important to making the right decisions as questions come up in implementation. Developing supportive attitudes and ensuring consultation with girls on key decisions are essential to quality care and support for this group – continually repeating these elements throughout the training will help participants to incorporate this in their own processes.

This Training Manual, and the Guide it accompanies, recognize that many high-quality resources already exist to support GBV service providers. This training draws from and builds off existing resources wherever possible to ensure harmonization and avoid duplication.

The training approach uses three case studies

introduced in the Guide. These three fictional accounts, introduced in Session 3, will be used to personalize and contextualize information throughout the training. Information on the case studies can be found in the accompanying slides for each session.

Facilitation Skills and Tips

Spoken and unspoken communication [2] – Pay attention to what participants say out loud and to their body language, including your own. Show that you are listening to participants (e.g., do not cross your arms or turn away while they are speaking). Allow silence to give people time to consider and formulate their thoughts. Try repeating participants' answers out loud, summarizing their contributions and rewording their phrases. This can help to demonstrate that you are listening and can also reinforce important ideas for other participants. Ask for specific, concrete examples to illustrate points, especially when an idea is not clear or you want to unpack it further.

Effective questioning [3] – Use open rather than closed questions (that is, use questions that cannot be answered with yes or no). Use concrete, straightforward questions and avoid multi-part questions. Avoid questions that begin with 'Why,' such as 'Why do you think that?' as they can imply judgement. Instead, you can use questions such as 'Can you give some more information about that?,' or 'Can you explain further what you mean?'.

Energy and flow – Use the agenda and exercises described in this manual as a guide, adapting as necessary to maintain group energy and participation. You can find examples of energizer exercises in Annex 3. Allow flexibility to spend more time discussing an issue if it seems necessary, or to move on more quickly to another session if energy is lagging. Use a Parking Lot as a space for participants and facilitators to note questions that cannot be answered when they are asked or will be better discussed later in the training. This helps to show participants that their

questions are important and will not be lost or forgotten.

Co-facilitation – Co-facilitators should prepare in advance who will lead which activities, how they will manage the sessions, and how to support each other during sessions (e.g., by taking notes, preparing flip charts or setting up slides). If you are a mixed-gender facilitation team, make sure there is a fair and equal distribution of roles and responsibilities and that male facilitators in particular are careful not to take over from or undermine female facilitators.

Managing participation, gender, and power dynamics – Watch out for gender dynamics (if your training involves a mixed group) and other power dynamics within the training. Women may find it more difficult to express themselves in front of men – particularly those in positions of power – or may not wish to openly contradict opinions that have already been expressed by male participants. Men may – intentionally or unintentionally – be more likely to undervalue or disagree with the opinions of female participants. Other power dynamics may include those between people in positions of authority or experience and those without, between individuals with disabilities and those without, and simply between those with different levels of comfort in participating and speaking up in groups.

To address these dynamics and promote equitable and safe participation for all:

- Look at the set-up of the training room – consider seating women together if there are fewer of them in the training, or alternating men and women if numbers are similar.

- Make sure that other participants are not creating an uncomfortable space for anyone who is contributing (e.g., by speaking, using their phone or making noise).

- Pay attention to the make-up of breakout groups. Wherever possible, ensure representation of women – and any other diverse groups among your training participants – in every group. Pay attention to the individuals who take notes and give feedback from each group activity. Ask for these to rotate if this does not happen automatically.

- If you have differences in status or power that may hinder participation (based on gender or other power or status differences), try to split them into different breakout groups.

- Wait a few moments after asking a question and before calling on a participant to give their opinion. This gives those who need a moment to reflect, or are less confident, a chance to put their hand up.

- If necessary for balance, ask for women's input first, either overtly or covertly. Covertly, you can just call on women without making it known that this is what you're doing, or ask for individuals by name to volunteer to read something or give their thoughts (being careful not to put anyone on the spot for a difficult question, for example). Overtly, you can say something like: "I've noticed we've been hearing from some of our male colleagues on this question – maybe we can have some thoughts from our female colleagues, too?"

- Pay attention to participants who speak first and most, and make an active effort to draw in others and invite their input. For example, say: "Who haven't we heard from yet today/in this discussion?"

[2] Adapted from International Rescue Committee, 'Core Concepts in GBV: Facilitator Manual', 2008. <https://gbvresponders.org>

[3] Adapted from IRC, 'EA$E Discussion Series: Facilitator's Guide', 2012. <https://gbvresponders.org>

TAKE CARE

- If the situation persists, you can draw participants' attention to this dynamic and ask for their help, by following this process at the beginning of a training day:

  - Ask participants to raise their hands if they feel they are among the more active participants in the room (e.g., a 3 or 4 on a scale of 1 to 4 – where 1 is not very active, 2 is somewhat active, 3 is quite active and 4 is very active).

  - Thank these participants for helping to make the training so participatory and active. Let them know you really appreciate their input and that you would like to ask for their help in making sure that everyone gets a chance to participate equally. Ask them to help you by trying to take a small step back for today's sessions. This does not mean they should stop participating, but rather they should allow a little time before giving an answer in case someone else wants to jump in, or encourage others to give feedback from a small group.

  - To the rest of the participants, explain that you also need their help in stepping into this space that is being created by others. Explain that you would like to invite those who feel they are a 1 or 2 on the participation scale to give their thoughts and inputs during the sessions today, or take on a role in leading an energizer, giving feedback from a small group, or whatever else they feel comfortable in.

- Watch out for, and address, harmful comments or reactions related to the violence experienced by women and girls, such as laughter or denial of the seriousness or importance of the issue. **Below are some potential strategies to respond to such reactions or comments:**

  - Sometimes highlighting a negative reaction can be enough, e.g., by pointing out that you hear some laughter in the room about an issue and you would like to hear how that makes others feel.

  - You can remind participants that this is a serious issue and that while you understand it can bring about some nervous laughter, making light of violence can be hurtful to female colleagues in the room and does not help us address the issue more broadly. Connect this back to the group agreement about respect.

  - Do not participate in the joking or minimizing. Challenge negative comments and reactions whenever you hear them to enforce an environment of respect and safety.

Managing Disclosure

It is highly likely that women participants will have personal experiences with GBV, either in their own lives or the lives of someone close to them. This training does not ask participants to share their own personal experiences of violence; however, it is possible that this may happen and as a facilitator you should be prepared to respond. Keep the following in mind:

- The way you respond to disclosure can be very important. Remember that it may be the first time the person has shared their story. Be kind, compassionate and supportive. Do not show doubt, disbelief or judgement.

- It is not your role to provide counselling or case management services (unless you have specialized training and can do so in a safe, confidential and sustained manner outside of the training).

- If the disclosure happens in a group setting, ask the survivor to accompany you outside the training site for a moment, then ask her to speak with you privately at another time.

- Share information with the person about GBV service providers and any other resources available in your context and/or the context in which they live and work. Know what resources are available, including health, psychosocial and legal services. Support the survivor to access those services as much as possible.

- At the next appropriate point in the training, remind other participants of the confidentiality part of the group agreements you have established and ask them not to share any private information they have heard outside the group.

Notes

Preparation

This section gives an overview of some key elements to consider when preparing for the training.

Participants

The training is designed for a minimum of 10 and a maximum of 20 participants. Smaller groups encourage participation from all, but a group with fewer than 10 people may make less outgoing or confident individuals feel uncomfortable or pressured. If your training has over 20 participants, it will be difficult to ensure full participation, manage group dynamics, and finish on time.

In inviting your participants, consider the following:
- **Gender balance:** Ensure a minimum 1:1 ratio of women to men and aim for a higher ratio of women if possible.

- **Diversity and inclusion:** Ensure opportunities for the widest possible variety of service providers to attend the training, including those who work with and/or represent marginalized groups such as those with disabilities and, lesbian and bisexual women and girls.

- **Power dynamics:** Ensure that any differences in role or status between participants will not prevent free and open participation from all (for example, the head of an organization participating alongside a community worker).

This training assumes that participants have working knowledge of:
- Gender and GBV; and
- Essential GBV response services for girls and women

If this is not the case for participants in your group, they will need to complete some pre-training preparation, including reading and online training.

At least three weeks before the training, send the following to all participants:
- Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015. Participants should read at least pages 5–17 for an overview of GBV. [4]

- GBV Guidelines, *How to Support Survivors of Gender-based Violence When a GBV Actor is Not Available in Your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners*, 2018. [5]

- UNICEF, *Gender-Based Violence in Emergencies Programme Resource Pack*. Participants should read Kit 1: Getting Started, for an overview of GBV. [6]

- Pre-Training Evaluation *(see Annex 4)*. Explain to participants when sending this questionnaire that it is a tool to allow facilitators to better tailor training content to their needs, rather than an exam. In addition, the questionnaire helps to measure the impact and usefulness of the training.

Ask participants to consider and/or gather information on:
- Typical migrant and refugee profiles in their area;
- At-risk groups in their area; and
- Common barriers that these groups face in accessing services in their area, and how the barriers differ for migrants and refugees who are in transit in comparison to those that have settled there

Ask participants to gather information on GBV response services in their context, including standard operating procedures (SOPs) and referral pathways.

Location, Venue, and Room Set-Up

In selecting your venue, ensure that:
- It is in a location where women feel safe and comfortable traveling in the morning and evening.
- It is accessible to those with reduced mobility (for example, on the ground floor of a building, or with elevators).
- There is natural light and appropriate ventilation and/or temperature control to help participants stay alert and participate fully.
- The space is large enough to accommodate 20–25 people. You will also need space for small group discussions – either in a separate room or spaces within the same room where small groups can discuss without being disturbed by others – and an open space for participants to move around during exercises.

Set up your training room in a way that allows you to easily see and call on all participants and encourages interaction and active participation. Depending on the size and shape of the room, this could mean several round tables (ensure there is enough room to move comfortably between tables) or a U-shape set-up. If possible, avoid rows of participants in front with others behind.

Timing

The suggested training agenda is based on a 9am–5pm workday. In some contexts, you may need to change the timing due to different work hours or other considerations, such as participant safety traveling to and from the training venue (e.g., women staff travelling after dark). Adjust the training times as needed to ensure safety for all participants.

Equipment and Materials

You will need the following for the training:
- A projector and projector screen
- Flipchart paper and a flipchart stand
- Markers (of four different colors, if possible)
- Tape (to affix paper to walls)
- Post-it notes (of four different colors, if possible)
- Ball of string
- Colored dot stickers (or colored markers, if these are not available)
- Small prizes such as chocolate, candy or affordable children's toys, if available
- Whistle, if available
- USB keys for sharing electronic materials

The materials needed for each session are noted within the session descriptions.

If necessary, upload these materials to a USB key in advance of the training. You can add to this before or during the training if other relevant resources are discussed or shared – for example, relevant local policies, tools, or templates in your context – and share at the end of the training. Otherwise, the link to the document repository can be shared.

Gender-Based Violence Services

It is important to know before you begin the training which GBV services exist in **a)** the training location and **b)** if possible, the contexts in which participants will work, if these are different. If you do not already have this information, contact GBV coordination mechanisms and ask about referral pathways, SOPs and contacts for relevant service providers. Have these documents ready to support discussions during your training. If possible, have copies of the referral pathway ready to distribute to participants.

Contextualizing Training Material

Supporting documents to support the training are included in Annex 2. Review these and adapt as necessary to your context by changing names and relevant details. Note that case study details are the same as in the Guide itself, so if you make changes you may need to let participants know if you refer to the Guide during the training.

If possible, gather information on typical migrant and refugee profiles and at-risk groups in the area (and/or the contexts in which participants work), as well as common barriers in accessing services.

Certificates

If certificates are relevant and desirable in your context, prepare these in advance *using the template in Annex 5.*

[4] Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015, p. 5. <https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf>

[5] GBV Guidelines, 'Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action', <https://gbvguidelines.org/en/pocketguide>

[6] UNICEF, 'Gender-based violence in emergencies', <www.unicef.org/protection/gender-based-violence-in-emergencies>

Adaptations for Remote Learning[7]

As organizations adapt to the realities of building skills and knowledge during a pandemic, remote learning is becoming an essential part of training toolkits. Before diving into strategies for adapting to remote or virtual trainings, we will first look at some of the particular challenges – and advantages – of this kind of learning process.

Challenges

- **Participation and engagement** – In virtual settings you can't read the room and shift as easily, so it is easy to lose the attention of your attendees. Presenting when participants have their microphones on mute, especially if videos are turned off, takes away the verbal and visual cues that we often rely on to gauge if people are paying attention. Without these, it can feel like we are speaking into a void.
- **Technical issues** – Connection problems, poor audio or video quality, loud background spaces, and difficulty understanding or using software or hardware used for sessions can all be limitations on participants' experience from virtual training sessions.
- **Lack of shared space and experience** – The lack of a shared visual space reduces the feeling of connection between participants and prevents them from being reminded at a glance of things that have already been shared or discussed. It is also more difficult to create a sense of group cohesion and solidarity when participants see and hear different things around them.
- **Energy**[8] – Our brains have to work harder to focus and communicate when meeting over virtual platforms. Our brains also spend time and energy trying to find and interpret body language and voice tones, which can be distorted by screens. Multiple different background visuals can be like being in five different rooms at once, making our brains spend time processing all the different environmental cues. We blink less than we do normally while looking at a screen, which can create muscle tension, headaches and eye strain. Lastly, we can often see ourselves on screen, making us overly aware of our own appearance and facial expressions. This can be tiring over long periods.
- **Conversation flow is slower** – In even the most well-constructed remote workshop, cross-talking or conversation flow can be a challenge. Online chats lack the non-verbal cues we all give and receive in real life that help us to know when and how to engage in an ongoing conversation. It can also take time to manage technology, for example to unmute and begin speaking.
- **Mental load** – When you are facilitating online, you have a higher mental load than when you facilitate in person, as you try to track chats, manage slides and follow verbal and non-verbal communication in different ways than you would in person.

Advantages

- **Access** – Remote or virtual training processes can be more accessible and inclusive of those who live in remote areas or do not otherwise normally have access to in-person meetings
- **Reach** – Remote learning can expand the reach of content, because without costs of travel, accommodation, workshop space and materials more sessions can be run for the same cost. However, we must be mindful that this can push costs that were once centralized on to participants, e.g., electricity, internet or printing costs.
- **Logistics** – An in-person training that may involve many person-hours of logistical organizing – e.g., to get participants and facilitators to the same location, set up a room and organize transport – can be simplified. However, remember that facilitators must often put more time into preparation to make up for this, and manage some logistics on the go during sessions.
- **Learning** – Remote training processes often take place over longer time periods than in-person training. This allows participants to consider and apply new knowledge and skills between sessions and may lead to better integration and application of training content.
- **Building community** – A longer process also allows for participants (and facilitators) to get to know each other better and create a sense of community and solidarity.

Considerations and Strategies for Successful Remote Adaptation[9]

This section gives suggestions for elements and strategies to consider in adapting to a virtual training process. The application of these will vary depending on your context and situation.

Participants

- Limit the number of participants to no more than 15–20. It is much more difficult and time-consuming to manage larger groups in a virtual environment.
- Carefully consider the participants in your training: if necessary, divide participants of different categories (e.g., different geographic areas, significantly different levels of authority and responsibility, different organizations) into different training cohorts, which could be run concurrently.

Timing

- Create a remote-friendly schedule. The training will need to be broken down into (at most) half-day blocks. Suggested agenda adaptations are given in Annex 1.
- Assign pre-meeting exercises or reading as needed to allow discussions to flow more quickly.

Format

If possible, get all participants to connect to sessions in the same way – that is, all virtually through their own device if you cannot all be in the same room in person. You may be faced with a situation where you have to manage hybrid groups, with some individuals in a room together (either with the facilitator, or in a smaller group connecting virtually to the rest of the group through one device) and others calling in from their own locations (for example, if multiple participants are in the same location and multiple device connections are not possible in that location because of bandwidth or lack of devices, or if some participants need support to connect).

Hybrid formats can create challenging dynamics of communication and power. For example, anyone in the same room as the facilitator may be able to draw their attention more easily, those connecting virtually will likely find it easier to communicate with others connecting virtually, and the individual(s) controlling the technology in a room where a group is connecting through one device may be able to control what is seen, heard and shared by that group.

Strategies to address hybrid formats:

- **Technology** – Consider your technology options in light of your format (fully virtual, or hybrid). If you have a hybrid set-up, you will need to make sure that those who are physically present in a room also have the right tools to be able to interact with team members who are remote.
- **Help participants to see each other** – Encourage people joining as a group to move their camera and chairs to show as many people as possible, as clearly as possible, on camera. Have the group place the webcam near to where they are looking at the screen, so that it will be as close as possible to eye contact. Find a way to visually represent all participants, e.g., using the 'Circle Up' tool, on the following page, where you draw a circle that includes all participants and represents where they are and how they are connected to the session. Use this tool when you need to call on participants in a systematic way.

[7] Adapted from Bourquin, Alison, '5 Tips for Facilitating a Virtual Workshop', Community Builders, 1 May 2020. <https://communitybuilders.org/insights/5-tips-for-facilitating-a-virtual-workshop/>

[8] Australian Disability Clearinghouse on Education and Training, 'Managing Zoom Fatigue', 2020. <www.adcet.edu.au/covid-19-faqs/Staff-Support/staying-connected/managing-zoom-fatigue>

[9] Harquail, Celia V., *Feminism: A Key Idea for Business and Society*, Routledge, UK, 2020.
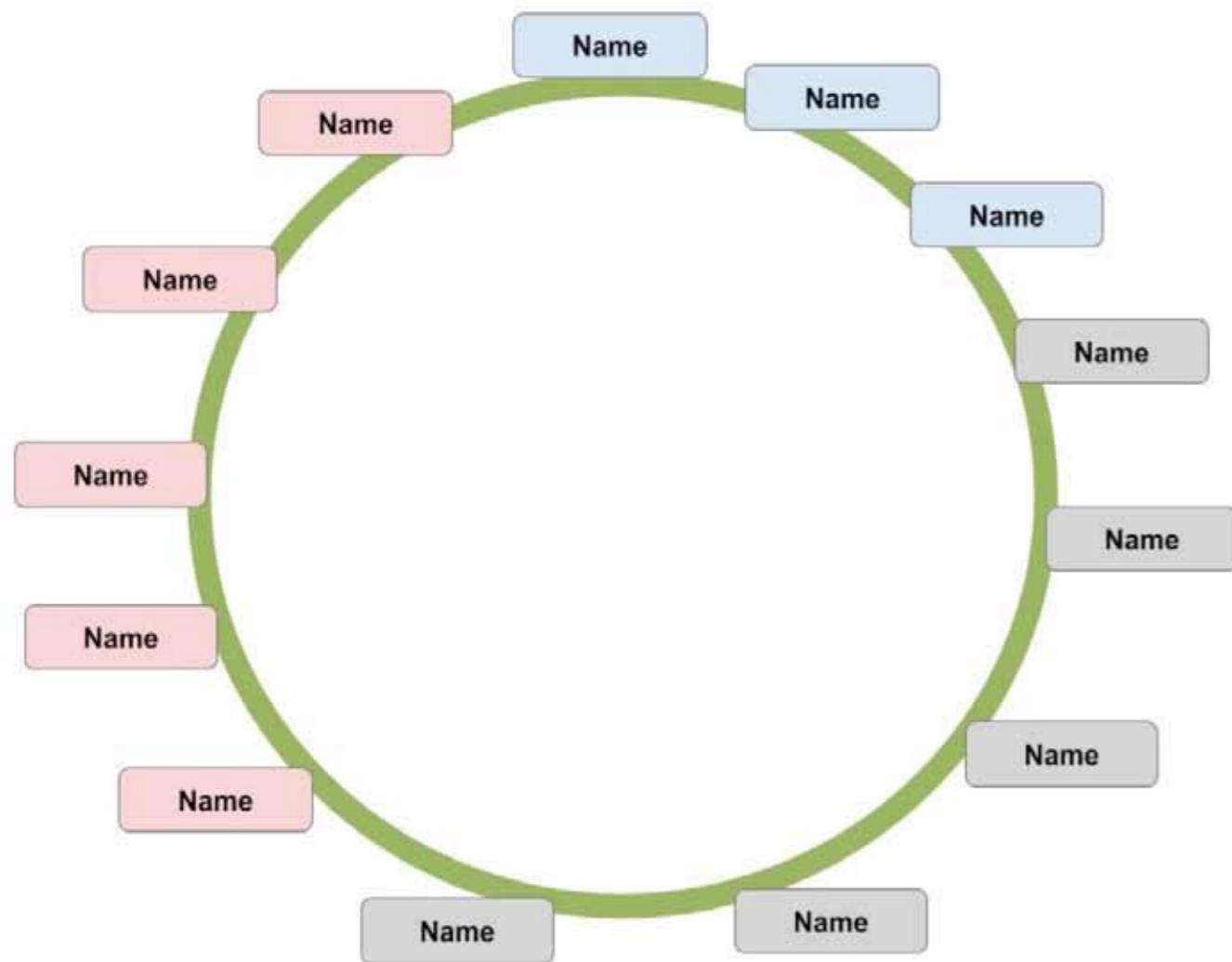
Example of a 'Circle Up' slide. In this example, the red background people joined as a group and the blue background people joined as a group. The grey people joined on their own. Template slide by Training for Change, www.trainingforchange.org

- **Names** – Rename groups on-screen to reflect all the participants in that group. If the names of people connecting individually are too small to be seen clearly by those in a group, have the group write all participants' names on flip-chart paper or a whiteboard in their room.

- **Encourage balanced participation** – Track participation by making a mark next to each person's name on your own list when they speak during the session. To help vary interaction:
  - At least once per session, have an activity or feedback process in which everyone is expected to share or contribute. Call on people one by one, or invite one participant to share first and then ask them to call on someone else.
  - Use quick polls to ensure you are hearing from those who may be marginalized in your format. Ensure that if there are groups, you can either see a show of hands on your screen, or ask a representative from that group to give you a read-out of the numbers.

- Share chat out loud or invite those connecting individually to do so. For example, read a written comment or question out loud and invite the person to share more, or discuss.
- Seek support within small groups – invite a participant to help manage small groups for each session, including information on energy and participation.
- Mention out loud the non-verbal gestures or clues you are seeing on camera so they are present in the room.
- Continually draw the attention of the in-person group to those on the screen.

Tools and Platforms

The choice of appropriate tools and platforms is important for remote learning processes. You want to use enough tools to enable discussions and interaction without overwhelming participants. This section is based on the use of Zoom as the primary platform, due to its popularity and widespread use; however, Zoom is not the only platform available.

In choosing the tools and platforms for your remote learning process, consider the following:

- Familiarity – What tools and platforms are your participants already using?
- Access – What tools and platforms do you/your organization and/or participants have access to? This includes any costs of membership to the platform, and who is paying these costs, as well as whether the tool or platform can be used in the relevant language, and how much bandwidth it uses.
- Functions – Does the platform support the functions you require? For this training, for example, you will need a platform that supports breakout rooms, screen-sharing and chat functions.
- Technical support – Can you access support in using the platform or tool, if needed?

For a description of major virtual communication platforms, see Training for Change's Quick Guide to Online Meeting Platforms.[10]

Besides the primary virtual communication platform, this manual also suggests the use of two key tools: spectrograms, which can be used in different ways within the primary communication platform, and interactive word clouds, which require the use of another online platform. These two tools are described in more detail below.

Spectrograms[11]

A spectrogram allows participants to place themselves on a (visual) spectrum in a variety of ways. You can use a spectrogram as an opening energizer or check-in, to understand different opinions of participants, to evaluate a session, or to gauge comfort levels in a particular discussion. In its simplest version, a spectrogram involves simply asking participants a question that requires them to assign a number on a spectrum. For example, "From 1 to 5, how is your energy today? 1 is very low energy and 5 is very high energy."

You can create a visual version of this spectrogram using the whiteboard function, shared slides in edit mode or an editable live document (e.g., Google Slides). Assign a symbol to each participant and ask them to move their symbol to the relevant area of the spectrum (you can also move the symbol for them if they type their answer into the chat).

Examples of symbols that can be used:[12]

You can also ask participants to type their name using the text function or use a colour instead of a symbol.

Spectrograms also work with colours or images. For example you can show images of different kinds of weather – hurricane (1), lightning (2), cloudy (3), some cloud with sun peeking through (4) and completely sunny (5) and ask participants to rate how they are feeling today, or their current stress levels, according to the different images.

A spectrogram can also be used with an ecological model diagram for a different visual effect. For example, if you want to understand how comfortable participants feel with your current discussion, you can create a model as per Diagram A below. If you want to gauge how well participants have understood your instructions, you can label them as per Diagram B.


Diagram A — Comfort, Discomfort, Alarm
Diagram B — Clear, Slightly Cloudy, Opaque
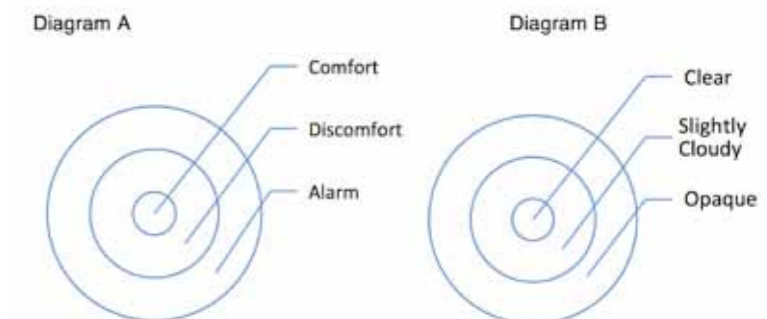
[10] Training for Change, 'Quick Guide to Online Meeting Platforms', <www.trainingforchange.org/training_tools/online-meeting-platforms>
[11] For more information on how to use spectrograms in a virtual format, see Training For Change, '10 Ways to Use a Spectogram Online', <www.trainingforchange.org/training_tools/spectograms-online>
[12] More symbols can be found in the 'Insert' menu of Microsoft Word.

Interactive/Collaborative Word Clouds

A word cloud is a visual representation of the number of times a certain word is used within certain content. If a word is used more often, it will be represented in larger font within the word cloud. For example, the word cloud for this paragraph would look like the below.

Source: www.worditout.com
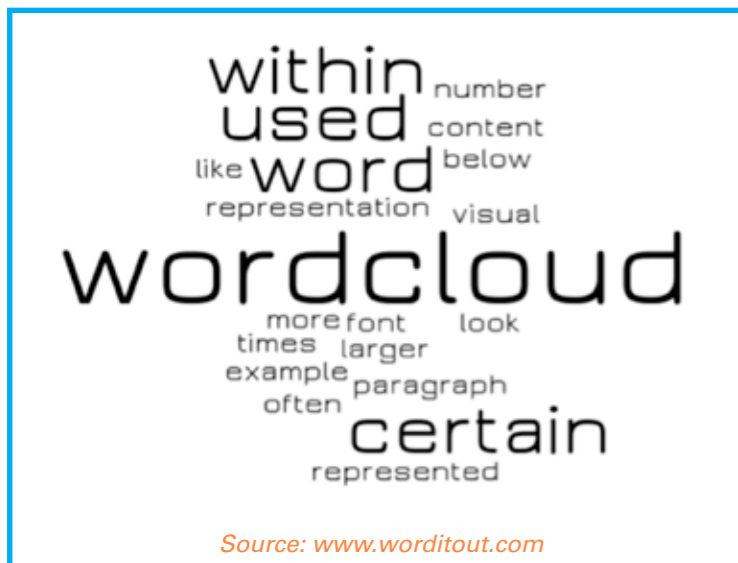
You can also use interactive, collaborative word clouds in real time as a way to quickly collect data from a group, highlight common responses and present the information in easily digestible ways. One tool that you can use to create this kind of word cloud is mentimeter.com. Here, you can set a question, share a code with participants through your primary communication platform and ask them to input that code and their answers. You can share your screen showing the resulting word cloud as it grows in real time and use this as the basis for discussion in your activities.

Facilitation, Flow and Participation

The skills and approaches that make a facilitator effective in an in-person setting are also important for virtual sessions. Be present, maintain awareness of group dynamics, and use active listening and varied communication styles and methods to keep participants engaged. The following are some particular considerations and strategies to keep in mind for virtual environments:

Types of Interaction

- **Varied interaction** – it is essential to change styles of interaction and engagement regularly; this helps to keep participants engaged and also caters to different learning styles (for example, some participants learn better with visual support, and some thrive in group settings while others do better with individual learning and reflection). Varied interaction can include plenary discussion, small group discussions, individual reading and reflection, images, videos and games.

- **Offline time** – Remember that a remote learning process will likely take place over a longer period of time than in-person training, so use this to your advantage by taking activities or discussions offline when you can. Ask participants to read or brainstorm in advance, give them homework tasks at the end of a session, or pre-record elements if possible. This is a great way to bring in experts in the topic or the region as 'guest speakers' and to engage participants themselves. Find out about the expertise of the participants in your group and ask them to record a few minutes of video on a relevant topic. Send these videos to participants to watch in advance to save time during a session.

- **Visual note-taking** – As for in-person sessions, it is important to keep a running note of key feedback or participant input that you receive in plenary discussions. This helps those who are more visual learners and serves as a reminder for participants later in the training process. Though you cannot write on flipcharts in a virtual session, you can take running notes of key discussions using either the whiteboard function, an editable slide or other document. To do this, you will need to share your screen (using the Share Screen function on the toolbar) and then you will be able to choose either the whiteboard function or any open document. You can also have participants create their own images or other content in notes. You could consider using an online, sharable tool such as Mural,[13] which acts like a virtual flipchart/wall/whiteboard that you set

up at the start of the training. Ensure participants have the link to it and use this to document, for example, how the case studies develop over the course of the training, adding in new content and input from participants and facilitators as the sessions progress. This will provide an ongoing, working visual and text document that aims to capture all of the major learning and key points that come up on the topics and case studies.

- **Action journal** – If you are working with a longer time frame for your remote learning process (for example, with several days between sessions), it may be useful to have your participants keep a running journal of the things they find most useful and interesting in each section and the actions they would like to take forward. If you choose to use this method, ask participants to record (in a paper or electronic format) at the end of each session from Session 3 onward:
  - Any insights from the session
  - Anything they would like to learn more about
  - Any actions they would like to take based on this session
  - Remind participants of these elements at the end of each session and use these journals as a tool to remind participants of the sessions as you move into the action planning and wrap-up in Sessions 11 – 12.

- **Kindness** – Meet people where they are: be kind, considerate and patient. Online workshops are new to many people and it can take time to adjust. Remind participants of online etiquette when you begin your first session and whenever necessary after that (see Preparation and Follow-up, below).

- **Record sessions** – Recording any or all of the training is not advised because it always changes the dynamics of the sessions and how people participate. It can significantly limit how safe and free participants feel to share openly within the pressure of being recorded. However, if you have good reason to record, you must seek and obtain the

permission of your participants at least two weeks prior to the training to give participants enough time to make an informed choice about whether they want to be recorded or not. When seeking consent, not only must you provide solid rationale for recording (such as: it is for your use only, so you are able to go back and review any content and therefore stay more fully present in the moment when you are facilitating; or it is to be shared with the group only, allowing participants to review an activity or session to refresh their memory). You should ensure that participants know that not consenting to be recorded does not jeopardize their place on the training.

Feedback

- **Limit lengthy feedback.** Long feedback can be even more of a problem in virtual sessions than it is in person. Here are some potential strategies for managing feedback time:
- Give a time limit for each person's feedback. Hold up a yellow card to your video once the participant comes close to that limit, then a red card once they go over. Explain this system to participants in advance.
  - 'One breath feedback' – ask participants to keep their feedback to just one priority that they can express in the length of one breath. For most people this is around 20–25 seconds.[14]
  - Ask participants to give feedback without repeating anything that has been mentioned in feedback from other participants. This will encourage participants to pay attention to others. Encourage participants to type into the chat if something is repeated, and consider assigning points for those who manage not to repeat anything.

- **Use different formats.** Feedback from a plenary group takes longer in a virtual environment than in person, as participants need to unmute themselves before they speak. If you need to move quickly through an exercise but want to make sure participants

[13] <www.mural.co>, This tool can also be password protected.

[14] Farrell, Martin, 'One Breath Feedback', SessionLab. <www.sessionlab.com/methods/one-breath-feedback>

are engaged and participating, or just get a few words or ideas on your topic, you can ask participants to type into the chat box rather than speaking out loud, or request a thumbs up or thumbs down.

- **Parking Lot.** At in-person training, a Parking Lot can serve as a place to keep questions that cannot be answered at a particular time in the training or somewhere for participants to add their own questions anonymously. To create the same opportunities in a virtual training process, consider the following strategies:
  - Create a shared, editable document in your chosen online file storage system (e.g., Dropbox, Box) and invite participants to edit directly or to send questions to any of the facilitation team (during or after sessions and via chat, email or other communication method).
  - Make sure to highlight during your sessions any questions that are not fully answered or that need further discussion, and to add them to the Parking Lot document as soon as possible during or after the session.
  - Remind participants regularly about the Parking Lot and how to access it.
  - Review the Parking Lot document daily to see if any questions have been added. Discuss any new questions in the session if possible, or plan how and when to address them. Let participants know that you have noted the questions.

- **Evaluations.** Regular evaluations can be requested via email after a session, or with interactive exercises at the end of a session. See, for example, the section on spectrograms and collaborative word clouds above for interactive ways of gauging understanding of a session or energy levels in a room.

Small Group Discussions/Breakout Groups

Exercises that require large group discussions can be unwieldy in an online setting. Breakout sessions are a little more complicated to manage

on virtual platforms than in person, but they are still a useful part of your virtual toolkit. The following are some strategies to keep in mind when working with breakout rooms (these are based on the Zoom platform):

- **Enable –** Only the host can use the breakout room function (this must be enabled on your Zoom account in advance).[15] You can choose to automatically or manually assign groups, and you can rename rooms if needed by clicking on the room titles.

- **Assign –** If needed for the session, pre-assign participants to groups based on their organization or location of work (this will be indicated in the session description and preparation sections). Though Zoom has an automatic function to support this process, it requires all participants to register and sign in using particular methods.[16] A simpler way to do this is to create a list in advance, then have one facilitator assign participants to breakout rooms based on that list once in the session. Try to use the same small groups throughout a session to avoid spending time reassigning participants, unless otherwise required.

- **Explain** – Explain instructions for the activity and for using breakout rooms before inviting participants to join the rooms, and put activity instructions in the chat so participants can see it in their rooms. For breakout rooms, explain the following:
  - Participants will receive an invitation, which they will need to click to accept and join the room.
  - Once in the breakout room, participants will only be able to see and hear other people in that room, and their conversation will not be recorded (unless one of their members is recording locally, which should be discouraged). Breakout rooms should be a safe and private place for discussion.
  - Ask for one person in each group to share their screen and take notes, or to take notes on the whiteboard in their breakout room.

- After the agreed time, the facilitator will invite participants back to the main room. Participants will see a pop-up screen with a one-minute warning, which they can click whenever they are ready to return. At the end of the minute they will be automatically returned to the main room.
- There is an 'Ask for Help' button in the toolbar if they would like to ask a facilitator to join their room.
- The facilitators will move between breakout rooms to make sure everyone is on track and respond to any questions.
- Once you close breakout rooms, participants will have one minute to return to the main room.

- **Support** – Resend instructions using the broadcast tool (at the bottom of the break-out rooms tool) to all participants once they are in their rooms.
  - Send time checks to participants using the broadcast function as needed.
  - Be ready to help anyone in the main room who does not join a breakout room – you may need to remove and re-add them to a room, or help them find the pop-out invitation to join. Be aware that with large groups or unstable internet connections, the process of joining rooms can take some time.
  - Watch for anyone who is disconnected, as they will be sent back to the main room. You may need to reassign them to a breakout room.
  - The host will be able to move between breakout rooms as they like. Any assigned co-hosts will only be able to move between breakout rooms once they have first joined an assigned breakout room. Alternatively, if co-facilitators cannot function as co-hosts in the system, the host can manually move them between rooms as needed.
  - Remember that the recording function – if you are recording to the cloud – will only record the main room. If you are recording locally, it will record whichever room the person recording is currently in. You will likely wish to stop recording in the main room while participants are in breakout rooms, so remember to begin recording

again once everyone returns.
- Participants will need to open the chat and participants menus or pop-out boxes again once they return to the main room. The first couple of times you return to the main room – or the first time for each new session – you may wish to remind participants to do this when they come back, or show a slide with these instructions as they return.

Roles and Support

- **Co-facilitate –** This is a good way to split the workload and manage the multiple simultaneous tasks required in virtual sessions (e.g., monitoring the chat, responding to technology concerns or facilitating discussion). However, it's important to remember that much of what makes in-person co-facilitation smooth and dynamic is that facilitators can adapt to needs as they go by communicating with each other along the way. Set up some form of communication between co-facilitators outside of your virtual session (e.g., WhatsApp, Skype) to help you check in with each other, and consider having one person be the 'lead' facilitator for each session to enable them to make an executive decision if it's not possible for both facilitators to check in.
- **Co-host[17] –** You can assign co-hosts once you begin a Zoom meeting (if you want someone else to begin your meeting, you must assign an Alternative Host in advance), who can then help you to manage different functions within the meeting. Co-hosts may also be co-facilitators or may instead manage administrative functions so that facilitators can focus on activities and discussions.
- **Moderate –** Consider having a moderator for text chat channels – someone to monitor channels, answer questions where appropriate and pass on anything for group discussion as necessary.

Be Directive

- **Give clear instructions and time limits.** During in-person discussions you can often use body language to indicate when a discussion is wrapping up or a break is ending. This is not possible in the same way in virtual sessions.

It is also more difficult for participants to gauge when and how to step into a plenary discussion. You will need to be more directive. Instead of asking "Is that clear?" and waiting for indications, you can say, "Please type yes into the chat if the instructions are clear, or no if they are not clear."

- **Repeat.** It is easier for participants to miss a part of the discussion in virtual environments. Their internet connection might drop out or they might lose focus, causing them to miss important instructions. Repeat instructions verbally and type them into the chat, to make sure that everyone is following.

Well-being and Energy

- **Make sure you have a neutral background and minimize distractions**. Request your participants do the same. A neutral background can be in their physical location, or chosen as a virtual background in many software platforms. Be aware that older software versions may not support virtual backgrounds.

- **Encourage participants to manage their own participation and well-being during the sessions**. Let them know they are welcome to drink their coffee or tea, eat snacks, or stretch/move during the session, as long as they are on mute and do not disturb others. They can also do some physical activity that occupies the hands but not the mind – for example doodling or colouring – to improve focus and minimize fatigue.

- **Break frequently** – at least once per hour for 15 minutes – to reflect, get a drink or snack, and allow participants to stretch and move.

- **Encourage participants to take regular 'eye breaks'** using the 20/20/20 rule: every 20 minutes, shift your eyes to look at an object at least 20 feet away (six metres), for at least 20 seconds.[18]

- **Encourage participants to use technology options to minimize fatigue** e.g., using speaker view instead of gallery view to

give a more 'natural' sensation by allowing participants to focus on one person at a time. Similarly, hiding our own image from our screen can help us to focus on others.[19]

- **Check in regularly with participants** to assess how they are feeling and what their energy levels are like, including at the beginning of each session. For example, you can use a spectrogram, or ask participants to begin the session by describing a colour that most closely matches their current state of mind and explain why in a few words.

- **Consider a one-minute meditation** before moving to breaks. Use this time to ask participants to reflect on what they need to do during the break to take care of themselves.

- **Play music to mark the start, end and duration of breaks and sessions.** Begin playing music before the end of a break to help people keep track of when to come back. Invite participants to share their own music they would like to use in sessions – either directly with facilitators or using a shared Spotify playlist where participants can add their own music (remember to request that the music they add should be appropriate for all).

Build Community and Solidarity

The sense of community and solidarity that may be automatically created during an in-person training over several days must be more directly encouraged in remote learning processes. Consider the following strategies:

- **Get to know each other.** Share participant lists, bios and contact information for all participants (with their agreement) to help others get to know them. Spend time during sessions learning names and getting to know each other, including through energizers.
- **Shared space.** Invite participants to bring a similar object into their background to create the sense of a shared space – for example an object of a particular colour, a plant or a written word. This is particularly useful if not everyone can use a virtual background.

- **Encourage informality and sharing time.** Drink a cup of tea together. Use emojis and gifs in the group chat. Ask everyone to wear a hat or similar coloured clothes one day. Introduce your children or pets if they wander into the room. Celebrate the diversity of people's experiences in challenging times and prioritize comfort and well-being. Share your own challenges and any concerns. Be human.
- **Create group actions or gestures.** Use gestures and body language intentionally. Consider creating a group 'gesture' together, which can be used to open and close meetings. This creates a shared visual experience, brings our bodies into the learning process and creates more of a feeling of group solidarity. Encourage the identification and use of other shared gestures, such as snapping fingers instead of clapping or placing your hand on your heart to show emotion.
- **Rotate roles.** Encourage participants to take on roles in the process, including managing the chat, summary, wrap-up discussions and energizers.
- **Communication.** Put up multiple communication channels to run parallel with the primary conversation, to allow people to contribute in different ways. The chat box, a WhatsApp group, physical notes or recordings are all important ways to enhance communication for all.
- **Share images**. With the consent from participants (received prior to the training starting), you could take screenshots of participants in gallery view while they are completing activities at different points along the way. Share these with participants in your wrap-up and reminder emails for the next session.

Preparation and Follow-up

Before Sessions
- **Share** instructions for using the chosen virtual platform with participants well in advance of the training, asking them to download and familiarize themselves with the platform. They will also need to find a quiet location to complete the sessions.
- **Ensure** that all training materials – including supporting documents for use during sessions – are made available in one online location that you can refer to continually throughout the training.

- *Send supporting documents to participants in advance of the session.* Paste the link to the document into the chat again as you begin discussions to make sure everyone has it.
- **Explain** online etiquette in advance, including the following:
  - **Arrive early** to the session so you can fix any issues with log-in or audio/visual equipment.
  - **Get familiar** with the tools/platform before you begin.
  - Close down unnecessary tabs and **remove distractions**.
  - **Close other devices taking up bandwidth** if possible.
  - **Use headphones** or earphones if possible to minimize echo and background noise.
  - Set yourself up in a quiet environment.
  - Ensure you are well-lit (not back-lit) so that others can see you.
  - **Speak slowly and clearly**. Be brief.
  - During presentations or longer discussions, try to add questions or thoughts to the chat to **avoid interrupting**.
  - **Set your microphone to mute when not speaking**.
  - **Use your webcam** so others can see you.
  - **Be engaged and pay attention** to what's going on in the space.
  - **Smile and nod** to let the speaker know you are listening.

After Sessions
- **Share** any recordings, notes and next steps. Remind participants of the next session and when they will receive further information or preparation needs for that session.
- **Encourage** honest, critical feedback.
- **Promote** regular communication through a common group – e.g., via WhatsApp or Skype – to help people to feel connected and to share questions and insights in between sessions.
- **Request** and **encourage** participants to apply the information or skills they have learned in the sessions to their work as you move through the training process. A discussion of the ways they have been able to do this can be part of the opening of the next session.
- Each session as described in this manual has the option to **wrap up by summarizing key content** using slides. You may prefer to record that and **send the presentation to participants** after the session to wrap up, to keep each individual session shorter.

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18 Australian Disability Clearinghouse on Education and Training, 'Managing Zoom Fatigue', 2020. <www.adcet.edu.au/covid-19-faqs/Staff-Support/staying-connected/managing-zoom-fatigue>

19 In gallery view, right-click 'Video' and choose 'Hide Self View'. In speaker view, enter full screen view and hover over the image to see a small menu at the top. Choose the icon that reads 'Hide thumbnail video'.

Technology

- **Carefully consider the technology needed** to manage the different kinds of interactions you want to see in your sessions.
- **Check all equipment and software ahead of sessions.** Practice with the technology platform you are using. Make sure all your software is updated ahead of each session.
- **Have back-up options** for technology failures – for example, have dial-in options if participants cannot connect online, and consider offline options for different activities if needed.
- Encourage participants to only use **one device per person**, if possible.
- **Ask participants to mute their own audio, but be ready to mute participants if needed.** You can also set up your meetings to automatically mute participants on entry to the meeting.
- **Ensure adequate technical support.** Have a technological focal point – either a co-facilitator or another colleague – who understands the platform and can respond to difficulties as they arrive during the session. Consider contacting the support services of the technological platform if needed.

Security and Safety[20]

It is important to consider the security of your chosen technology platform and to take measures to ensure that your virtual spaces are safe and secure from those who may wish to 'crash' your session to send disruptive, offensive or graphic text, images or other content. The strategies and measures shared here are based on using Zoom – ensure you research security settings and strategies for your chosen platform.

General Strategies

- **Change your meeting ID** for each session (do not share your personal meeting ID with large groups).
- **Set a password** for all meetings.
- Ask participants to **not share sign-in information publicly**.
- **Enable a waiting room** so that you can control who enters the session. You can customize your Zoom waiting room message to include participation guidelines, virtual etiquette and your group agreements, once they are in place. The waiting room can also be turned on from within an active meeting.
- Only **approve** to enter the room (using the Participants menu) those you are expecting.
- **Lock your meeting** after the right people are in the room using the Security menu in your toolbar.
- **Discuss and plan** with co-facilitators how you will manage disruption of different kinds.

If you are faced with a situation where someone enters your meeting who should not be there, there are different options for managing their disruption to the group, depending on its nature. You can:

- Mute participants, and prevent them from unmuting themselves
- Disable public or private chat
- Prevent file-sharing
- Disable participant screen-sharing

For more instructions on when and how to enable these settings, see Training For Change, 'Dealing with Disruptors in Zoom Online Meetings or Trainings'.[21]

However, it is important to remember that any restrictions you use to improve security within your meeting will also restrict the options for your participants to engage with you and each other. **The best way to keep a session safe and secure for intended participants is to remove anyone who should not be there.** If you determine that a participant should not be in your session or has joined the session just to disrupt or undermine it, you may choose to remove them. There are two ways to remove a disruptive participant in Zoom:

1. **From the Security Menu**
   - Click the Security button in your Zoom toolbar
   - Click Remove Participant
   - Click Remove next to the participant you want to remove

2. **From the Participants Menu**
   - Click Participants in your Zoom toolbar
   - Find the person you want to remove
   - Click the More button next to their name
   - Click Remove

20 Adapted from Jeanne Rewa, Leading Groups Online (Training for Change, 2020) Licensed under Creative Commons (CC BYNC-ND 4.0 license), <www.trainingforchange.org/training_tools/leading-groups-online-book>

21 Training for Change, 'Dealing with Disruptors Online', <www.trainingforchange.org/training_tools/dealing-with-disruptors-online>

Notes
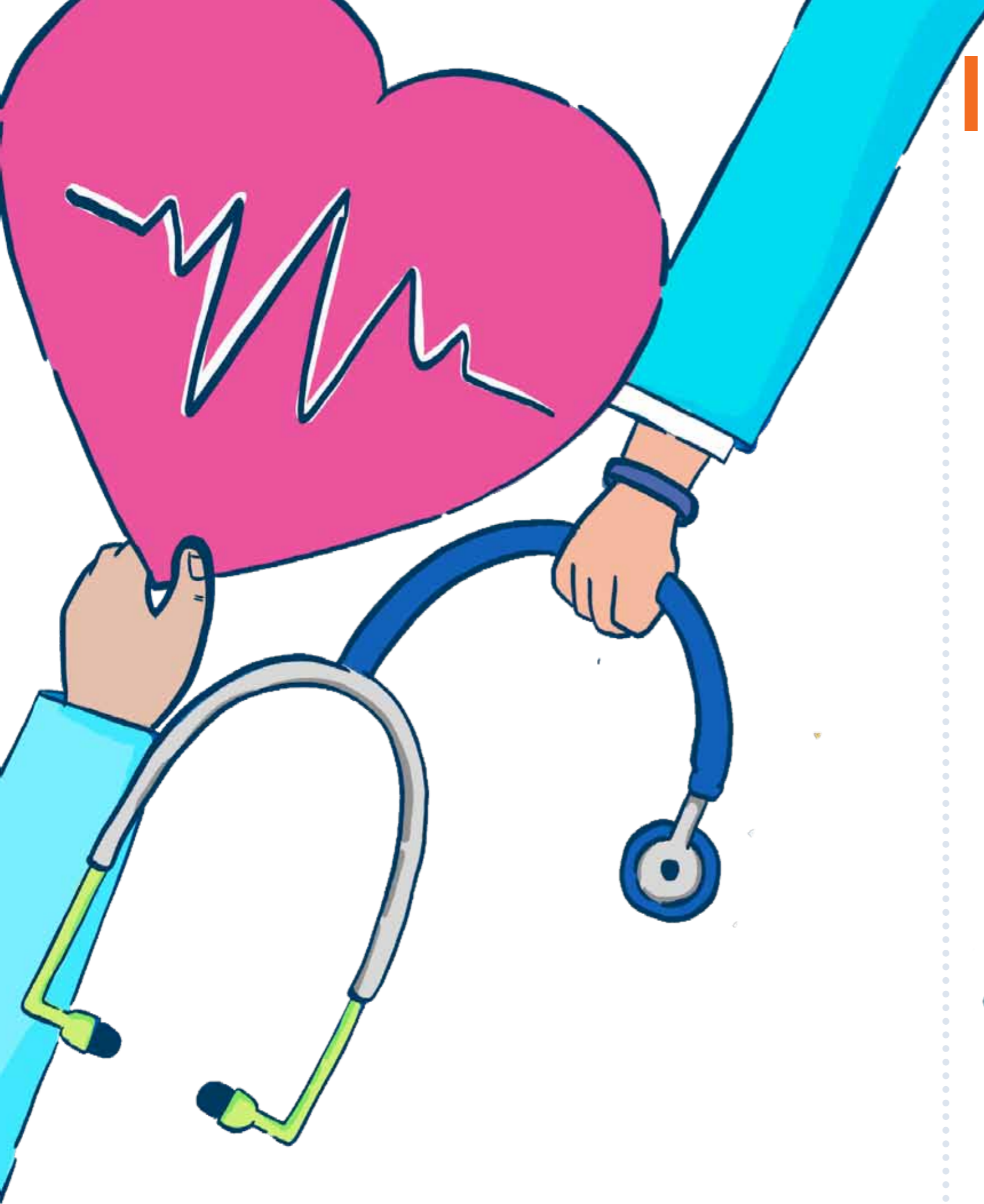
|Training Content

Suggested training agendas are included in Annex 1. They can be adapted as needed, depending on whether you are doing in-person or virtual training. Most sessions are of similar lengths to allow facilitators to interchange them as needed in the agenda (though it is ideal to keep them in the suggested order to allow each to build on the previous sessions).

Sessions included in this facilitators' Training Manual correspond closely to those included in the Guide, to allow participants to become familiar with the Guide's structure and use it through the training process.

Sessions 1–4 ensure that all participants have a common understanding of GBV and that they understand the experiences of adolescent girls on the move and the negative attitudes they encounter.

Sessions 5–8 cover communication with adolescent girls, how to keep girls safe and how to adapt services to serve the most at-risk adolescent girls on the move.

Sessions 9–10 cover more detailed adaptations such as safe spaces and remote and mobile services.

Sessions 11–12 cover action planning and consolidation of information.

The rest of this section provides detailed descriptions of each session.

Session 1: Opening, Welcome, and Overview

Session Overview

Session Overview	
Learning Objective	Understand the background of the Guide, its purpose and what the training will look like.
Relevant Guide Section	Introduction
Time	1 hour 30 minutes Step 1: **Welcome and Opening** – 10 minutes Step 2: **Introductions** – 20 minutes Step 3: **Expectations** – 10 minutes Step 4: **Group Agreements** – 20 minutes Step 5: **Housekeeping** – 15 minutes Step 6: **Why Adolescent Girls on the Move?** – 15 minutes
Slides	Session 1
Preparation	• Flipchart titled **Parking Lot** • Flipchart titled **Expectations** • Flipchart titled **Group Agreements** • Flipchart with list of volunteers needed (per day or for full session)
Materials	• Post-it notes • Markers • Flipchart paper

Step 1: Welcome and Opening

- **Welcome** participants.
- **Invite** a relevant authority or individual to give opening remarks.
- **Present** background and objectives of training and the Guide *(Slides S1: 3-5).*

Step 2: Introductions

- **Introduce** facilitators: background, expertise.
- **Ask** participants to introduce themselves, sharing their: name, role, and one interesting thing about themselves.

For Introductions in virtual sessions, call out each participant by name to have them introduce themselves, or ask each person to nominate another participant from the list when they finish introducing themselves. It is critical that you ensure participants understand how you will be working together.

Also ensure that all virtual technology-specific issues are addressed before getting started on the training itself. See examples below:

- Go through the chosen platform technology as a group so that everyone feels comfortable using it and knows how the facilitators will be using it and its functions to conduct the sessions.
- Go through the chat box and how it will be used throughout the training, i.e., for idea storming, for participants to write questions and give their input; and for sending messages to the whole group and/or to one individual.
- Go through any options for participants to raise virtual 'hands' (and put them down again), and/or give 'thumbs up' or 'thumbs down'.
- If there is the option for small group breakout sessions, go through how that will work too.
- Request microphones are kept on mute when participants are not speaking and how to mute/unmute.
- Request cameras are kept active, if internet connection and location allows, to improve group dynamic. If not, suggest participants add a photo to their profile/name (if the platform allows).
- Request participants avoid reading emails or doing other tasks during the session. Explain that if they need to leave the session for any reason, they can indicate this to a facilitator via private message, and indicate when they return.

- Ask participants to take responsibility for their own learning and engagement.

Once complete, ask participants to indicate their agreement or disagreement with the thumbs up/thumbs down function, or by typing YES or NO into the chat box.

Save this slide for future reference to yourself and participants, preferably by keeping it in a shared folder accessible by all.

Setting up a shared online working document (such as on Google Docs):

- Prior to the virtual training, it is recommended you set up an online working document that all participants will be given access to. You can use this document as a space for facilitators and participants to regularly, in an ongoing way, add and share input with each other on different aspects related to the training.

- For example, you could set up an Excel document with the following themes, which participants and facilitators can add content/responses to:
  - Contact info (participants' names, titles, organizations and contact details)
  - Resources (links, sources)
  - 15-minute self-care sessions for the breaks
  - Expectations for the course and what questions participants would like answered over the course of the training
  - Core reflections, takeaways and new insights from the training
  - Suggestions for strengthening community through the virtual technology and training space
  - What participants want more of in the training
  - A Parking Lot

Step 3: Expectations

- **Explain** that you would like to understand participants' expectations for the training.

- **Distribute** Post-it notes to participants.

- **Ask** participants to write their expectations for the training on a Post-it note and affix to a flipchart. Explain that you will review these expectations after the session and discuss anything that will not be achieved.

> For virtual sessions, ask participants to type their expectations into the chat box, or enable a shared document (e.g. a virtual whiteboard) and ask participants to type into the document.

Step 4: Group Agreements

- **Explain** that you would like to establish group agreements for your time together in the training, which will help you all work together and make the most out of the time.

- **Ask** participants to think about the three questions posed *(Slide S1: 6)* and write up their responses:
  - How do we want to deal with disagreement?
  - How do we know that we are respected?
  - How can we build our learning community?

- **Invite** participants to suggest other/additional elements for your group agreements, if needed, and write them on a flipchart as they are suggested.

- **Ensure** that the following elements appear on your list of group agreements or responses to the three questions. If they do not, suggest them:
  - **Respect:** Respect others' opinions – it is fine to question opinions, but don't target the person; don't speak while others are speaking; don't insult or discriminate against any participants.
  - **Timing:** Be on time for sessions and return on time from breaks; participants are responsible for their own learning; it is important to respect the time of others.

- **Technology:** Phones should be turned off or on silent mode; no answering phone calls within the training room; computers should be turned off during sessions.

- **Participation:** Participate actively; don't monopolize time and space; be conscious of our own behaviour; ensure we allow others to speak and participate fully.

- **Confidentiality:** If personal issues are discussed, participants are asked to keep all information within the group and not discuss with anyone else.

- **Ensure** that suggestions like respect are broken down so that participants understand what they should look like in practice.

- **Ensure** that confidentiality is on the list and well-understood by participants. Explain to participants that while this is a training where people should feel free to share their thoughts and experiences, participants are not expected to share personal experiences of violence – indeed, for their own safety, participants may want to speak about them in the third person.

- **Ask** the group if they agree with the group rules. If anyone disagrees, discuss why and decide if something needs to be changed to make sure everyone is comfortable.

- **Ask** participants what they think should happen if an individual breaks the rules. Your group can provide its own consequences for breaking the rules. Some options include:

  - Cleaning/tidying the training room at the end of the day

  - Singing or dancing in front of the group

  - Organizing energizers *(see Annex 3 for examples)*

- **Ask** participants to sign their name to the list of ground rules on the flipchart (for extra movement, you can have participants dance to and from their seats).

- **Ask** for volunteers to help ensure participants return to the training room on time, and to identify anyone who is violating group agreements. If you are working with a mixed group of participants, make sure that this role is shared equally between men and women, and between any other categories of individuals present in your training. You may choose to rotate individuals each day or choose two individuals for the full training. If you have a mixed group, ensure that volunteers represent all different participants in the training.

> For virtual sessions, use a whiteboard or editable slides. Ask participants to suggest group agreements either out loud or in the chat box, typing them into the document as they are suggested.

Step 5: Housekeeping

- **Explain** that there is a flipchart on the wall titled Parking Lot, which can be used for any questions or discussions that participants want to suggest. Facilitators can also use this as a space to record discussions that cannot be addressed at the time. **Ask** participants to feel free to write their questions in the Parking Lot at any time during the training.

- **Explain** key locations, including bathrooms, exits, breakout rooms, break and lunch locations.

- **Explain** any safety issues and emergency protocols, including evacuation protocols and meeting points.

- **Discuss** any logistical needs, including per diems and transport.

> For virtual sessions, remind participants about the technology options – how to mute/unmute, turn video on and off, use the chat box, raise hands and give thumbs up or thumbs down.

Step 6: Why Adolescent Girls on the Move?

- **Explain** that to finish the session, you will explore the reasons that the Guide and training focus on adolescent girls on the move, as framing for the rest of the training.

- **Ask** for a volunteer from among the participants to come to the front of the room.

- **Ask** participants to imagine that this individual is an adolescent girl in migration.

- **Invite** participants to come forward one by one, with an object from their table that will represent a burden that adolescent girls face on the move (either due to being an adolescent girl, or due to being displaced. Ask each participant to give their object to the volunteer, explaining to the room the burden it represents.

- **Ask** the volunteer 'adolescent girl' to tell the room how it feels to be so heavily burdened and what it means to them as an adolescent girl.

Review using content from Slide S1: 8, if needed.

> For virtual sessions, run this activity as a visualization exercise. Ask participants to close their eyes and imagine that they are an adolescent girl in migration. Ask them to visualize themselves as that girl, including how old they are, where they are from, where they are now, where they are going, who they are travelling with and how they are feeling.
>
> Once they have spent a few minutes visualizing the girl, continue the activity as above: call on each participant by name, asking them to open their eyes and unmute themselves when their name is called to suggest one thing that could make the life of an adolescent girl on the move more difficult. Continue until all participants have suggested something and all participants have had a chance to visualize these suggestions in the life of their imaginary adolescent girl.
>
> Ask participants to share, out loud or in the chat box, how it felt to visualize themselves as this adolescent girl.

Session 2: Setting the Stage

Session Overview

Session Overview	
Learning Objective	Understand key terms, the scope of GBV and its impact, as well as the basic pillars of essential GBV response services
Relevant Guide Section	Section 1
Time	1 hour 30 minutes Step 1: **Key Concepts and Types of GBV** – 30 minutes Step 2: **Consequences of GBV** – 15 minutes Step 3: **Root Causes of GBV** – 30 minutes Step 4: **GBV Essential Services** – 15 minutes
Slides	Session 2
Preparation	• Read the participants' expectations and group them into themes, deciding which to focus on and which cannot be answered during this training. Where possible, think of additional resources or pathways that participants could use to find the information that will not be answered during the discussion session. • Print Supporting Document 2.1 and cut out the definitions.
Materials	• Supporting Document 2.1 • Scissors • Post-it notes

Step 1: Key Concepts and Types of GBV

- **Explain** that you will review the basics about types of GBV to ensure that everyone is on the same page before going into more detail about work with adolescent girls.
- **Distribute** a term or a definition card to each participant (you can give more than one to each participant, as needed).
- **Gather** participants in an area of the room with plenty of space to move around. **Ask** participants to find the matching pair that makes their definition complete. For example, if one person holds the term 'Gender', they should find the person who holds the definitions for the term 'Gender'. The two should then read through the definition together, and make sure they understand it. If each person only holds one piece of paper, they can stay together once they make their pair with the definition. If they hold multiple pieces, one person should take the paired term with its definition and then both can continue to find others, until each term has a definition.
- **Ask** each person (or each pair if they remain together) to read the terms and definitions they hold out loud to the group. Ask for questions and discuss.
- *If necessary, **review** definitions (Slides S2: 4–7).*

For virtual sessions, send the adapted list of definitions in *Supporting Document 2.1 (Annex 2)* to participants in advance, assigning one participant to each term. Ask participants to read the list in advance, and then think about/highlight what they consider to be the three key elements of the definition they have been assigned.

Note: The list has 20 terms in total. If you have fewer than 20 participants, facilitators should assign themselves the remaining terms, and/or consider removing any terms that are less relevant in your context. If you have more than 20 participants, consider adding other relevant terms to your context.

In the session, explain the following instructions to participants:

- Participants will hold up the term they have written on an A4 piece of paper so that it can be seen by others. If possible, they can attach the paper to their shirt or in a location where it can be seen by other participants. Ask them to have fun with it – they could try making it into a hat, attaching it to earrings or wearing it as a bib. Everyone will still be getting to know each other at this point, so using this as a kind of energizer game can be useful.

- Each participant will have one minute to read out their assigned term, its definition, and the three things they consider to be key elements of the definition.

- They will then identify one other term on the list that they believe is the most closely related to their own term, and 'pass' the microphone to the person that holds that term with an explanation of why they think it is closely related. For example, the person who presents 'gender' might call on the person holding 'gender-based violence', explaining that GBV is based on gender roles and expectations. They in turn might pass on to the person holding 'violence against children', explaining that there is a large overlap between the two categories of violence, etc. There is no 'correct' answer to which terms are most closely related – the idea of the exercise is just to have an interactive way of reviewing key terminology and kinds of violence and the ways in which they are connected. It may be helpful for one of the facilitators to go first and give an example.

- Each participant must pass to someone who has not yet had a turn, meaning that as you continue through the group, participants may face more challenges in identifying the most closely related terms. If they seem to be struggling, encourage other participants to help by raising their hands if they think they hold a closely related term and would like to go next and explain why.

Ask for any questions, discuss and review relevant slides (if needed).

Step 2: Consequences of GBV

- **Explain** that you are now going to discuss the consequences of GBV.

- **Ask** participants to spend five minutes discussing with the person next to them about the potential consequences of GBV for adolescent girl survivors, their families and their communities. Be sure that they focus their discussions on adolescent girls.

- **Invite** each pair to share one consequence to the group and note them on flipchart paper. Move to the next pair and repeat until there are no more answers to give.

- **Add** any consequences that have not been mentioned. *Review using Slide S2: 9 if needed.*
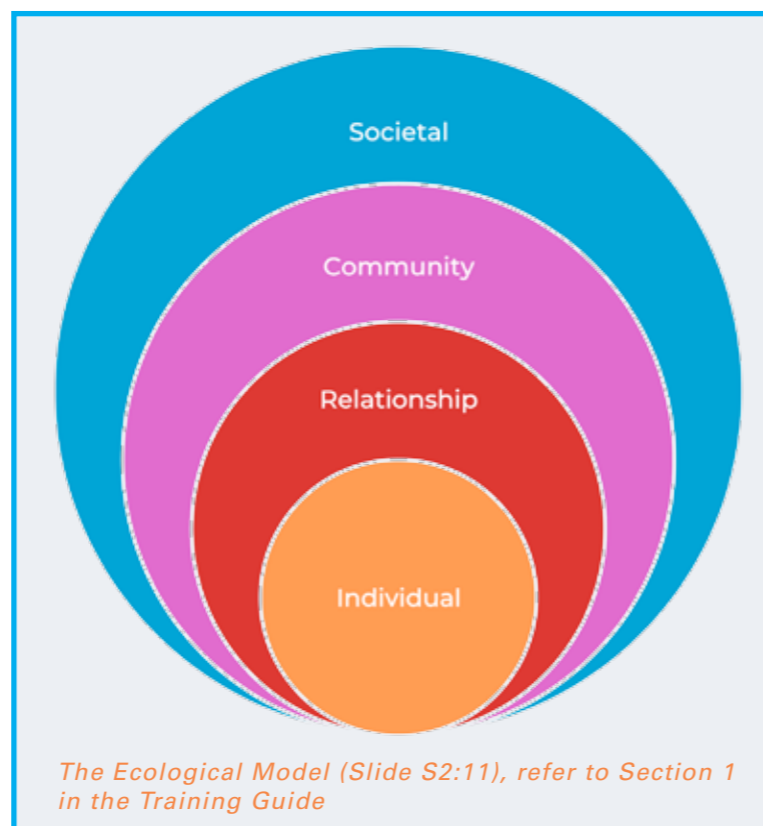
For virtual sessions, participants will not be able to discuss with their neighbour as described above. Instead, you can ask participants to type suggestions into the chat box, or if you have extra time you can use the whiteboard and ask participants to type their suggestions directly on to the whiteboard. Then review and discuss – using relevant slides if necessary – as above.

Step 3: Root Causes of GBV

- **Explain** that you are now going to look at the root causes of GBV.

- **Ask** participants to spend five minutes brainstorming what they think are the root causes of GBV and write each cause they think of on a separate Post-it note.

- **Invite** each participant to share one idea they had with the group. Once they have shared it, ask if other participants had the same idea, collect all the related Post-its and attach them to a flip chart, with the most profound/ important causes closest to the bottom. Continue until all participants have shared something, or there are none left.

- **Ensure** that you end up with gender inequality, men's abuse of power and control over women and girls, and a lack of belief in human rights where women and girls are

positioned lesser than men and boys, at the bottom, to show the root causes. GBV is rooted in patriarchy and misogyny. Religion, traditions and education are all ways in which this inequality and power are understood, reproduced and enacted/enforced (that is, in different religions, cultures and traditions, violence exists – so the defining factor is the power and gender inequality).

- **Highlight** that elements such as conflict, poverty, low levels of education and alcohol abuse can be understood and contributing factors, or exacerbating factors – they may contribute to levels of violence, but GBV exists even without them (and across all education and socio-economic levels).

- **Highlight** that alcohol or substance abuse and anger management issues are often used as justifications for violence, but are not the root causes – not everyone who drinks alcohol, or gets mad, uses violence, and even when they do they often use it against specific people (e.g., not those with power and respect in their communities).

- **Ask** for questions and discuss. *Use Slide S2: 10 to review, if needed.*

- **Present** the Ecological Model as shown below *(Slide S2: 11).* Ask for examples, questions and discuss.

The Ecological Model (Slide S2:11), refer to Section 1 in the Training Guide

For virtual sessions, you can begin your Step 3 discussion using an interactive word cloud to get feedback from the group *(see instructions in the Adaptations for Remote Learning section)*:

- Share the relevant website with participants in the chat and ask them to type in what they think are the three root causes of GBV.
- This will generate a word cloud where the words in the largest type are those that have been mentioned most often.
- You can share your screen to view the website with the resulting word cloud and use this as the basis of discussion.
- You can then continue with the remaining steps, as described above.

For a simplified version, you can ask participants to type their suggestions into the chat or mention out loud in the group (if you have sufficient time). This is recommended to keep the process simple and allow more time for discussion.

Step 4: GBV Essential Services

- **Explain** that you will quickly review what is meant by essential GBV services, particularly in relation to adolescent girls.

- **Ask** participants to give examples.

- *Review using Slide S2: 12.*

- **Highlight** the role of case management in connecting and enabling access to services.

- **Highlight** the primary and mandated role of government service providers, particularly in cases involving children. Explain that this training will discuss how the widest possible range of service providers helps support survivors to access quality services as quickly as possible.

For virtual sessions, Step 4 can largely remain the same. If you have used more time on the previous steps, you can simply present this information using the relevant slides.

You may decide to skip this entire session in order to save time in a remote learning process, or if you know that your participants are all familiar with this basic information. If you decide to do so, ensure that:

- Participants have completed or reviewed preparatory materials as outlined in the Introduction of this manual.

- Definitions and slides for this session are shared with participants to review before the training process begins and that you are available to respond to any questions via email or during sessions.

- These definitions and basic concepts are kept in the shared training folder, and participants are reminded of them again at the end of Session 1.

Session 3: Who Are Adolescent Girls on the Move and What Are Their Experiences?

Session Overview

Learning Objective	Explore oppression and discrimination and its intersection with threats, vulnerabilities and barriers that give rise to GBV risks in relation to adolescent girls.
Relevant Guide Section	Part I, Section 2
Time	1 hour 30 minutes Step 1: **Present the Identity Wheel and Explain Intersectionality** –10 minutes Step 2: **Develop Case Studies** – 50 minutes Step 3: **Plenary Feedback and Discussion** – 30 minutes
Slides	Session 3
Preparation	• Print Supporting Document 3.1 for each participant
Materials	• Flipchart paper • Markers • Tape • Supporting Document 3.1

Step 1: Present the Identity Wheel and Explain Intersectionality

- **Explain** what the wheel represents – the top half represents structural oppression and the lower half represents aspects that can be used as different forms of discrimination, and how these different aspects (the pieces in the wheel) relate to adolescent girls. This wheel is about the systems and structures of oppression that shape and determine the lives of adolescent girls, and the discrimination that adolescent girls experience from the biases of others that is part of their oppression (the exercise of power and control over adolescent girls).

You can refer back to the Ecological Framework and the individual, relationship, community and societal levels to explain how oppression and discrimination operate.

The different aspects of an individual's identity can influence their lives in positive or negative ways. This influence may vary with each individual, though there are some commonalities.

One tool that we can use to look at these different facets and the ways in which they intersect is this wheel. It allows us to look at how these different systems and structures of oppressions and different forms of discrimination intersect to influence, shape and determine the lives and experiences of adolescent girls – working in an intersectional way helps us to see adolescent girls in their entirety, and not focus on just one factor or aspect of their identity.

- **Review** each of the identity aspects, starting with the oppression section (top half of the wheel) and the section on discrimination (bottom half), and ask for examples *(Slide S3: 3)*. For a detailed explanation of intersectionality and what it is, see Kimberlé Crenshaw, [22] [23] who established and developed the term.

The Identity Wheel, (S3:3), Section 2 in the Guide.

- **Explain** that the experience of each individual adolescent girl is shaped by factors of her identity. These may increase risks and barriers to accessing services or serve as protective factors.

- **Ask** for an example of a threat or risk that adolescent girls may experience directed at a particular aspect of her identity, as well as a protection factor, from participants. Give examples if necessary.

- **Ask** for any questions from participants. Discuss.

For virtual sessions, ask participants to type their examples into the chat box.

[22] Crenshaw, Kimberlé, 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics', University of Chicago Legal Forum, 1989. <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

[23] Crenshaw, Kimberlé, 'Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color', *Stanford Law Review*, 43 (6) 1991, pp. 1241 – 1299. <www.jstor.org/stable/1229039>

Step 2: Develop Case Studies

- **Explain** that throughout the training you will be working with three case studies based on fictional characters. These case studies are also used throughout the Guide to help make theoretical information more concrete.

- *Present the Sofia, Caribai, and Mariana case studies (Slide S3: 4).*

- **Divide** participants into small groups and assign one case study to each group.

- *Distribute Supporting Document 3.1.*

- *Give groups the following instructions:*
  - Looking at the identity wheel, identify the different aspects that relate to the case study.

  - Looking at the aspects of the identity wheel, think about any other factors of discrimination that are not included but relate to your case study, based on your experience with adolescent girls on the move in your context. Then considering your case studies and the oppression and discrimination faced by adolescent girls and any risk or protective factors, discuss the following three questions *(Slide S3: 5)*:

- **Ask** for one person in each group to note responses on a flipchart, while others can take notes on their individual supporting documents.

Step 3: Plenary Feedback and Discussion

- **Invite** participants to return to plenary.

- **Ask** each group to present a summary of their discussion (maximum five minutes each).

- **Discuss**, highlighting any risk factors or protective factors that have not been presented. *Use Slides S3: 6–8 for case studies and S3: 9 for overall key messages and actions.*

Sofia, age 12

Caribai, age 14

Mariana, age 17

Bringing Theory to Life: The Stories, Risk Considerations, Barriers to Services, and Adaptation Needs of Sofia, Caribai and Mariana

Sofia, age 12

Family and accompaniment status: Traveling with her 19-year-old sister.
Living with an intellectual disability. Lives in an informal settlement in Colombia, close to the Venezuelan border. Often travels back and forth between Venezuela and Colombia.

- Sofia's intellectual disability limits her ability to process complex information quickly.
- Sofia has experienced physical and verbal violence in the past from caregivers (not her sister).
- Frequent crossing through formal or informal border routes exposes both Sofia and her older sister to risks of exploitation and trafficking.
- Sofia is frequently left alone, as her sister is forced to work to support them both. While her sister is away, a man from a neighboring house sexually abuses Sofia.
- She is often treated as incapable of understanding anything (including by her sister), despite the fact that she can understand most information if the format is adapted to her needs and capacity.
- Information about services is not given in a way she understands.
- She is stigmatized and discriminated against because of her disability.
- Her caregiver, community, and service providers may not involve her in decision-making.

Caribai, age 14

Family and accompaniment status: Married, traveling with her 22-year-old husband. Indigenous background, speaks limited Spanish. Permanently settled in Peru, but without formal immigration status and documents.

- Lack of documentation makes Caribai more likely to avoid formal services and support due to fear of arrest and deportation.
- Her husband forces her to have sex with him by threatening to expose her to the authorities.
- She earns a small amount of money by selling goods on the street. Her husband demands the money she earns every day when she returns home.
- Caribai is isolated due to her limited Spanish. This makes it hard for her to find support and make friends.

Mariana, age 17

Family and accompaniment status: Traveling alone. Lesbian. Recently found out she is pregnant (due to sexual exploitation and abuse).

- Mariana is traveling without family or friends. To stay safe, she has joined small groups of people along the way and traveled with them. Though many are supportive, some men see her as sexually available and try to convince her to have sex with them.
- She may be sexually exploited by authorities in exchange for immigration services.
- One man forced her to have sex with him and with his friends in exchange for protection along the route. Mariana is now pregnant.
- Mariana hides her sexuality for fear of violence. This makes her more likely to use informal travel channels and routes to avoid interaction with authorities.
- Sexual exploitation exposes Mariana to risks of STIs, including HIV and AIDS.
- She needs health services to support pregnancy, which brings particular health risks in transit.
- Healthcare providers may not give her the appropriate prenatal care due to pre-conceptions about migrant adolescent girls and promiscuity. She is also at high risk of emotional abuse by healthcare providers.

Session 4: Exploring Attitudes Toward Adolescent Girls on the Move

Session Overview

Learning Objective	Consider the influential role of attitudes in providing support and building resilience.
Relevant Guide Section	Section 2
Time	1 hour 30 minutes Step 1: '**Where Do I Stand?' Exercise** – 40 minutes Step 2: **Plenary Discussion** – 30 minutes Step 3: **Review Guide Content on Attitudes and Behaviours** – 20 minutes
Slides	Session 4
Preparation	• Review Supporting Document 4.1 and 4.2 and contextualize as needed • Print Supporting Document 4.1 • Print list of statements • Flipcharts titled **Agree and Disagree** • For virtual sessions, prepare spectrogram template in online whiteboard or editable presentation; or prepare to speak the statements to the group, which they can then reply to in the chat box
Materials	• Flipchart paper • Markers • Tape • Character cards • List of statements

Step 1: 'Where Do I Stand?' Exercise

This exercise is designed to explore negative attitudes and stereotypes regarding adolescent girls on the move without making any individual participant uncomfortable.

- **Assign** participants a character as service providers or community members.

- **Move** to a part of the room with open space.

- **Explain** that participants should move to the area of room labelled 'agree' or 'disagree' as you read each statement, based on what they think their assigned character would believe.

- **Read** out each statement. For each statement, ask a few participants to explain why they think their assigned character would feel the way they have chosen.

- **Discuss**.

For virtual sessions, you can run the same activity using a spectrogram in the whiteboard function or a shared, editable slide, with 'agree' at one end and 'disagree' at the other *(see Adaptations for Remote Learning section for more information)*. Or simply read out the statements one by one and ask the participants to respond to the statement in the chat box and discuss after everyone has responded.

Step 2: Plenary Discussion

- **Ask** participants if they hear these statements a lot, including from service providers, in their context.

- **Ask** (in reference to any statement), how the attitudes heard contribute to the vulnerability of adolescent girls on the move.

- **Ask** participants what positive or supportive attitudes they heard. Note on a flipchart.

- **Ask** participants what negative or harmful attitudes they heard. Note on a flipchart.

- **Ask** participants what impact they think these attitudes might have on adolescent girls on the move, including on the risks they face. Note on a flipchart.

- *Review using slides, if necessary (Slides S4: 6–8).*

For virtual sessions, you may want to skip the third point above in order to spend more discussion time on brainstorming ways to counteract these attitudes, as in Step 3 below.

Step 3: Review Guide Content on Attitudes and Behaviours

- **Ask** the initial opening questions *(Slide S4: 9)*:
  - What do you want to see in your services for adolescent girls on the move?
  - Consider your case study – what is your vision for creating a counter world for her?

- **Explain** that our role as service providers is to recognize the attitudes and stereotypes that adolescent girls have had to face, and act in ways that counteract these.

- **Ask** participants what must be the core service principles, and provide examples of how service providers can counteract the negative attitudes and stereotypes they have heard. Take some examples and discuss. Ensure that these examples include encouraging positive perceptions of adolescent girls and their strengths and capacities *(Slide S4: 10–11)*.

- *Review (if necessary) using slides or the Guide.*

- **Ask** for any questions and discuss. You can use key messages and actions and case studies as needed.

Positive Perceptions

- Resilient
- Studious
- Desire and capacity to advance and overcome obstacles
- Dynamic
- Tolerant
- Collaborative
- Proactive
- Adaptable
- Supportive
- Able to integrate
- Show perseverance
- Courageous

Session 5: How Should We Work With Adolescent Girl GBV Survivors?

Session Overview

Learning Objective	Learn what is survivor-centred care and its guiding principles.
Relevant Guide Section	Section 4
Time	1 hour 5 minutes Step 1: **Survivor-Centred Care** – 10 minutes Step 2: **Applying Principles to Practice** – 20 minutes Step 3: **Feedback and Discussion** – 15 minutes Step 4: **Barriers and Opportunities** – 5 minutes Step 5: **Plenary Feedback and Discussion** – 15 minutes
Slides	Session 5
Preparation	• Print and cut out Supporting Document 5.1 • For virtual sessions, send Supporting Document 5.1 to participants in advance
Materials	• Enough copies of Supporting Document 5.1 for each participant to have one profile once cut • Flipchart paper • Markers • Tape

Step 1: Survivor-Centred Care

- **Explain** that given everything a girl has been through before she comes to see us, we need to make sure that our interaction with her goes against the negative things she has experienced and the negative attitudes she has heard, and tries to reinforce the agency and power that has been taken away from her.

- **Ask** the following three questions to the group to bring out their current understanding:
  - What are the core principles, non-negotiables and practices of a survivor-centred approach?
  - How would you build a survivor-centred approach for adolescent girl GBV survivors on the move?
  - What does using a survivor-centred approach mean for these adolescent girls?

- **Present** the survivor-centred approach and guiding principles, putting a survivor-centred approach into practice *(Slides S5: 4–6)*.

- **Present** the importance of female service providers working with adolescent girls *(Slide S5: 7–8)*. Start off by doing a quick shout out in the room, asking why they think it is important that adolescent girls have access to female support.
  - If they have not covered everything, explain the reasons. Be aware that as facilitators you may need to manage rejections or challenges to this, so you will need to be prepared to manage this carefully, while maintaining those core principles and a focus on adolescent girls.

Explanation on the importance of female service providers for adolescent girl survivors of GBV and those at risk:

This is a training aimed at service providers working with adolescent girl GBV survivors on the move. Adolescent girl survivors of GBV and adolescent girls at risk should, wherever possible, have access to female service providers (e.g., case/support/youth workers, refugee/asylum officers, hotline staff and volunteers, medical personnel).

It is widely known from extensive evidence, research, data and experience that female survivors prefer to access services and support that are provided by women in women- and girl-only environments and spaces and that men are overwhelmingly the main perpetrators. Male violence against women and girls is a direct cause and effect of women's historical inequality within society, and a direct consequence of the power differentials and inequality between men and women. Society has historically encouraged, allowed and endorsed men to believe they are entitled to privilege, dominance and control over women and girls.

Adolescent girls who have experienced male violence in any or multiple ways, and grown up with this around them, will have these informing or shaping her experience in a service that is being provided by male personnel, regardless of his own views, behaviours or intentions. The presence of male staff can therefore either significantly hinder her recovery and empowerment, re-traumatize her, and/or be a further site for abuse, exploitation or violence.

Having female service providers is a very speedy and efficient, safeguarding action for adolescent girls because it cuts off the access and opportunity from male perpetrators who look for any opportunity to access and exploit girls and women, which service provider roles offer when opened to men. While this approach means it prevents and stops men who are not interested in being perpetrators from doing this work, it is also a massive block to male perpetrators getting access to adolescent girls, which is essential. We have to confront the idea that not everyone who wants to do this work wants to do it for the right reasons.

It is vital that adolescent girls feel, and are, safe when in services. Services should be able to provide her with a safe space, male-free, from the usual reality and threat of exploitation, violence, discrimination and power abuses in society that she has faced and faces, and create spaces where she can be safe to determine her own choices, so that she can be better able to recover.

- **Ask** for any questions and discuss what has been covered so far.

Step 2: Applying Principles to Practice

Note: *Ensure ample time is given for the role-play.*

- **Divide** participants into small groups.
- **Assign** one case study character and one service provider role to each group. Choose the service provider role (e.g., case manager, nurse) based on the profiles of your participants.
- *Distribute Supporting Document 5.1 to each group according to their case study.*
- **Ask** participants to consider what survivor-centred care and the application of the guiding principles looks like in practice for their case study, from the perspective of their assigned service provider role.

For virtual sessions, each participant will have the full case study information you have sent to them in advance. Simply indicate to each group which character they should focus on from the perspective of their assigned service provider. It may help to show the assigned case study character and service provider on the screen in plenary, and to send it as a reminder to all participants through the broadcast function once they are in their small groups.

What Survivor-Centred Principles Should Guide My Work with Adolescent Girl GBV Survivors?

Step 3: Feedback and Discussion

- **Ask** a volunteer from each group to share a brief overview of their discussions.
- **Ask** other groups to take note of common elements when they are mentioned, and to only mention things that are new or different when it is their turn.
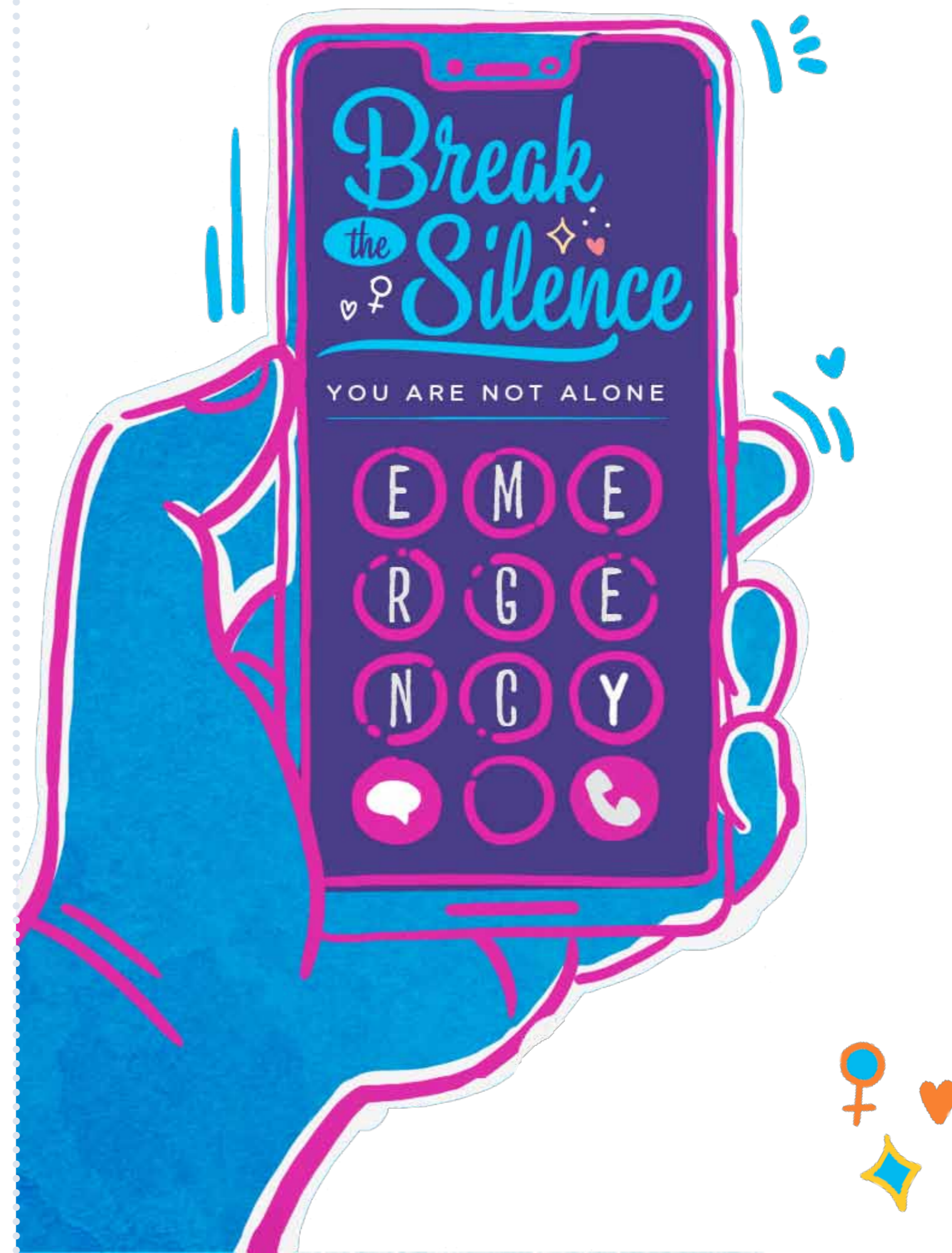
Step 4: Barriers and Opportunities

- **Ask** participants to spend five minutes reflecting on their own individual situation, considering:
  1. What might prevent you from working this way (specifically in your role, organization, and context)?
  2. Where could you seek support to make the changes that are needed to work in this way?

Step 5: Feedback and Discussion

- **Ask** each participant to share one potential barrier, then move on to the next participant, until everyone has spoken or there are no barriers left.
- **Ask** participants to share one potential source of support each. Continue until all participants have had a chance to share.
- **Discuss**. Use slides *(Slides S5: 14–17)* as needed, specifically *"What does this mean for Sofia, Caribai, and Mariana?" (S5: 15–17).*
- *Review key resources (Slides S5: 18–20).*

For virtual sessions, this kind of feedback from individual reflection would work best through the chat. If you want to have participants share out loud, ask for examples of barriers and sources of support and invite a few participants to share.

Safety: Physical, psychological and emotional

Best Interests of the Child: In line with Article 3 of the UN Convention of the Rights of the Child

Non-Discrimination: All survivors have a right to care based on need, not who they are

Dignity and Self-Determination: Survivors have a right to choose their support services

Confidentiality: Consider mandatory reporting and communicate this to the adolescent

Do No Harm: Risk assess, avoid creating conflict or re-traumatizing, be realistic

Strengthening Resilience: Identify and build on protective factors with survivors

Session 6: Communication With Adolescent Girls on the Move

Session Overview

Learning Objective	Study the context-specific merits and drawbacks of the various methods to conduct outreach to and share information with adolescent girls on the move; Contemplate the principles of compassionate, supportive and effective two-way communication systems with adolescent girls on the move.
Relevant Guide Section	Section 2, Section 5
Time	1 hour 30 minutes Step 1: **Introduction** – 10 minutes Step 2: **Current Communication Practice** – 20 minutes Step 3: **Communication Channels, Principles, and Content** – 30 minutes Step 4: **Feedback and Discussion** – 30 minutes
Slides	Session 6
Preparation	• Print Supporting Documents 6.1 and 6.2 for each participant • For virtual sessions, send Supporting Documents 6.1 and 6.2 to participants and assign participants to groups (Step 2) in advance **Note**: Supporting Documents 6.1 and 6.2 are long documents. It is highly recommended that you send them to participants prior to this session to give them ample time to read and digest them, in order to maximize productivity and time available on the activity and session itself.
Materials	• Flipchart paper • Markers • Supporting Document 6.1 • Supporting Document 6.2

Step 1: Introduction

- **Ask** participants why good communication is particularly important in reducing risk and ensuring access to services for adolescent girls on the move. Take some ideas and discuss.
- *Review using slides or the Guide, if necessary (Slides S6: 4-5).*

Step 2: Current Communication Practice

- **Divide** participants into small groups (preferably, based on their areas of operation and/or organizations), or remain in the plenary session.
- **Ask** participants to consider, as a group, what is currently being done by their organization and/or in their area of operation in terms of communication with adolescent girls. *Ask them to answer the following questions (Slide S6: 5):*
  1. What communication channels are used to reach adolescent girls?
  2. What messages are shared?
  3. How is information gathered from adolescent girls (in terms of their communication preferences, risks, barriers, needs, priorities and feedback)?
  4. What are communication challenges?

1. **Be** respectful, supportive, empathetic, and compassionate

2. **Support** girls to make their own choices, take informed decisions, and control their lives

3. **Make** your language easier to understand

4. **Adapt** communication to the age and development stage of the girl

5. **Adapt** communication to the context, language, and culture

6. **Adapt** communication to risk profiles, preferences, and abilities

7. **Prioritize** safety

8. **Actively** listen

Step 3: Communication Channels, Principles, and Content

- **Ask** participants to remain in their small groups. Assign one case study character to each group.
- **Ask** participants to read *Supporting Documents 6.1 and 6.2* individually, then discuss as a group to answer the discussion questions provided, with a particular focus on the character assigned to their group.

Questions

1. Are there any changes you would make to your/your organization's/your region's communication practices, based on this information? Anything that you would keep the same?
2. How could you find out about the communication preferences of adolescent girls in your context?
3. What are your concrete, practical recommendations for how you should be sharing information and Communicating with adolescent girls on the move?

Step 4: Plenary Feedback and Discussion

- **Ask** each group for a brief summary of their discussions. Note on a flipchart, highlight similarities and differences. Discuss.
- *Review using slides, as necessary (Slides S6: 8–13).* Ensure that your discussion touches on how to assess communication preferences of adolescent girls in context *(Slide S6: 10)* and what are the key communication considerations for the case studies *(Slides S6: 11–13)*.
- **Present** key resources and tools *(Slides S6: 15–18)*.

Session 7: How Can We Help to Keep Adolescent Girls Safe on the Move?

Session Overview

Learning Objective	Understand roles service providers can play in mitigating risks for adolescent girls; acquire skills in safety audits, safety mapping and safety planning; mapping and reducing risks.
Relevant Guide Section	Section 5
Time	1 hour 15 minutes Step 1: **Risks for Adolescent Girls on the Move** – 15 minutes Step 2: **Safety Planning with Adolescent Girls on the Move** – 40 minutes Step 3: **Feedback and Discussion** – 20 minutes **Note**: The skills covered in this session are essential and may require more time go over, utilizing role plays to practice the safety planning tool and integrate learning.
Slides	Session 7
Preparation	Print Handout 7.1: Safety Planning With Adolescent Girls on the Move (one copy per participant) Note: Supporting Document 7.1 is a long document. It is highly recommended that you send it to participants prior to this session to give them ample time to read and digest it, in order to maximize productivity and time available on the activity and session itself.
Materials	• Supporting Document 7.1 for each participant • Flipchart paper • Markers • Tape

Categories of Risk Factors, Section 5 in the Guide
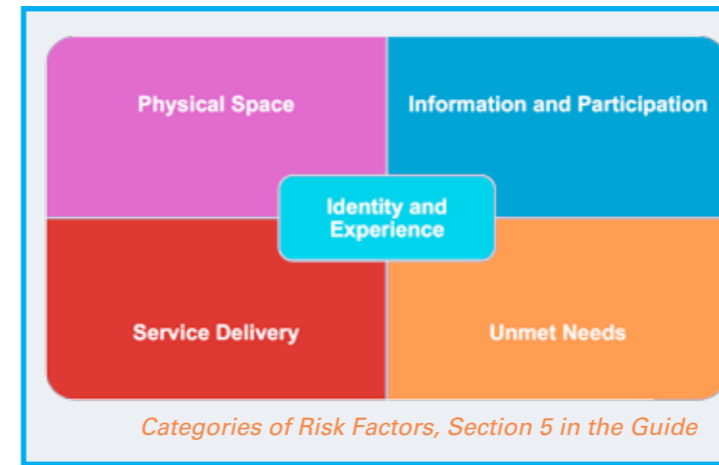
Step 1: Risks for Adolescent Girls on the Move

- **Ask** participants to think back to Session 3, where you discussed identity and how it influences the risks of girls on the move.

- **Invite** participants to share some of the risks they remember from that session, for Sofia, Caribai, and Mariana. Remind them to think about the different aspects of oppression and discrimination that shape and determine adolescent girls' lives.

- *Review using Slide S7: 4 as needed.*

- *Present the key strategies to mitigate risks contained in the Guide (Slides S7: 5-8):*
  - Working with girls to understand and reduce risk
  - Risks related to physical space
  - Outreach and information-sharing
  - Responding to immediate needs:
    - Safety strategy and urgent action
    - Dignity kits and material assistance
    - Cash or voucher assistance
    - Economic empowerment
  - Safety mapping and planning (include tools)

- **Ask** for any questions and discuss.

Step 2: Safety Planning with Adolescent Girls on the Move

- **Explain** that you will now practice using one of the adapted tools contained within the Guide *(Slide S7: 9)*.

- **Divide** participants into groups of three. If needed, you can make one or two groups of four (in which case, two will be observers).

- *Distribute Supporting Document 7.1 to each participant.* **Ask** participants to spend 10 minutes reviewing the adapted safety planning tool *(Supporting Document 7.1)*.

- **Explain** that within each group, one person will play the role of an adolescent girl *(choosing from Sofia, Mariana or Caribai)*, one person will play the role of a service provider, and one person will play the role of an observer. The service provider will use the safety mapping tool to ask questions of the adolescent girl, who will work with the service provider to go through the mapping process, trying to demonstrate along the way the attitudes, skills and behaviours that have been highlighted throughout the training. The observer will take notes on ways that the service provider is demonstrating those attitudes, skills and behaviours, as well as areas where there is room for improvement.

- After 10 minutes, **change roles** so that every participant is playing a role they have not yet played. Continue from where the previous exercise stopped (that is, do not begin the entire exercise again).

- After 10 minutes, **change roles** again so that all participants have experienced all roles. Again, ask participants to begin again from where the previous participants finished.

In virtual sessions, this kind of interaction may be challenging; however, it is still an important skill to practice. Depending on your participants' levels of comfort and experience, you may want to shorten the timing of the session so that each participant spends five minutes leading the exercise rather than 10. Facilitators should move between the breakout rooms to monitor the exercise and note elements for feedback.

Note: Ensure you allow for plenty of time for the role plays. If you need more time, take it. This may be a very new or different tool for participants, so it can take a bit of time to get used to it and its approach. Participants will need time to familiarize themselves with it in their different 'roles' in order for this to be a useful exercise.

Essential notes on safety planning to discuss with participants either before or after this activity depending on their levels of experience and where you think it will fit or resonate with your group:

- Safety planning is such a critical, essential part of this work with adolescent girl survivors on the move and should be a core part of our practice. It is all about supporting her to be prepared and ready with strategies and support already identified.

- Risk assess > to identify potential risks for adolescent girls on the move > to identify strategies to reduce risks > to identify sources of support.

- In reality, you will rarely complete the entire tool with an adolescent girl or group. You may only see her once, you may only have 30 minutes with her, or you may not have much time at all. Therefore, it is always critical that you prioritize the most urgent actions based on the most urgent need(s) she raises, regardless of how much time you have with her. This could be her safety or her health. With more time, you may be able to cover more of the tool and other less urgent needs. Consider how to maximize the time, make that connection and plant the seeds of her trust in services. A rapid risk assessment followed by strategizing/planning on the most urgent need should be your priority. If you have more time, then or as a follow-up, you can focus on other needs that arise.

- A core part of being able to provide the safety planning support is about us as service providers being as prepared and as ready as possible. Just because adolescent girls' lives are chaotic, we as service providers shouldn't be chaotic. It's about being prepared. Think about emergencies services – paramedics, firefighters – are ready to respond, and how they rehearse and do drills to ensure they are as prepared as possible to provide the most urgent, life-saving care. We need to be as

prepared for our work with adolescent girls. We need to do the groundwork, building trusted relations with appropriate services and support by networking and gathering as much accurate information as possible both locally and beyond. When, for example, Sofia arrives to you, understand that her world is chaotic. We may never hear her whole story but know that she carries and bares layers of trauma so we assume it's there, and know that it is our role to counter that chaotic and trauma; to be stable, consistent, reliable, calm, caring, attentive, prepared and not ask anything of her. Have your trusted relationships with other services and support in place ready to be able to help as much as possible. Be realistic too about what you can do and when you can do it, and are ready to.

- Remember, we can't do everything, but what we do is everything that we can. That one quick conversation you have about safety with an adolescent girl, and that warmth, caring and believing attitude that you bring, might not seem like much, but it is huge.

Step 3: Feedback and Discussion

- **Ask** participants to return to their seats.

- **Invite** observations from all participants around the following questions:
  - **For Sofia, Caribai, and Mariana:**
    - How did it feel to be in those shoes?
    - What resonated with you?
  - **For the whole small group:**
    - How difficult or easy was this exercise?
    - What did you observe about the strengths and potential areas for strengthening within your group? (Remind participants to be helpful and constructive rather than critical, and to share their observations as general rather than targeted at one individual. E.g., 'Within our group, I observed…')
    - What are the important and necessary attitudes or behaviours?

- **Discuss**. Add any observations and highlight important attitudes and behaviours *(Slide S7: 10).*

- *Use key messages and actions and case study content (Slides S7: 11–13) to guide this discussion. Review key resources (S7: 11–13).*

Session 8: Adapting Services for Adolescent Girl Survivors on the Move

Session Overview	
Learning Objective	Understand barriers to care and services, how to adapt services to the needs of girls on the move and locations with limited services available.
Relevant Guide Section	Section 6
Time	2 hours 15 minutes Step 1: **Why Adapt Services to Adolescent Girls on the Move?** – 10 minutes Step 2: **World Café Activity** – 95 minutes Step 3: **Takeaways and Tools** – 30 minutes
Slides	Session 8
Preparation	• Print a copy of Supporting Documents 8.1, 8.2 and 8.3 for each participant • Create three stations around the room, labelled 1, 2 and 3 • Place the supporting documents at the relevant station • For virtual sessions, send Supporting Documents 8.1, 8.2 and 8.3 to participants in advance Note: Supporting Documents 8.1, 8.2 and 8.3 are long documents. It is highly recommended that you send them to participants prior to this session to give them ample time to read and digest them, in order to maximize productivity and time available on the activity and session itself.
Materials	• Supporting Documents 8.1, 8.2 and 8.3 • Flipcharts • Markers • Tape

Step 1: Why Adapt Services to Adolescent Girls on the Move?

• **Ask** participants why they think it might be important to adapt services to the needs of adolescent girls on the move. Take a few thoughts from participants *(Slide S8: 3)*.

• *Highlight, if needed, key elements using Slides S8: 4–5*, and ensure your focus remains specifically on adapting to adolescent girls, including GBV survivors, on the move.

• **Explain** *(Slide S8: 6)* that in this session you are going to address several different elements related to adapting services to the needs of adolescent girls on the move, like:
  • Mapping services
  • Understanding and addressing barriers to access
  • Referral systems
  • Information management
  • Short models of care/crisis case management
  • Adolescent girl- and survivor-centred approaches to case management
  • Working in contexts with few, limited or no, services available

Step 2: World Café Activity

• **Divide** participants into three groups by giving them a number 1, 2 or 3 *(Slide S8: 7)*.

• **Assign** each group one of the characters (Sofia, Caribai, or Mariana).

• **Explain** that around the room there are three stations (labelled 1, 2 and 3). Each station addresses one, or several, of the topics you have just listed, along with the key information from the Guide about things to understand, remember or find out in order to successfully adapt services to adolescent girls on the move. At each station, participants will take a copy of the supporting document at that station *(8.1 corresponds to Station 1, 8.2 to Station 2 and 8.3 to Station 3),* spend up to 10 minutes individually reviewing the information given in the supporting document*, then spend 20 minutes discussing and answering the questions given at the end of the supporting document, with a particular focus on the character they have been assigned. Once 30 minutes have passed, each group will move

to the next station *(i.e., Group 1 moves from Station 1 to Station 2, Group 2 moves from Station 2 to Station 3 and Group 3 moves from Station 3 to Station 1)*. Repeat the process until each group has spent 30 minutes at each of the three stations.

• **Ask** for any questions and clarify. Remind participants to discuss and answer questions with their character in mind.

• **Give** a time check after 10 and 20 minutes, and then ask participants to move to the next station after 30 minutes. Repeat until each group has been to each station.

• **Before** returning to plenary, ask each group to spend five minutes deciding on three things (to be shared in plenary) that they have identified in their discussions throughout this activity that would help to make services more accessible for their character.

Step 3: Takeaways and Tools

• **Ask** one representative from each group to share the three things they have identified that would help to make services more accessible for their character. Note on a flip chart. Discuss any similarities or differences *(Slide S8: 8)*.
  • What would make services more accessible and appropriate for adolescent girl GBV survivors on the move in your context? Consider your case studies.
  • What makes services different; how & why?

• **Ask** participants to share any questions that came up for their group, or for them individually, in the discussions. Discuss and give more information as needed – see slides on Sofia, Caribai and Mariana *(Slides S8: 9–10)* and key messages and actions *(Slide S8: 11)*.

• **Present** an overview of relevant tools and resources *(Slides S8: 12–13)*. Ask for questions and discuss.

For virtual sessions, these activities can be done in breakout rooms. Instead of moving between stations, participants will simply switch to the next supporting document after 30 minutes. Send regular time checks through the broadcast function to keep groups on track with reading and discussions. Make sure to let them know when it is time to change to the next supporting document/topic. Move between groups regularly to answer any questions or help keep discussions moving.

Session 9: Safe Spaces

Session Overview

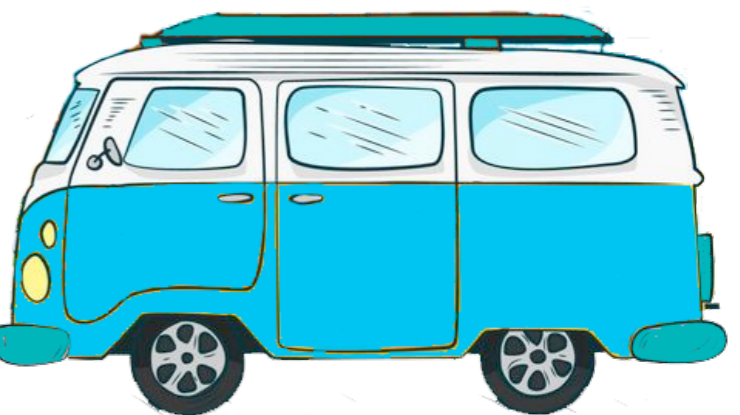| Session Overview	
Learning Objective	Understand the different types of safe spaces that can exist, and the fundamentals of establishing new safe spaces for adolescent girls on the move – guiding principles, practicalities, and organizing services and activities.
Relevant Guide Section	Section 7
Time	1 hour 15 minutes Step 1: **Overview of Safe Spaces** – 15 minutes Step 2: **Small Group Discussions** – 30 minutes Step 3: **Feedback and Discussion** – 30 minutes
Slides	Session 9
Preparation	For virtual sessions, assign breakout groups in advance *(Step 2)*
Materials	• Flipchart paper • Markers • Tape

Step 1: Overview of Safe Spaces

- **Ask** participants to give some ideas of what a safe space for a GBV survivor means and discuss *(Slides S9: 3–5)*.
  - They are not just physical spaces, but also spaces that are emotionally, sexually and spiritually safe for girls too.

- **Ask** participants to give some ideas of what kinds of safe spaces there are for adolescent girls and discuss *(Slides S9: 6–9)*.
  - Types of safe spaces: locations, structure, environments
  - Principles of safe spaces for adolescent girls: empowerment, solidarity, accountability, inclusion, collaboration
  - Considerations for adolescent girls safe spaces

- **Present** an overview of safe spaces *(Slides S9: 10–11)*, including the different types of safe spaces and the guiding principles that govern them.

- **Ask** for questions and discuss.

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Step 2: Small Group Discussions

- **Divide** participants into small groups, preferably based on common organizations or geographical areas.

- **Assign** one of the three case studies to each group.

- **Ask** participants to discuss in their small groups *(Slide S9: 12)*:
  1. Are there safe spaces for adolescent girls in your area of operation?
  2. If yes, are they adapted to the needs of your case study character?
  3. If no to either of these questions, can you think of any concrete, practical strategies to make safe spaces available, accessible, and well-adapted to the needs of your case study character?

- **Ask** participants to start thinking about their own action plan at their place of work. Ask them to really think practically and realistically about what they can do in their groups and organizations around safe spaces for adolescent girl GBV survivors on the move.

Step 3: Feedback and Discussion

- **Ask** participants to return to their seats.

- **Invite** a volunteer from each group to give a brief summary of their group's discussions. Discuss, using the slides on what safe spaces mean for Sofia, Caribai and Mariana *(Slides S9: 13–14)*, and key messages and actions *(Slide S9: 15)* as needed.

- *Present and discuss resources and tools (Slides S9: 16–17).*

Session 10: Remote and Mobile Services

Session Overview

Session Overview	
Learning Objective	Understand different mobile and remote service options exist and consider how they can help survivors on the move in your context that are not easily accessible; Understand how case management differs for remote services and learn what are the requirements to provide remote crisis management support.
Relevant Guide Section	Section 8
Time	1 hour 15 minutes Step 1: **Overview of Remote and Mobile Services** – 15 minutes Step 2: **Small Group Discussion** – 30 minutes Step 3: **Feedback and Discussion** – 30 minutes
Slides	Session 10
Preparation	
Materials	• Flipchart paper • Markers • Tape

Step 1: Overview of Remote and Mobile Services

- **Explain** that in this session you will look at remote and mobile services and how they can be used to better reach adolescent girls on the move, including the most at risk.

- **Ask** participants to give examples of what they understand by 'remote' and 'mobile' services, and how these can improve access to services.

- **Review** different kinds of remote and mobile services using slides, if necessary *(Slides S10: 4–7)*. Ask for questions and discuss.

- **Review and discuss** the minimum standards for mobile and remote service delivery *(Slide S10: 8)*.

Step 2: Small Group Discussion

- **Divide** participants into small groups.

- **Assign** one case study character to each group.
  - **Ask** each group to discuss and answer *(Slide S10: 9)*:
    1. What are the potential benefits of remote and/or mobile services for your case study character?
    2. What are the potential disadvantages, barriers or challenges to remote and/or mobile services for your case study character?

- **Ask** participants to start thinking about their own action plan at their place of work. Ask them to really think practically and realistically about what they can do in their groups and organizations around safe spaces for adolescent girl GBV survivors on the move.

Step 3: Feedback and Discussion

- **Invite** participants to return.

- **Invite** a volunteer from each group to present a brief summary of their discussions.

- **Ask** for any questions and **discuss**. Use information on remote and mobile services for Sofia, Caribai and Mariana *(Slide S10: 10)*, and key messages and actions *(Slide S10: 11)* as needed.

- **Present** and **discuss** key resources and tools *(Slides S10: 12–13)*.

Session 11: What Does This Mean for Me? Next Steps and Action Planning

Session Overview

Session Overview	
Learning Objective	Consolidate and apply learning and discussions
Relevant Guide Section	All
Time	1 hour 40 minutes Step 1: **Gallery Walk and Review** – 10 minutes Step 2: **Individual Reflection** – 20 minutes Step 3: **Small Group Reflection** – 40 minutes Step 4: **Reading and Discussion** – 30 minutes
Slides	None

Preparation	• Ensure that all flipcharts and relevant notes are displayed around the room
	• Print a copy of Supporting Document 11.1 for each participant
	• For virtual sessions:
	  • Prepare a summary set of slides – this should include content from each session's slides as well as any notes that you have recorded on slides in plenary discussions throughout the different sessions. Make this available to participants (use a link to a file storage location if the file is too large) and ask that they read it before the session.
	  • Send Supporting Document 11.1 to participants in advance.

Materials	Supporting Document 11.1

Step 1: Gallery Walk and Review

- **Ask** participants to walk around the room, reviewing notes and flip charts, then;

- **Review** action points from each session in their notes.

> For virtual sessions, remind participants that they were asked to review the summary slides before the session. Ask participants to look quickly through these slides again now, as well as any notes they have taken during sessions and any action points they have already identified. Let participants know that you have 10 minutes for this review, but you can move on sooner if everyone is finished. Ask participants to type 'done' into the chat box once they have finished their review.

Step 2: Individual Reflection

- *Distribute Supporting Document 11.1*

- **Ask** participants to return and spend 20 minutes reflecting on the following questions. Remind them that they can write down their responses directly on their sheet:

  1. What are three things that I can do that would increase the sense of safety (physical, emotional, resource, relational) for adolescent girl GBV survivors on the move?
  2. What are any creative ways that you know of to work around some of the restrictive legislation to ensure adolescent girl GBV on the move get the services they want and need?
  3. What are three things that would increase adolescent girls' access to your services?
  4. What are three things I want to do differently as an individual to support adolescent girls in my work?
  5. What are three things I want to change about the way my organization works with adolescent girls?
  6. What are three things about the overall response in my context that need to change in order for adolescent girls to be supported and empowered?

Step 3: Small Group Reflection

- **Divide** participants into small groups (if possible, of staff working either in the same area, or in the same organization).

- **Ask** participants to share out from their individual reflections in their small groups, then choose three priority issues from the combined list. The chosen priorities should focus on the most realistic and actionable items for themselves or their organizations.

- *Use Supporting Document 11.1*

- **Ask** participants to plan the next steps to put these priorities into action, determining:
  - When will these actions take place?
  - Who is responsible for them?
  - How will they be completed?
  - What support is needed?

Step 4: Sharing and Discussion

- **Ask** participants to return to their seats.
- **Invite** a volunteer from each group to share their three priority issues.
- **Highlight** common priorities.
- **Ask** for any questions and discuss.

> For virtual sessions, consider a more visual form of feedback for this exercise. For example, you can have participants create a collaborative word cloud of their responses *(see instructions in Adaptations for Remote Learning section)*. This will show where there are common elements between the priorities of the different groups.
>
> This session can also be run offline if needed, to save time in a remote training process. To do this, follow these steps:
> - Share summary slides as described in the Preparation section above with participants via email, along with the action planning template given in Supporting Document 11.1.
> - Ask participants to complete the individual reflection described in Step 2, then the action planning described in Step 3 (by themselves or with a colleague if possible).
> - Ask participants to share the completed action plan in an email – to facilitators and the whole group, if possible – along with a summary of their three priority issues (either in the same email, and/or in whatever communication group you have established for the training, such as WhatsApp).
> - Gather common priorities and positive practices to highlight. Use a summary and group discussion of these to begin your final session.

Session 12: Review and Closing

Session Overview

Session Overview	
Learning Objective	Address any unanswered questions or concerns Remind participants of key messages and actions
Relevant Guide Section	All (end of sections)
Time	1 hour 30 minutes Step 1: **Review and Discussion** – 60 minutes Step 2: **Summary** – 20 minutes Step 3: **Close Training** – 10 minutes
Slides	None
Preparation	• Review Parking Lot questions • Review Expectations • For virtual sessions, ask participants to reflect in advance of the session on things they would like to start, stop, continue or change in their work to support adolescent girls
Materials	• Ball of string • Balloons

Step 1: Review and Discussion

- **Review and discuss expectations from the start of the training** and questions in the Parking Lot. If any expectations have not been met, find a way to either meet them at this point through discussing the issue/topic, or identify ways to follow up, where possible.

- **Ask** participants for any further unanswered questions or discussion points. **Discuss**.

Step 2: Summary

- **Invite** participants to stand in a circle.

- **Give** one person a ball of string.

- **Ask** the person holding the string to say *one thing that has significantly changed for them over the course*, and then pass the string across the circle to another participant (not someone next to them), while keeping hold of the end of the string.

- **Continue** in this way until all members of the group have said something.

- **Ask** each participant to now share one word that summarizes how they feel about the training.

- **Continue** in this way until all members of the group have said something.

- **Ask** everyone to take a small step backward so the string is taut.

- **Ask** participants to look at the string connecting them all, and to share their thoughts about what this means to them.

- **Summarize** that this interconnected network between them represents the strong, connected system of care and support that they will provide to adolescent girls on the move.

- **Float** several inflated balloons on top of the string. If the network is connected enough, the balloons should be supported by the string.

- **Ask** participants what these balloons might represent. **Invite** them to share their thoughts.

Explain that these represent girls supported through quality prevention and response services.

For virtual sessions, you can replace this activity with one such as Start-Stop-Continue-Change-Share. In this activity, each participant identifies each of the following in their work with adolescent girl GBV survivors:

- What is one thing that has significantly changed for you over this course of this training?
- What is one thing you will start doing?
- What is one thing you will stop doing?
- What is one thing you will continue doing?
- What is one thing you will change in work?
- What is one thing you will share with colleagues?

Ask participants to challenge themselves in the area(s) they choose. These can include actions from the previous action planning session, but must be individual actions that the participant can commit to. Invite each participant to share one action of their choice from these options. Note these on a slide as they are presented.

You can also wrap up this session by asking people to share how they are feeling at the end of the training, as above, either through the chat box, out loud or using a tool such as a collaborative word cloud.

Step 3: Close Training

- **Explain** that participants will receive a link to a post-test via email. Once they have completed the post-test, they will receive a certificate of participation.
- **Invite** a relevant authority to close the training.
- **End** the training by thanking participants.
- **Organize** a group photo, if desired.

For virtual sessions, you can finish the session by taking a screenshot of all participants, with their consent (in gallery view). Optionally, invite participants to write a word or draw a message on a blank piece of paper and hold it up in front of them as you take the screenshot.

[24] See Trainers Warehouse, 'Memorable Debriefs', <http://blog.trainerswarehouse.com/memorable-debriefing>

Annexes

Sessions at a Glance

Day 1	Day 2	Day 3
Registration	**Recap from Day 1**	**Recap from Day 2**
Session 1: Opening, Welcome, and Overview Why adolescent girls on the move?	**Session 5**: How Should We Work With Adolescent Girl GBV Survivors?	**Session 9**: Safe Spaces
Tea/Coffee Break		
Session 2: Setting the Stage	**Session 6**: Communication With Adolescent Girls on the Move	**Session 10**: Remote and Mobile Services
Lunch Break		
Session 3: Who Are Adolescent Girls on the Move and What Are Their Experiences?	**Session 7**: How Can We Help to Keep Adolescent Girls Safe on the Move?	**Session 11**: What Does This Mean for Me? Next Steps and Action Planning
Tea/Coffee Break		
Session 4: Exploring Attitudes Toward Adolescent Girls on the Move	**Session 8**: Adapting Services for Adolescent Girl Survivors on the Move	**Session 12**: Review and Closing
Recap, Daily Evaluation, and Close	**Recap, Daily Evaluation, and Close**	**Recap, Final Evaluation, Group Photo, and Close**

Annex 1: Suggested Training Agenda

Day 1

08:30 – 09:00	**Registration**
09:00 – 10:40	**Session 1**: Opening, Welcome, and Overview Why adolescent girls on the move?
10:40 – 10:50	**Tea/Coffee Break**
10:50 – 12:20	**Session 2**: Setting the Stage
12:20 – 13:20	**Lunch Break**
13:20 – 14:50	**Session 3**: Who are Adolescent Girls on the Move and What Are Their Experiences?
14:50 – 15:10	**Tea/Coffee Break**
15:10 – 16:40	**Session 4**: Exploring Attitudes Toward Adolescent Girls on the Move
16:40 – 17:00	**Recap, Daily Evaluation, and Close**

Day 2

09:00 – 09:15	**Recap from Day 1**
09:15 – 10:45	**Session 5**: How Should We Work With Adolescent Girl GBV Survivors?
10:45 – 11:05	**Tea/Coffee Break**
11:05 – 12:20	**Session 6**: Communication With Adolescent Girls on the Move
12:20 – 13:20	**Lunch Break**
13:20 – 14:35	**Session 7**: How Can We Help to Keep Adolescent Girls Safe on the Move?
14:35 – 14:55	**Tea/Coffee Break**
14:55 – 16:50	**Session 8**: Adapting Services for Adolescent Girl Survivors on the Move
16:50 – 17:00	**Recap, Daily Evaluation, and Close**

Day 3

09:00 – 09:30	**Recap and Remaining Discussion/Feedback from Session 8**
09:30 – 10:45	**Session 9**: Safe Spaces
10:45 – 11:05	**Tea/Coffee Break**
11:05 – 12:20	**Session 10**: Remote and Mobile Services
12:20 – 13:20	**Lunch Break**
13:20 – 14:50	**Session 11**: What Does This Mean For Me? Next Steps and Action Planning
14:50 – 15:10	**Tea/Coffee Break**
15:10 – 16:40	**Session 12**: Review and Closing
16:40 – 17:00	**Recap, Daily Evaluation, and Close**

Adaptations for Remote Learning

Virtual trainings are much more tiring for both participants and facilitators and cannot be run as full-day intensive trainings. Instead, it is best to split up sessions over multiple days.

Holding six 3.5-hour sessions over a two- or three-week period will allow you to cover the material in blocks of two sessions per day, with two or three 10-minute breaks during the block.

If necessary, you can run *Sessions 2 and 11* as entirely offline processes, asking participants to complete activities and then share with the group (instructions for these adaptations can be found in the relevant session descriptions). This will make it possible to complete the training in five blocks of two sessions.

See below for a suggested virtual training agenda over two weeks with six sessions:

Suggested Training Agenda *(virtual training on six days over two weeks)*		
Sessions – Week 1 (Monday/Wednesday/Friday)		
Day 1 (Monday) **08:30–12:30**	**Day 2 (Wednesday)** **09:00–12:30**	**Day 3 (Friday)** **09:00–12:30**
Logging In	**Reflections from Day 1**	**Reflections from Day 2**
Session 1: Opening, Welcome, and Overview	**Session 3**: Who Are Adolescent Girls on the Move and What are Their Experiences?	**Session 5**: How Should We Work With Adolescent Girl GBV Survivors?
Tea/Coffee Break		
Session 2: Setting the Stage	**Session 4**: Exploring Attitudes Towards Adolescent Girls on the Move	**Session 6**: Communication With Adolescent Girls on the Move
Tea/Coffee Break		
Recap/Reflections, Journalling, Daily Evaluation, Homework, Close	Recap/Reflections, Journalling, Daily Evaluation, Homework, Close	Recap/Reflections, Journalling, Daily Evaluation, Homework, Close

Sessions – Week 2 (Monday/Wednesday/Friday)		
Day 1 (Monday) **09:00–12:30**	**Day 2 (Wednesday)** **09:00–12:30**	**Day 3 (Friday)** **09:00–12:30**
Reflections from Day 3	**Reflections from Day 4**	**Reflections from Day 5**
Session 7: How Can We Help to Keep Adolescent Girls Safe on the Move?	**Session 9**: Safe Spaces	**Session 11**: What Does This Mean for Me? Next Steps and Action Planning
Tea/Coffee Break		
Session 8: Adapting Services for Adolescent Girl Survivors on the Move	**Session 10**: Remote and Mobile Services	**Session 12**: Review and Closing
Tea/Coffee Break		
Recap/Reflections, Journalling, Daily Evaluation, Homework, Close	Recap/Reflections, Journalling, Daily Evaluation, Homework, Close	Recap/Reflections, Journalling, Daily Evaluation, Homework, Close

Annex 2: Session Supporting Documents

Supporting Documents Overview

This annex includes all supporting documents needed for every session described in this Training Manual. The table below gives an overview of the documents for each session, the number of copies that are needed, and the preparation required to use the documents.

Documents are labelled with the session number followed by the document number. For example, the first supporting document to be used in Session 5 is labelled Supporting Document 5.1, while the second is labelled Supporting Document 5.2. **Note:** Not all sessions have accompanying materials or supporting documents.

Session	Title/Type of Supporting Document	# of Copies Needed	Preparation
Session 1	No supporting documents		
Session 2	Supporting Document 2.1: Key Terminology	2	Keep one complete list as a reference copy and cut the other along dotted lines so that each box is separated
Session 3	Supporting Document 3.1: Case Studies	1 per participant	Print
Session 4	Supporting Document 4.1: Character Cards	1-2 (Enough for 1 card per participant - there are 21 cards per copy)	Print and cut out separate individual card along dotted lines
	Supporting Document 4.2: List of Statements	1 per facilitator	Print
Session 5	Supporting Document 5.1: Case Study Profiles	1 profile per participant (there are three profiles per copy)	Print and cut to separate each profile
Session 6	Supporting Document 6.1: Communication Channels	1 per participant	Print
	Supporting Document 6.2: Principles of Adolescent Girl-Centred Communication	1 per participant	Print
Session 7	Supporting Document 7.1: Safety Planning with Adolescent Girls on the Move	1 per participant	Print
Session 8	Supporting Document 8.1: Understanding and Addressing Barriers to Services	1 per participant	Print
	Supporting Document 8.2: Crisis Case Management, Referral Systems and Information Management	1 per participant	Print
	Supporting Document 8.3: Adolescent Girl- and Survivor-Centred Approaches to Case Management, Staffing and Skills in Contexts with Limited Service Providers	1 per participant	Print
Session 9	No supporting documents		
Session 10	No supporting documents		
Session 11	Handout 11.1: Action Planning Template	1 per participant	Print
Session 12	No supporting documents		

Supporting Document 2.1: Key Terminology Definition Cards

Print two copies of this list of terms. Keep one complete list as a reference copy and cut up the other so that each box is separated (i.e. the term is separate from the definition for that term, as well as from all other terms). *Note: Sources for definitions can be found in the Guide, Section 1.*

Gender-based violence (GBV)	An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. Acts of GBV violate a number of universal human rights – and child rights for those under 18 – protected by international human rights instruments, such as the 1979 Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), and regional instruments such as the 1994 Belém do Pará Convention. Further, most countries in Latin America and the Caribbean (LAC) recognize most forms of GBV as criminal acts in their domestic laws and policies.
Violence against children	An umbrella term for all forms of physical, mental, or emotional violence, injury and abuse, neglect or negligent treatment, maltreatment, or exploitation of anyone under the age of 18, all of which violate the rights set forth in the Convention on the Rights of the Child (CRC). Violence against children includes acts of GBV and also encompasses a wider range of acts that inflict harm or suffering, such as the denial of the right to schooling, forced labor, or corporal punishment. GBV, however, uniquely describes those acts that are fundamentally driven by gender inequality, socially ascribed gender norms and/or abuses of power for the purposes of sexual gratification.
Gender	Gender is a hierarchy composed of sets of cultural norms and values imposed by patriarchy to ensure men's dominance over women. Acts of violence against women and girls are both cause and consequence of patriarchy, and these acts are normalized by the logic of the gender hierarchy. Rigid unequal gender roles dictate how women are and should be in the world. Gender is what normalizes women's oppression, discrimination and second-class status in the world, and men's violence is used as the tool to keep women in that status. Gender constructs social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. These attributes are context/time-specific and changeable. In most societies there are differences and inequalities which favor men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities.
Victim or survivor	A victim or survivor is a person who has experienced GBV. The terms 'victim' and 'survivor' can be used interchangeably. 'Victim' is a term often used in the legal and medical sectors. 'Survivor' is the term generally preferred in the psychological and social support sectors because it implies resiliency.

Term	Definition
Denial of resources, opportunities, or services	When someone prevents a person from receiving, owning, or using services, resources, and opportunities to which s/he has a right – for example, a girl not being allowed to go to school or to use contraceptives, or a girl's money being taken from her.
Domestic violence (DV) and intimate partner violence (IPV)	Domestic violence: violence that takes place within the home or family (between intimate partners or other family members). Intimate partner violence: any type of GBV that happens between intimate partners (married, cohabiting, boyfriend/girlfriend, or previously any of those things).
Emotional/ psychological abuse	Creating mental or emotional pain, e.g. threats of violence, humiliation, isolation, neglect, sexual harassment, or destroying cherished items.
Femicide	The killing of women and girls, by men, for reasons associated with their gender.
Forced and early marriage/unions	Forced marriage: Marriage of a person against her or his will. Early marriage/unions: formal marriage or informal union before age 18. Even though some countries allow marriage before age 18, international human rights standards classify these as child marriages. Early marriage/unions are a kind of forced marriage, as children are unable to give informed consent.
Obstetric violence	Violence connected to pregnancy and childbirth, often by healthcare providers and intimate partners. This may include physical abuse, sexual violence, performing procedures without explanation or permission, non-confidential care, refusing care because of age or cultural/language background, and detention in facilities. It may also include forced pregnancy or forced abortion.
Physical assault	An act of physical (non-sexual) violence e.g. hitting, slapping, burning.
Rape	Physically forced or otherwise coerced penetration – even if slight – of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.
Sexual assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.
Sexual exploitation	Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including profiting monetarily, socially, or politically from the sexual exploitation of another. Forced and/or coerced prostitution can fall under this category.
Sexual harassment	Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
Sexual violence	Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. This is an umbrella term that takes many forms, including rape, sexual slavery and/or trafficking, sexual harassment, sexual exploitation and/or abuse, and forced abortion.
Trafficking for the purposes of sexual exploitation	The recruitment, transportation, transfer, harboring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purposes of sexual exploitation.
Prevention	Prevention generally refers to action to stop GBV from first occurring, for example activities that promote gender equality or working with communities to address practices that contribute to GBV.
Mitigation	Mitigation refers to reducing the risk of exposure to GBV, for example by ensuring that areas where many cases of violence are reported are immediately addressed or that adequate security is in place. Mitigation efforts do not generally address root causes of the violence, but try to reduce the extent of the harm caused by the problem. The focus of this section is on the role of GBV service providers in risk mitigation.
Adolescent girls on the move	Addresses all those affected by migration and displacement (on their own or with caretakers), including: • Those migrating within their own country or across borders; • Those who are forcibly displaced within their own country and across borders; • Those moving in a documented or undocumented manner, including involving smuggling or trafficking networks; and • Those who have reached a temporary or permanent destination, and those who have been or are in the process of being deported to their country of origin.

Supporting Document 3.1: Case Studies

Identity Wheel

The Identity Wheel, (S3:3), Section 2 in the Guide.

Note: The top half of the wheel represents structural oppression and the lower half represents aspects that can be used as forms of discrimination.

Case Studies

Sofia, age 12
Family and accompaniment status: Traveling with her 19-year-old sister. Living with an intellectual disability. Lives in an informal settlement in Colombia, close to the Venezuelan border. Often travels back and forth between Venezuela and Colombia.

Caribai, age 14
Family and accompaniment status: Married, traveling with her 22-year-old husband. Indigenous background, speaks limited Spanish. Permanently settled in Peru, but without formal immigration status and documents.

Mariana, age 17
Family and accompaniment status: Traveling alone. Lesbian. Recently found out she is pregnant (due to sexual exploitation and abuse).

Case Study Small Group Discussion Instructions

Based on the adolescent girl assigned to your group, discuss the following to build your case study:

1. What are the things that may influence degrees of vulnerability and degrees of exposure to men's violence faced by adolescent girls on the move?

2. What are these adolescent girls not able to ask for, seek help for, or access?

3. What will disrupt any sense of belonging and safety for these adolescent girls?

Use the table on the following page to record your discussions.

What may influence degrees of vulnerability and degrees of exposure to men's violence?	What is she not able to ask for, seek help for, or access?	What will disrupt any sense of belonging and safety for her?

Print one copy and cut along all the lines. Create multiple copies if needed for a larger group.

ADULT WOMAN	RELIGIOUS LEADER
ADULT MAN	COMMUNITY LEADER
ADOLESCENT GIRL	WOMEN'S GROUP MEMBER
POLICE OFFICER	NURSE
ADOLESCENT BOY	DOCTOR
ELDERLY WOMAN	BUSINESS OWNER

ELDERLY MAN	TEACHER
TAXI DRIVER	BUS DRIVER
MIDWIFE	COUNSELOR/CASE MANAGER
CARETAKER	COMMUNITY HEALTH WORKER
YOUTH GROUP MEMBER	BORDER/IMMIGRATION OFFICER
PEER/FRIEND	NON-GOVERNMENT ORGANIZATION (NGO) STAFF MEMBER
SHOPKEEPER	PARENT/GUARDIAN

Supporting Document 4.2: List of Statements

Print one or two copies for facilitator(s).

1. Adolescent girls – especially younger adolescents – are difficult to manage; they do not understand what is best for them.

2. Adolescent girls lack the experience to make good choices.

3. Venezuelan adolescent girls are promiscuous, 'pursuing' boys and men and corrupting them.

4. Migrants and refugees contribute nothing to the community.

5. Giving adolescent girls information about sex and sexual and reproductive health encourages irresponsible sexual behaviour. Only married girls should have access to this information.

6. If an adolescent girl is sexually harassed or assaulted, it is because of how she dresses or behaves.

7. Adolescent girls make up stories to get attention or to get someone in trouble.

8. It is more important for girls to look after their family (including by getting married) than to go to school or find their own opportunities.

9. Migrants and refugees increase crime and disrupt public order.

10. It is OK to make an adolescent girl feel ashamed if it helps change her behaviour.

11. Migrants have the choice of whether to leave or not. If they don't want to learn our language and fit in with our culture, they should stay home.

12. Adolescent girl migrants and refugees are lazy and entitled.

Supporting Document 5.1: Case Study Profiles
(cut to separate each profile)

Small breakout group 1 – Sofia   **Service provider role: GBV/Refugee Case Worker**

Profile: Sofia

Age 12. Traveling with her 19-year-old sister. Living with an intellectual disability. Lives in an informal settlement in Colombia, close to the Venezuelan border. Travels back and forth between countries.

Experiences on the Move – GBV Risks and Protective Factors

- Sofia's intellectual disability limits her ability to process complex information quickly.
- Sofia experienced physical & verbal violence in the past from caregivers (not her sister).
- Frequent crossing through formal or informal border routes exposes both Sofia and her older sister to risks of exploitation and trafficking.
- Sofia is frequently left alone, as her sister is forced to work to support them both. While her sister is away, a man from a neighboring house sexually abuses Sofia.
- She is often treated as incapable of understanding anything (including by her sister), despite the fact that she can understand most information if the format is adapted to her needs and capacity.
- Information about services is not given in a way she understands.
- She is stigmatized and discriminated against because of her disability.
- Her caregiver, community, and service providers may not involve her in decision-making.

Small breakout group 2 – Caribai   **Service provider role: Local authorities**

Profile: Caribai

Age 14. Married, traveling with her 22-year-old husband. Indigenous background, speaks limited Spanish. Permanently settled in Peru, but without formal immigration status and documents.

Experiences on the Move – GBV Risks and Protective Factors

- Lack of documentation makes Caribai more likely to avoid formal services and support due to fear of arrest and deportation.
- Her husband forces her to have sex with him by threatening to expose her to the authorities.
- She earns a small amount of money by selling goods on the street. Her husband demands the money she earns every day when she returns home.
- Caribai is isolated due to her limited Spanish. This makes it hard for her to find support and make friends.

Small breakout group 2 – Mariana   **Service provider role: Health Centre Nurse**

Profile: Mariana

Age 17. Traveling alone through Ecuador to reach Peru. Lesbian, pregnant (due to sexual exploitation).

Experiences on the Move – GBV Risks and Protective Factors

- Mariana is traveling without family or friends. To stay safe, she has joined small groups of people along the way and traveled with them. Though many are supportive, some men see her as sexually available and try to convince her to have sex with them.
- She may be sexually exploited by authorities in exchange for immigration services.
- One man forced her to have sex with him and with his friends in exchange for his protection along the route. Mariana is now pregnant.
- Mariana hides her sexuality for fear of violence. This makes her more likely to use informal travel channels and routes to avoid interaction with authorities.
- Sexual exploitation exposes Mariana to risks of STIs, including HIV and AIDS.
- She needs health services to support pregnancy, which brings particular health risks in transit.
- Healthcare providers may not give her the appropriate prenatal care due to pre-conceptions about migrant adolescent girls and promiscuity. She is also at high risk of emotional abuse by healthcare providers.

Supporting Document 6.1: Communication Channels

Communication Methods with Adolescent Girls on the Move[25]

In-Person Communication: *Individual conversations with service providers, individual peer-to-peer communication, and group discussions*

Advantages	Challenges and Risks
• Effective in providing information directly in areas where refugees and migrants are known to travel (e.g., buses, border crossings) or through service hubs and mobile clinics at key points of the migration route) • GBV information can be shared in the context of other services (e.g., livelihoods) • Individual conversations are private and confidential • Group discussions allow for mutual support between peers • Creates bonds of trust, support and solidarity for particular at-risk groups (for example, regular discussions held at a safe location for lesbian and bisexual individuals) • Peer-to-peer communication (individually or in groups) allows adolescent girls to feel as though they are not alone in their experiences	• May entail risks for survivors and service providers, particularly in insecure environments or with lack of confidentiality, and should be based on ongoing risk analysis • Likely to miss the most at-risk and marginalized girls who face barriers in accessing services or group discussions • The opportunities for girls in transit and in temporary locations, in particular, to have individual conversations with service providers are more fleeting • Positive interactions with service providers will largely depend on the service providers' capacity for empathy, communication skills, and respect of migrant rights • Group discussions require a certain level of trust; this is particularly hard to foment with girls in transit • Peer-to-peer communication requires longer-term engagement with older adolescent girls or young women to build relationships, as well as their knowledge, attitudes and skills to work with other adolescent girls; this is particularly true for girls in transit • Risk of revictimization in communication with service providers who do not have appropriate training in communicating with survivors

Broadcast Media: *TV, radio (also accessible via stations streamed online), videos, and loudspeakers*

Advantages	Challenges and Risks
• Can communicate both simple and complex messages • TV and radio can reach communities to which physical access is difficult • Messages can be tailored • Can be used in services or places where adolescent girls are known to go – for example, targeted videos can be shown • May be more accessible to at-risk groups, including those living with disabilities • Radio can target audiences in small communities with local information • Communication can be in local languages • Can be led by adolescents to increase relevance and uptake • Loudspeakers can either be static or mobile, and reach populations without access to radio or TV	• Requires electricity and TV sets so access may be limited in transit and for most at-risk groups • Reach depends on distribution channel (terrestrial, satellite, or cable) • High production and airtime costs for TV, radio, and video • Loudspeaker coverage depends on physical access • Radio, TV, and broadcast media may not be the most suitable medium for generating trust in service providers

Communication Methods with Adolescent Girls on the Move
(continued)

Written and Visual Media: *Newspapers, leaflets/flyers, billboards, murals, posters, and banners*

Advantages	Challenges and Risks
• The best three locations for sharing print and visual information are taxi, bus, and gas stations; city and town plazas; and social media • Large visuals on posters, banners, or murals may be more effective at engaging the attention of adolescents, and easier to read for low-literacy populations or those with reading difficulties • Adolescent girls on the move can get information from murals, banners, and large posters in places where they are likely to travel, even if they do not come into contact with service providers or do not have mobile phones with access to data or WiFi • Leaflets and flyers may be simplified and streamlined by providing information only on available services in the next location • Written and visual materials can contain information such as hotline numbers or websites with more detailed information	• Paper materials may be easily lost or stolen, or can be vectors of viruses • Flyers that are heavy with text may be less likely to be read – particularly by those with visual impairments, low-literacy levels or other difficulties in reading • In some contexts in the region, the presence of organized criminal groups makes it difficult to trust information that is not provided face-to-face or with the logo of known and trusted organizations • May compromise security in some contexts if information about shelters is given on any public written, visual, or audio materials

Social Media, Telecommunications, and Digital Technologies:
Hotlines, blast SMS, targeted SMS, WhatsApp, Facebook, other social media, and interactive games

Advantages	Challenges and Risks
• Refugees, migrants, and asylum-seekers (particularly adolescent girls) in LAC are known to use social media and other digital technologies (particularly Facebook and WhatsApp), to share and receive information about their situation, rights, and services • Web-based information sharing is accessible to many • Allows people to maintain their confidentiality by using pseudonyms or alternative social media profiles • May strengthen mutual support among certain groups such as lesbian and bisexual adolescents	• Not all adolescents on the move have access to phones or the internet, especially girls, and those in at-risk groups • Many of those on the move have their phones stolen on the way, and data plans and SIM cards may not work in other countries • Social media may pose physical and psychological/emotional safety risks for adolescent girls; many experience harmful bullying and abuse online, and geo-location tags may allow perpetrators to track survivors to shelters; some can fall victim to trafficking and other forms of exploitation

[25] Adapted from CDAC Network, 'Characteristics of Different Communication Channels', <http://cdacnetwork.org/contentAsset/raw-data/3964aebb-a70d-41a5-a006-c6c91114365e/attachedFile>; and UNHCR, 'The Regional Safe Spaces Network in the Americas: Lessons Learned and Toolkit', pp. 52 – 57. <www.acnur.org/5c05b97d4.pdf>

Supporting Document 6.2: Principles of Adolescent Girl-Centred Communication

1. Be respectful, supportive, empathetic and compassionate

Start from a foundation of positive, non-judgmental, supportive attitudes *(see Section 2)*. Assume that even if you do not know about it, girls on the move have probably experienced some violence. Be kind, understanding, and compassionate. Show respect. Do not judge. Do not reinforce – and actively challenge, wherever possible – harmful norms, behaviours, and stereotypes. *Use healing statements such as:*
- "I believe you"
- "I am glad you told me"
- "I am sorry this happened to you"
- "This is not your fault"
- "You are very brave to talk to me"

2. Support girls to make their own choices, take informed decisions, and control their lives

Adolescent girls have the right to share their beliefs, thoughts and opinions on issues concerning them, and to have these respected wherever this does not conflict with their best interests. Give girls full and accurate information, to help them make their own decisions.

3. Make your language easier to understand

Consider the objective of your communication and simplify language to communicate the message. Avoid jargon. This will help everyone to understand more easily, especially younger adolescents, adolescents living with disabilities, and adolescents with a different mother tongue. Simplified language also helps with translation and interpreting. **To simplify language, pay attention to:**
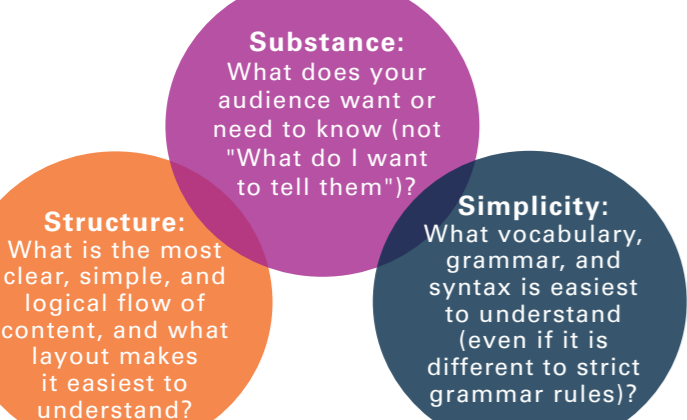
Substance: What does your audience want or need to know (not "What do I want to tell them")?

Structure: What is the most clear, simple, and logical flow of content, and what layout makes it easiest to understand?

Simplicity: What vocabulary, grammar, and syntax is easiest to understand (even if it is different to strict grammar rules)?

Box:

1. **Be** respectful, supportive, empathetic, and compassionate
2. **Support** girls to make their own choices, take informed decisions, and control their lives
3. **Make** your language easier to understand
4. **Adapt** communication to the age and development stage of the girl
5. **Adapt** communication to the context, language, and culture
6. **Adapt** communication to risk profiles, preferences, and abilities
7. **Prioritize** safety
8. **Actively** listen

Use:
- Short sentences and simple structures
- Common words
- Active voice rather than passive voice
- Bullet point lists rather than large blocks of text
- Positive language

See the Plain Language Principles for more information.

4. Adapt communication to the age and development stage of the girl

Adolescent girls of different ages and development stages may hear, understand, and communicate differently. For example, adolescents – especially younger adolescents - may have more difficulty with abstract concepts than adults. Make information concrete and relatable, with examples that support understanding and help to make stronger connections. Communicate a limited number of ideas at a time (that is, in one image or message). Consider storytelling, visuals, video and imagination exercises to help adolescents process and recall information accurately.

5. Adapt communication to the context, language, and culture

Make every effort to communicate with girls in their own language, as this improves all areas of support and care and helps to better identify and work with at-risk groups. You can do this by:
- Finding out which languages girls speak in your target group. Refer to language maps where they exist *(see example at the end of the section)*, or include questions in assessments on which languages are spoken, understood, and read; and
- Developing materials in those languages and making sure those languages are represented among staff.

This can be difficult in cross-border responses, but even where it is not possible to communicate directly in the mother tongue of all adolescent girls, there are some simple ways to improve understanding:
- Develop visual materials with a minimum of writing;
- Develop audio recordings, radio spots, and simple written documents with summaries of key information and have them translated into into relevant languages.
- Use simple and concrete language.
- Use gestures, body language, and tone to communicate empathy and support.
- Work with local speakers to find the right translations and test them. Remember that words may be used or understood differently by different age groups, and language changes quickly, particularly among adolescents.
- Develop a glossary of multilingual, consistent terminology for translators, interpreters, and field staff.[26]
- Hire expert translators and interpreters wherever possible. Avoid relying on local staff, volunteers, or community members for translation and interpreting. If you have no other option, make sure they are trained *(see resources at the end of the section)*.
- Give training and support to interpreters and responders, including psychosocial support, to help them cope with difficult experiences.

6. Adapt communication to risk profiles, preferences, and abilities
- Make information available in different formats (orally, in braille, in large text, etc.) and through different channels to make it accessible to all.
- Use a combination of different channels with the same messages.
- Consider working with peer mentors (older adolescents or young women) to share messages with adolescent girls.
- Wherever possible, and particularly for in-person communication with adolescent girls, ensure that those sharing the messages are female. This is particularly important for individual communication with female survivors of GBV.
- Consider how at-risk groups can receive information; for example, whether information provided in public spaces will be accessible for individuals who cannot physically reach the space.

7. Prioritize safety

Always work to make sure your communication with girls does not make them unsafe, and if possible, actively works to reduce risks.

- Assess risks before choosing communication methods and messages.
- Do not ask girls about any personal experience of GBV outside of direct case management or counseling services. Be prepared to respond appropriately to disclosures of violence if they occur.
- Give girls the option to speak on their own, in peer groups, or in groups with caregivers, for example. Don't assume that girls will share the same information in each of these settings. For example, younger adolescents may not feel as comfortable speaking in front of older adolescents – if holding group discussions, break them down by age group (10 to 14 and 15 to 19, or as appropriate in the context).
- Consider if girls from particular groups will face risks if they are seen to be looking at different kinds of information in public.
- Consider your own risks in sharing and gathering information.

[26] CDAC Network, 'Collective Communication and Community Engagement in Humanitarian Action: How to Guide for Leaders and Responders', February 2019, p. 47. <www.cdacnetwork.org/tools-and-resources/i/20190205105256-aoi9j>
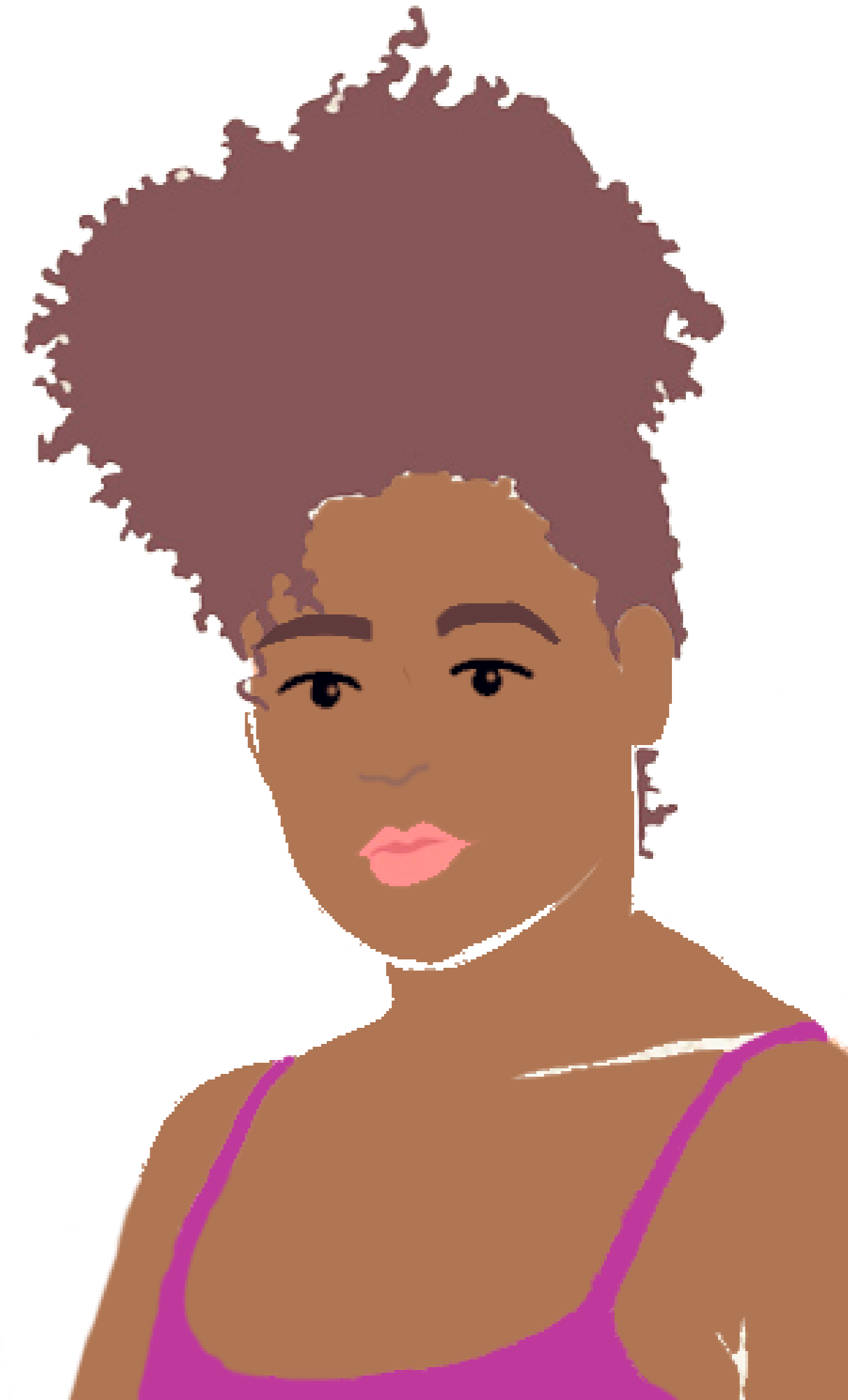
8. Listen

Identify the best ways to gather information from girls, as well as the best ways to share information with them. This helps to:

- Make sure that what we share has been understood;
- Find out about girls' needs, priorities, and experiences, and;
- Get feedback on programs and services.

As part of gathering feedback, a system should be in place to receive and handle complaints or concerns raised by community members or staff, including complaints of sexual exploitation or abuse. Find out what this looks like in your context. If it does not exist, your organization should establish one or work with other service providers to do so.

1. **Be** respectful, supportive, empathetic, and compassionate

2. **Support** girls to make their own choices, take informed decisions, and control their lives

3. **Make** your language easier to understand

4. **Adapt** communication to the age and development stage of the girl

5. **Adapt** communication to the context, language, and culture

6. **Adapt** communication to risk profiles, preferences, and abilities

7. **Prioritize** safety

8. **Actively** listen

Supporting Document 7.1: Safety Planning with Adolescent Girls on the Move[27]

NB:	This tool has been adapted for the purposes of virtual training. For the original tool, please see the footnote on the following page.
Objectives	• To identify potential risks for adolescent girls on the move • To identify strategies to reduce risks • To identify sources of support
Notes	• Make sure you have done a risk assessment before holding any discussions with adolescent girls. If it may create risks for them, do not do this activity. • Ensure girls' physical and emotional safety. • Respect guiding principles in all interactions. • Discuss separately with younger (10 to 14) and older (15 to 19) adolescents. • Have information ready to share with girls about services in your location and likely next locations along migration routes. Have a case worker present to share this information if possible. • Be prepared for disclosure.

Activity 1: Journey Safety Mapping – Looking Backward

Step 1: Ask them to think about girls like them who have left their homes and are travelling from one place to another. Ask them to describe visually what represents that journey – places girls visit or must pass through, places girls stay, and ways they travel (buses, cars).

Step 2: Ask them to think about the things that girls might face during this journey that could affect their safety. Ask them which might be unsafe for girls.

Step 3: Ask girls to think about the journey and the things, people and places that support girls or help to keep them safe on the journey.

Step 4: Highlight main issues the girls have raised. If you hear specific information about particular locations (e.g., one border crossing in particular, compared to 'border crossings' in general) or forms of transport, note this information (you can include this in information-sharing and outreach with other girls).

[27] This activity is adapted from IRC, 'My Safety, My Wellbeing: Equipping Adolescent Girls with Key Knowledge and Skills to Help Them to Mitigate, Prevent and Respond to Gender Based Violence', 2012. <www.rescue.org/sites/default/files/document/4169/ircmysafetymywellbeingcurriculumforadolescentgirls.pdf>

Activity 2: Journey Safety Mapping – Looking Forward

Step 1: Explain that now that you have thought about the risks they faced on the way here, you are now going to think about the risks they might face on the next part of their journey.

Step 2: Ask girls to think about where they are going next. Explain that it is OK if they are not sure, or only have an idea. Discuss how much girls know about their next steps or their final destination.

Step 3: Ask girls to think about the next part of their journey, based on what they already know, or have heard, about the places and ways they will need to travel.

Step 4: Ask them to think about the things that girls might face during this journey that could affect their safety. Ask them to think about which might be unsafe for girls.

Step 5: Ask girls to think about the journey and the things, people and places that might support girls or help to keep them safe on the journey.
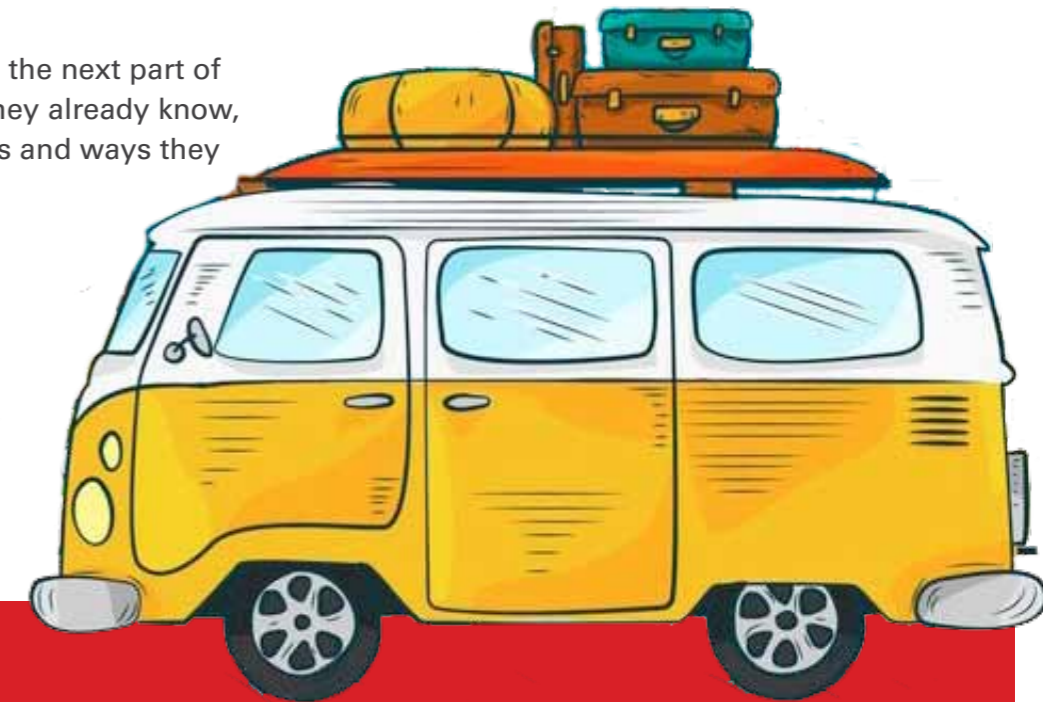
Remember!

No adolescent girl is *ever* to blame for violence that someone else uses against them. Make it clear throughout this exercise – with your words, expressions, and attitudes – that these strategies may help girls to minimize the risks they face, but even if they don't use any of these ideas, it would not be their fault. Violence is always the choice of the person who uses it.

Focus on the adolescent girls' most urgent priorities and needs first. You may only see her once and you may not have much time at all. Therefore –

• It is absolutely critical that you always (regardless of how much time you have or think you have with her) prioritize the most urgent actions with her based on the most urgent need(s) she raises. This could be her safety or her health.
• Do a rapid risk and needs assessment (tailored to adolescent girls on the move in your context) and strategize/plan with her around the most urgent risks/need(s) identified.

After the most urgent/critical need(s) are addressed, and if you are able to have more time with her, then or as a follow-up at a different time, you can focus on other needs that arose or may arise.

Activity 3: Safety Planning

Step 1: Explain that sometimes girls may feel unsafe or vulnerable, especially when they are travelling, but girls are strong and capable, and they know how to help each other. Girls want to keep themselves and those they care about safe. Feeling safe is very important and you are going to talk about some ways girls can reduce the risks you have identified together.

Step 2: Ask girls to think about how they can protect themselves from the dangerous situations they identified (in the Looking Backward and the Looking Forward activities). Ask each group to develop a list of dos and don'ts.

Step 3: Clarify any misconceptions or dangerous strategies (i.e., keep a knife, confrontation, kill him, kill myself, don't speak up, respond to his desires, change the way I dress). Also reinforce good strategies (i.e., tell someone I trust, tell caseworker, call hotline number, scream, don't be alone on public transport, ask a friend/relative to come with me) that they suggest. *Suggest others from the list on the next page, if not suggested.*

Step 4: Explain that now we have a list of ideas for what to do and not to do, we will work on our own individual safety network and plan, identifying people we can turn to if we have a problem.

Step 5: Clarify that even if girls don't follow this list (or if they do) and they experience violence, it is never their fault. Violence is always the choice of the person who uses it, and they are never to blame for violence that is used against them. This list, and our safety plans, are to help them make the situation safer for themselves when they can.

Step 6: Talk with the girls about their social networks and get them to think about the people in their lives who they trust and are supportive, who are on their side and have their backs. Invite them to talk about the people or places they can go to for the issues and problems they have talked about, and what these people can do to keep them safe.

For example, the safe space can listen to any problems you might have, and offer information and referral to other support and services. Explain that this picture is of her own private support network and she can use it and add to it whenever she wants. Ask girls to think about anyone else they would like to keep safe, as well.

Step 7: Share any relevant information with girls about support services, hotlines, or other ways of finding out information in the next destination or along the route. Here you can also include contact information such as telephone numbers and location. Girls can also write contact information on their support network picture.

Step 8: Share the following tips with girls. Add anything else that is relevant for your context.

- A girl can talk to a parent, trusted adult or friend.
- A girl can tell a caseworker or someone else they trust.
- A girl who has experienced physical or sexual violence should tell someone she trusts to help her seek medical attention if it is required (three days/72 hours) because this can help prevent health-related consequences.
- A girl should never blame herself for any violence, abuse or exploitation she experiences. It is never her fault.

Step 9: Explain to girls that if they want to work more on their safety plans, or if they are worried about something in particular that is happening to them or that they are afraid will happen to them, they can come to speak to you after the session. Make sure a caseworker is there for this part of the session, if possible. If not, be prepared to refer to specialized service providers.

Step 10 (optional): If girls have more time available and are comfortable enough with each other to create a positive group dynamic, spend some time practising safety strategies. Divide girls into pairs and ask each of them to choose one strategy from their plan that they can practice. For example, they might choose to practice asking someone for help, refusing a ride from a stranger, or saying no when their friend suggests something they think is dangerous. Ask girls to spend five minutes practising the first strategy, then switch roles. Once finished, ask for feedback (What was easy? What was difficult? What would they change, or suggest, for next time?) and discuss.

Safety Strategies	Things to Avoid
• Be alert and aware of your surroundings.	• Don't accept gifts from people who might try to ask for favours.
• Let someone you trust know if anyone makes you feel uncomfortable.	• Don't walk by yourself at night.
• Agree with your friends/sisters/etc. to make a specific sound if you need help.	• Don't tell strangers personal details about yourself.
• Go to the nearest police station or crowded area if you are being harassed or followed.	• Don't do things that make you feel uncomfortable, even if your friends try to convince you that it is a good idea.
• Try to travel together with other girls or trusted boys/adults.	• Don't accept rides from strangers.
• Memorize or keep information safe about services that might help you (including police, hotlines, other safety contacts).	• Don't sleep outdoors, or in open locations, if you can avoid it.
• Walk in well-lit areas with lots of people. Avoid dark, isolated areas, including toilets at night.	
• Coordinate with friends or family along the travel route where you might be able to stay.	
• Find out the location of migration checkpoints.	
• Communicate via social media and find other girls to travel with.	
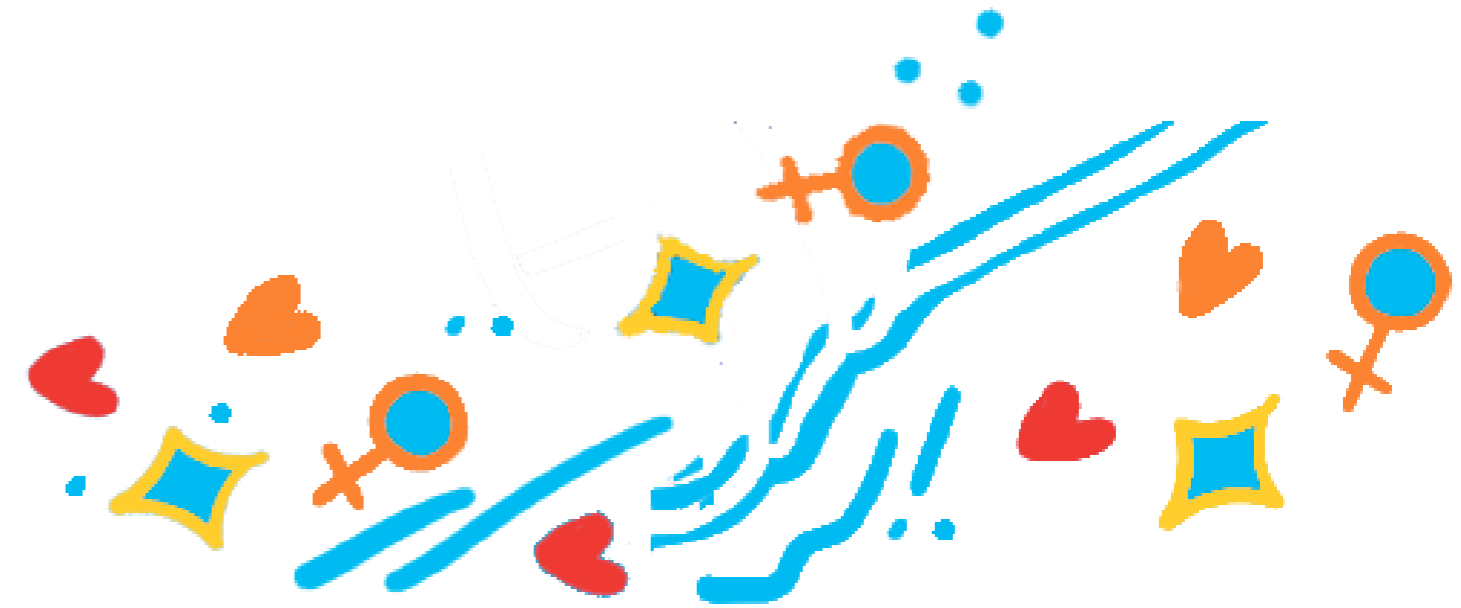
Supporting Document 8.1: Understanding and Addressing Barriers to Services

Read this supporting document individually. Then discuss with your group the discussion questions found at the end of the document.

Some of the common barriers and challenges for adolescent girl GBV survivors on the move in accessing services are outlined below, along with relevant strategies to address them. Note that many of the following barriers are common to the entirety of the migration cycle; that is, they equally apply to those girls who are in transit, are in a temporary place, have arrived at their permanent destination, or even those who engage in pendular migration. The challenge lies in where,

precisely, they are in the migration cycle and what that means in terms of how much time a service provide has to be able to intervene with protection information and services. Often, service providers will not know how much time is available for service provision and follow-up. This may be because the girls themselves are unsure of how long they might stay, or because they are afraid to share such information. It is therefore important to assume that you will have the least amount of time possible, and operate first with strategies to ensure crisis case management, remote follow-up and/or onward referrals.

Barrier	Strategies
Timeframe and Displacement	
Girls on the move may not be able to benefit from the full range of services. In-person follow-up may be limited, and the longer time frame of certain services means they are not possible in such circumstances. For example, assistance to press charges against a perpetrator may not be possible. Similarly, it may be difficult for a survivor in transit to follow a full regimen of post-exposure prophylaxis (PEP) to prevent HIV infection, or treat other sexual and reproductive health-related conditions. Even where available, these medications present possible side effects that require close monitoring with health personnel, which is difficult to provide with a highly mobile population in transit. These medications also require certain conditions that do not always hold true on the migration route; for example, continuous access to a well-balanced diet. Many refugees and migrants often change their home address and mobile number, making it difficult to monitor cases and provide follow-up support to survivors.	Do not assume that a survivor will not be able to benefit from services. Those who are in a temporary or permanent destination may be able to access the full range of services, depending on her needs and travel time frame, or she may be limited by barriers others than time. Remember that each girl's situation may be different. Which services are most relevant should be assessed with the survivor (and her caregivers, as relevant and safe) based on how long she expects to spend in that location and her travel plans from that point onward (including whether she is travelling with caregivers or has access to other support networks). Research and monitor changes in migration routes, and invest in supporting service providers and/or establishing new services (including mobile) along those routes. Work with peers in government, UN, INGOs and civil society to establish (where inexistent) or become part of (where existent) an intersectoral and inter-territorial referral mechanism and standard operating procedures that include information-sharing protocols. Involve all relevant authorities in the design and execution of such referral mechanisms, including state authorities on migration, women's and children's protection. Include all permanent, temporary and mobile services at/around border zones to facilitate referrals to services in temporary and permanent destinations. Ensure representation of community-based groups (such as associations) to facilitate referrals and follow-up at the community level. Ensure essential actions and give as much information as possible in the first visit *(see information on Crisis Case Management, below)*. Assess referral and service needs based on safety and do no harm principles. Give transparent information on the advantages and disadvantages of accessing all services. Ensure that this information is available at key information points along the route (for example, shelters, Support Spaces.)[28] Explain the importance of follow-up (including at a different service provider further along the route), and share information on, and numbers of, health care providers along the migration route that girls may access. Subsidize key medications where not available gratis. Advocate for access to nutritional support from humanitarian agencies for those who are prescribed medication that should be taken with food (e.g., PEP). Share information with survivors on health structures along their likely migration routes where they could seek follow-up and support. If possible, share names and phone numbers of personnel in those locations who are known to be supportive of adolescent girls. Leverage social media, messaging platforms, and other digital communication forms (e.g., Facebook and WhatsApp) to contact and follow up with adolescent girls, after having secured their informed consent to do so. Also inform and remind survivors of onward service points. Reinforce message that adolescent girls are welcome to inform their case managers of address and telephone number changes.

Barrier	Strategies
Accessibility of Services	
There are multiple barriers that arise related to the location, physical accessibility, and hours of operation of service providers, among others. Adolescent girls often face restrictions on their movement. Parents, caregivers, family members or intimate partners may prevent them from travelling to seek health care or other services – in some cases as a strategy to protect girls; in others, because they do not believe that these services are necessary or appropriate (especially for services related to sexual and reproductive health). Girls with physical disabilities may be even more restricted or may find that services themselves are not physically accessible. Adolescent girls who are married or parenting have many domestic and care responsibilities, and those traveling alone must fulfill all their own needs. The location of services may be unsafe or require girls to travel through unsafe areas.	Ensure services are available at a variety of times and places that are accessible for girls on the move, including those with disabilities. This can be formalized through an accessibility strategy that assesses and addresses the different accessibility barriers faced by the full range of potential survivors. Include caregivers and spouses in outreach efforts so they will allow or support girls to access services. Provide multiple entry points and options for accessing services, to allow survivors to choose what is safe for them *(See, for example, Session 9: Safe Spaces)*. Provide mobile and remote services where safe and feasible, including dedicated GBV hotlines, and access to counselling and referrals via social media and messaging platforms such as WhatsApp. Emphasize mobile service investments in border areas.
Access to Information	
Girls on the move, particularly those in transit, often have limited access to information about services, including where and how to access them. If information and services are not available in the languages or formats that a girl can understand, it will be more difficult to seek help. Indigenous peoples may face particular challenges due to lower levels of literacy and familiarity with dominant languages and lack of interpreters and translators who know their language.	Develop adolescent-friendly and inclusive communication materials. Establish a directory of services, in all relevant languages, located along common migration routes. Identify and place the directory and information in key places where adolescent girls on the move visit or congregate, such as plazas, migrant shelters, safe houses, markets, pharmacies, health centres, bus terminals, gas stations, and taxi stands. Share them with and through national and regional humanitarian platforms. Distribute the directory and other relevant information through social media (Facebook, namely) and messaging platforms, and other digital communication forms such as mobile phone applications. Consider partnerships with communications and public relations agencies in the private sector to devise ways to increase the reach of information to adolescent girls, including through subsidized or blanket text message sharing. Invest in awareness-raising activities geared toward authorities with protection responsibilities, to ensure they are aware of local law and policy related to service provision, and understand how to share the directory and other relevant information with adolescent girls. Identify and share information and awareness-raising materials through other formal and informal channels of communication, such as community leaders, caregivers, and adolescent girls' spouses. Translate/provide information in all relevant languages. Develop pictorial messages to accompany written information.

Barrier	Strategies
Attitudes	
The attitudes, values and beliefs of service providers towards adolescent girls and their experiences can make girls think that services are not for them, that they can only use them under certain circumstances (e.g., sexual violence by a stranger, rather than sexual violence by a partner), or that they will be judged or blamed if they do seek services *(See Section 2)*. Adolescent girls on the move are caught in the crossover between xenophobic attitudes towards migrants as well as negative beliefs and perceptions of adolescent girls and their behaviour.	Explore, understand and challenge attitudes towards adolescent girl refugees and migrants in all programming. Share and promote positive images and attitudes towards adolescent girls on the move, including that they are strong, resilient and adaptable. Seek out and promote opportunities for host-community/migrant interactions and cooperation to foster positive experiences and integration. Develop and deliver attitude and cultural sensitivity programmes that emphasize empathetic, positive and supportive at all stages of interacting with adolescent girls. Programmes should focus on service providers along the migration route. Include modules on anti-xenophobia, avoiding hyper-sexualization of adolescent girls, and other negative attitudes affecting adolescent girl refugees and migrants in capacity-building programmes with service providers. Train all health personnel on adolescent girls' sexual and reproductive health and rights, including their right to healthy sexual behaviours (including initiating, consenting to and declining sex, and negotiating birth control use). Involve schools and universities in anti-xenophobia and related attitude sensitization campaigns. Undertake widespread sensitization and anti-xenophobia campaigns, calling for solidarity; involve schools and universities; community groups, the private sector, and government institutions, among others. Include attitudinal roles and responsibilities posters at all service points to remind service providers of appropriate care, while informing adolescent girls what level of quality care they should expect. Include quality care and positive attitudes in service providers' evaluation criteria. Provide psychosocial support to service providers – particularly those working in border zones – to avoid burnout, which in turn can lead to inappropriate care and attitudes.
Cost	
The cost of services, and transport to reach those services, can be even more prohibitive to girls who are likely to have less access to resources than adult women (especially unaccompanied girls), and have those resources more tightly controlled by others in their lives (especially married girls, girls with disabilities, and girls under control of smugglers or traffickers). If girls must pay to access services, this increases their exposure to men's violence through sexual abuse and exploitation, including prostitution.	Provide GBV services for free or at low cost; subsidize health care costs for survivors where services are not provided gratis. Provide transport options or cover transport and lodging costs for at-risk groups to come to service locations, where possible. Where possible, establish/modify GBV service centres to serve as one-stop shops, to combine as many services as possible, and reduce the need for survivors to access several different providers and incur any of the associated costs. Target survivors and those at risk with cash-based interventions.

Barrier	Strategies
Documentation	
Girls on the move are often missing key identity or migration documents, which directly and indirectly heightens their risks of GBV. Without the right documentation, girls may resort to taking or being smuggled through irregular migration routes and informal border crossings. Without key documents, girls cannot access or rent safe housing, apply for asylum, or regularize their immigration status. A lack of documentation also minimizes girls' access to essential services. It can limit possibilities of accessing healthcare, inhibit girls from seeking help with the police, and make it impossible to pursue justice. It may also make it difficult to access communication tools, such as phone SIM cards.	Reinforce public campaign messages geared toward adolescent girls, emphasizing their rights to seek and access services even without documentation. Include accompaniment to GBV services as a core part of case management for survivors. Identify and refer cases to organizations that can provide legal assessment and assistance. Facilitate immediate access to best interest determinations, and preferential access in asylum hearings and other administrative and protection processes.
Infectious Diseases	
During epidemics and pandemics, the containment of infectious diseases becomes an emergency, and population isolation and movement restrictions are put in place, sometimes for extended periods of time. These restrictions, while greatly increasing the risks of GBV – in particular IPV – by forcing women and girls to stay isolated with potential abusers, also greatly increase barriers to leaving one's home to seek safety, protection, and services. Lockdowns and curfews make it difficult if not impossible for girls to reach service providers. Many service points also close down or are converted to health centres to assist with the emergency response. Further, GBV prevention and response is often not considered a lifesaving priority that must be a fundamental part of the emergency response, nor is it considered an essential service that merits exemption from population movement and access restrictions.	Prioritize GBV prevention and response programs as core elements of the emergency response. Work with authorities to provide women and girls with exemptions to movement and curfew restrictions to access services. Provide mobile and remote services where safe and feasible; these include virtual services.

Group Discussion Instructions

Focusing on the case study character assigned to your group, discuss and answer:

1. Are there any additional strategies that would support her to overcome the barriers to GBV services in your context? Make sure to focus on practical strategies that you can influence or put into practice.
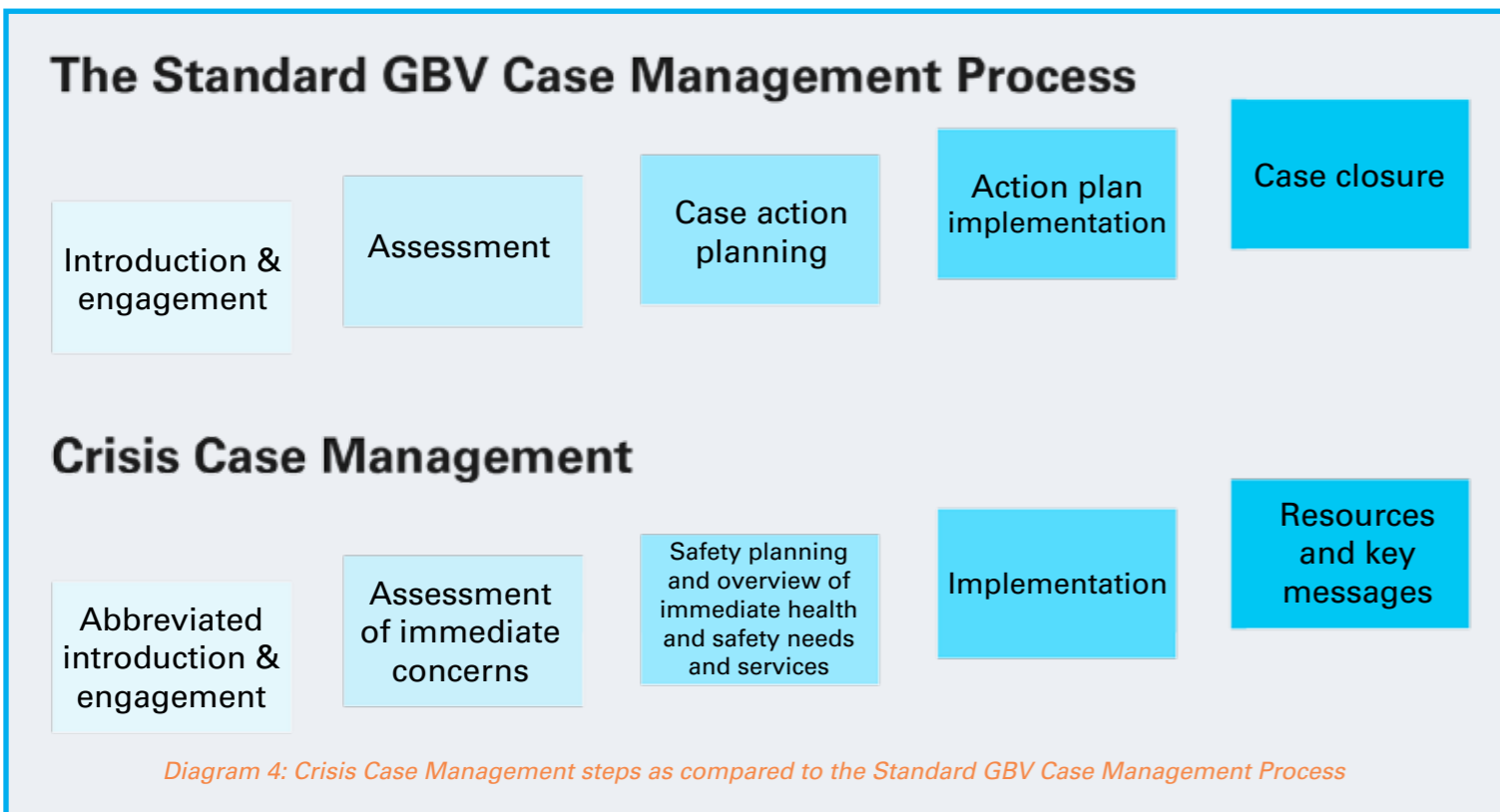
Supporting Document 8.2: Crisis Case Management, Referral Systems, and Information Management

Read this handout individually, then discuss with your group the questions found at the end of the document.

Crisis Case Management?[29]

Crisis case management is an adaptation of the traditional case management process that prioritizes the most essential steps in a short timeframe.

Crisis case management should be prioritized for adolescent girls who are in transit, or in a temporary destination. In crisis case management, each step is shortened and adapted to cover immediate concerns, *as follows:*

Diagram 4: Crisis Case Management steps as compared to the Standard GBV Case Management Process

Permanent Destination	Transit or Temporary Destination
Standard GBV Case Management	*Crisis Case Management*
Step 1: Introduction and engagement	**Step 1: introduction and engagement (5 mins)**
• Greet and comfort • Introduce yourself and your role • Discuss all aspects of informed consent (confidentiality, mandatory reporting) • Answer questions • Get permission to continue	• Greet and comfort • Introduce yourself in one sentence • Say: "I strongly believe in helping you keep your story private. We will decide together whether and who to tell about the violence you experienced, for your safety." • Can you tell me your most important concern today?

Permanent Destination	Transit or Temporary Destination
Standard GBV Case Management	*Crisis Case Management*
Step 2: Assessment	**Step 2: Assessment (15-20 mins)**
• Determine whether other responders are involved • Understand who the survivor is • Invite the survivor to tell you what happened • Listen well • Respond with validation, compassion, and information • Identify the survivor's concerns and key needs • Document relevant information on a form or in case notes with a safe documentation and storage system	• Listen • Assess safety concerns, accessible social networks, state of mind, and needs • Respond with validation, compassion, and information • Where there are safety concerns, or no possibility of follow-up, do not document information on a form or in case notes at the time. Wait to document your notes when it is safe to do. Consider developing/using codes or symbols to remember essential information that no one else can read, until you can record your notes fully. • In cases of imminent danger, support the survivor to take immediate action to address this
Step 3: Case action planning	**Step 3: Safety planning and overview of the immediate health and security needs and the services available (15-20 mins)**
• Summarize your understanding of the survivor's needs • Give information about what services and supports are available and what they can expect from them • Plan with the survivor how to meet needs, set personal goals and make decisions about what will happen next • Develop and document a case action plan • Discuss concerns with your supervisor • Discuss options for follow-up	• Make a safety plan • Give information about what services and support are available in transit points and destination • Make sure that action planning is based on what is safe and feasible for girls on the move and the time they plan to spend in one location
Step 4: Implement case action plan	**Step 4: Implementation (15-20 mins)**
• Make referrals • Advocate for and support survivors to access services • Lead case coordination • Provide direct services if relevant	• Inform the survivor about referral options for immediate concerns • Make referrals with consent • Provide resources (material support, hotline numbers, contacts of providers in destination location as applicable, encourage her to stay in touch if at all possible). • Inform the survivor about potential risks along the migration route • Share key messages: the survivor is not alone or at fault; affirm/validate survivor's feelings. For the last few minutes, stabilize the survivor so she is not leaving your session in a more traumatized state (plan for the rest of the day, encourage the survivor to be in the present)
Step 5: Follow-up	*(No Step 5 Follow-up in Crisis Case Management)*
• Meet with and contact the survivor as agreed • Reassess safety • Review and revise the case action plan • Implement the revised plan	
Step 6: Case closure	*(No Step 6 Case closure in Crisis Case Management)*
• Determine if/when the case should be closed • Document the case closure • If possible, administer a client feedback survey • Safely store the closed case file	

Referral Systems

The success of providing services to those on the move will largely depend on the information, resources and referrals you can provide for people to access in their next or final destination. This requires continuous coordination at the local, national and transnational level – including national authorities and civil society organizations – to continuously update service mapping and protocols dictating how survivors can be referred across service providers. This can be done by developing a referral system.

A referral system is a flexible mechanism that safely links survivors to supportive and competent systems of care, such as medical care, mental health and psychosocial services, police assistance and legal and justice support. When supporting an adolescent girl to navigate through a referral system, pay attention to how long she is likely to spend in the location, and the common time frame of support for each different service. For girls in transit, an intersectoral and inter-territorial referral system with accompanying protocols will best support them through their journey and help them access services no matter where they are along the migration route.

If one does not exist already, you can easily develop a simple referral protocol to describe the mechanism in the relevant location(s) – local, regional, or international – with the service providers you have identified in your service mapping. A functional GBV referral system that is accessible and safe for survivors, includes the following elements:

- At least one service provider for health, psychosocial support, case management, safety and security and, as appropriate and feasible, legal aid and other support, in a given geographical area.
- Referral pathways that identify all available services, which are regularly updated, and in a format that can be easily understood (e.g., through pictures/diagrams).
- Safe and ethical GBV data-collection and sharing agreement, including standardized intake and referral forms.
- GBV guiding principles that outline how. services should be delivered, including provisions for respecting the best interests of the child for all survivors under age 18.
- Clear guidelines for transferring case

management responsibilities between agencies in different countries.
- Guidance for how service providers can refer survivors for additional services, and how to do so safely, confidentially and ethically.
- A mechanism for following up on referrals. For example, a return slip or checklist should be used by referring service providers to indicate the status of services received by the survivor.
- Agreed-upon operating procedures for a coordinated approach to case management, including confidential information-sharing and participation in regular case management meetings to ensure survivors have access to multisectoral services. This includes agreeing on an information-sharing protocol that details elements of how information will be safeguarded while being shared, e.g., databases with coding systems.

"Warm" and "Cold" Referrals[30]

When you have worked with an adolescent girl in transit who requires and has given her informed consent for a referral to services further along the migration route, the availability of services and referral protocols will dictate your course of action. Ideally, you will refer the survivor to the authority or agency responsible for case management, specialized in working with adolescent girl migrants and refugees in the transit or destination site, and who has signed an agreement via a referral protocol. In the event that this is not possible, there are two other options:

1. **A 'Warm referral':** With the survivor's informed consent, contact a service provider in the destination who can provide appropriate care and protection to adolescent girl survivors on the move. You can initiate the contact via telephone or another safe communication method. Discuss with them how the survivor can reach them.

2. **A 'Cold referral':** Where a warm referral is not possible and/or the survivor does not desire it, provide her with the directory of different services with contact information; she can contact any one of those service providers upon arrival should she choose to. These should be service providers that can provide age-appropriate care and protection to adolescent girls on the move; you may decide to provide a note with written information/ background on the survivor, with her consent.

Managing the Information of GBV Survivors in Transit

For survivors in transit, information about their case may need to be shared between national authorities and agencies along travel routes and across borders. National authorities, as the primary mandated case management and coordination agencies, have primary responsibility for safe and confidential management of survivor data. Information-sharing must be based on the full, informed consent of the survivor (and/or her caregiver, depending on age and capacity), must happen only in the context of a referral for a specific service, and must be guided by a detailed Information Sharing Protocol, with security measures in place to protect survivor data.

This protocol should cover referral forms with sensitive client data, with agreements on what information can be included, how the information will be shared —verbally, electronically or through a paper system—and procedures to ensure the confidentially of the survivor is protected at all times.

Group Discussion Instructions

Focusing on the case study character assigned to your group, discuss and answer:

1. Would a crisis case management approach be beneficial for your case study character? Why or why not?
2. Why is a quality referral system important for your case study character? How can it reduce risks or improve her access to services on the move?
3. Why is an information-sharing protocol important for your case study character? How can it reduce risks for her?

[30] Adapted from Gender Based Violence AoR, 'Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Frontline Services and Workers'. <www.sddirect.org.uk/media/1956/practical-guidance-for-cross-border-continuity-of-care-and-safety-for-child-survivors.pdf>

Supporting Document 8.3: Adolescent Girl- and Survivor-Centred Approaches to Case Management, Staffing and Skills in Contexts with Limited Service Providers

Read this supporting document individually, then discuss with your group the questions found at the end of the document. Use Supporting Document 7.1 on safety planning to help you with this.

What is an Adolescent Girl- and Survivor-Centred Approach to Case Management?

An adolescent girl- and survivor-centred approach to case management is an approach that recognizes and responds to the intersecting forms of oppression and discrimination that shape, determine and diminish adolescent girls' lives, circumstances and futures. Think back to the wheel and the ecological model. This means taking into account, for example, her race and ethnicity, sexual orientation, age, ability and health, and class and economic status, alongside what forms of discrimination may be impacting her life and circumstance, such as nationality, language, immigration status and religion. From there, it involves working with the adolescent girls to develop a case management plan. Following are some considerations:

For all adolescent girl survivors:
- Recall that the survivor-centred approach has primacy above all else – survivors must exercise their agency and make informed choices about what steps to take in the case management process (not withstanding mandatory reporting requirements.)
- Assess your own attitudes and biases. Do not let them get in the way of respecting GBV guiding principles.
- Remember that adolescent girl survivors may be more isolated and have more limited support networks and coping plans.
- Consider how you can partner with community associations and organizations that work on other matters with specific groups of people, such as indigenous associations, lesbian/bisexual organizations, or disability support groups.
- Develop and distribute materials tailored to each group.

In working with lesbian and bisexual adolescent girl survivors:
- Never assume a survivor's sexual orientation; only she should tell you this.
- Use language carefully to build trust and respect. Ask the survivor what she prefers, and follow her lead.
- Limit questions to what is necessary, not what you are interested in knowing.
- Do not 'out' a survivor's sexual orientation to others.
- Remember that homophobia may increase barriers to accessing services.
- Consider that there may be a high risk of suicide.

In working with adolescent girl survivors with disabilities, remember:
- She may have a long history of not having control over their lives.
- She may be isolated or have lost family and community support systems.
- She may have been (or are being) abused by their caretaker(s).
- She faces high levels of stigma and discrimination.
- Information may not be shared in a way that is suitable for them.
- Confidentially can be difficult to balance with dependence on caretakers (as for all younger adolescents).
- Each case management entry point must be accessible; physical barriers to access can include lack of suitable transportation and accommodation options. This may mean providing additional services such as transport for those with disabilities.
- To put the survivor at the centre of each conversation and speak directly to the survivor.
- Consider and respect the different ways the survivor wants to communicate.
- Do not assume that the survivor has or does not have the capacity to provide informed consent; evaluate the best interests of the survivor as needed.

Staffing and Skills

Case management with adolescent girl survivors is a sensitive process, which demands a specialized approach. Caseworkers, who should be female only,[31] must be in a position to educate and support children – and their families – throughout the process and adapt case management steps for child survivors. *For a detailed explanation of having female staff, see page 18.* This requires:

- Upholding the guiding principles for working with child survivors.
- Understanding migration challenges and barriers for accessing services and developing innovative strategies to overcome them.
- Following informed consent/assent procedures according to local laws and the age and developmental stage of the child.
- Understanding and applying confidentiality protocols, as in circumstances where a child is in danger.
- Assessing a child survivor's immediate health, safety, psychosocial and legal/justice needs and using early intervention services that ensure the child's health and safety.
- Conducting ongoing child safety assessments in the family and social contexts after disclosure of abuse. Taking decisive and appropriate action when a child needs protection.
- Identifying strengths and needs to engage the child and family in a strength-based care and treatment process.
- Engaging any non-offending caregivers throughout case management.
- Knowing child-friendly service providers in the area and initiating referrals.
- Functioning independently and collaborating with other service providers.

Caseworkers must be carefully selected and supported to embody the qualities, knowledge, and skills to carry through and accomplish the case management process. This requires diverse staff who can understand and implement a holistic and tailored adolescent girl- and survivor-centred approach to case management; who have or can learn case management competencies; who have proven non-discriminatory, respectful and centred attitudes to working with refugee, migrant and other vulnerable populations; and who can practice the principles for communicating with adolescent girl survivors.

But What If Few Services Exist?

If service mapping reveals that, in transit and remote areas there are no, or few, services for GBV survivors, or they are not able to adequately support adolescent girl GBV survivors, consider:

- As part of your service mapping, remember that services may take different forms in different places. Identify any non-traditional organizations or support systems that work with adolescent girls. Find out if, at minimum, basic health care is available.
- Do not actively conduct outreach on services to avoid creating expectations you can't fulfil.
- If a survivor discloses violence, follow the approaches outlined in the Guide on supportive, survivor-centred interactions. Listen, be honest with the survivor, recognize her courage to share her experience with you, express that you are sorry you cannot be more helpful and provide the survivor with as much dignity as possible in your conversation.
- Remember that case management services are still useful and important even without other referral agencies. With the right training and support, case workers can address many concerns that a survivor may have. The component of case management that supports the psychosocial well-being of a survivor is also an important element in itself.[32]

Group Discussion Instructions

Focusing on the case study character assigned to your group, discuss and answer:
- Which elements of the adolescent girl- and survivor-centred approach to case management are most important to your case study character?
- Which aspects of staff training and skills are most important to the well-being of your case study character?
- If no GBV specialized services existed in your context, what other services might your case study character need?
- How would you incorporate safety planning and crisis case management into your work supporting adolescent girl GBV survivors on the move?

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[31] *As covered in Session 5 on the importance of having female service providers for adolescent girl survivors of GBV and those at risk.*

[32] Gender-based Violence Information Management System Steering Committee, *Interagency Gender-Based Violence Case Management Guidelines*, 2017, p. 14. <www.humanitarianresponse.info/en/operations/cameroon/document/interagency-gender-base-violence-case-management-guidelines>

Supporting Document 11.1: Action Planning Template

Reflections prior to action planning

Focusing on your own work, practice and services, individually respond to the following questions:

1. What are three things that I can do that would increase the sense of safety (physical, emotional, resource, relational) for adolescent girl GBV survivors on the move?

2. What are any creative ways that you know of to work around some of the restrictive legislation to ensure adolescent girl GBV on the move get the services they want and need?

3. What are three things that would increase adolescent girls' access to your services?

4. What are three things I want to do differently as an individual to support adolescent girls in my work?

5. What are three things I want to change about the way my organization works with adolescent girls?

6. What are three things about the overall response in my context that need to change in order for adolescent girls to be supported and empowered?

Notes

Action	Steps Needed to Achieve Action	Timeline	Responsible Party	Support Needed

Suggestions for simple activities that can be used throughout the training to keep participants engaged and interested.

Consider your cultural context, physical ability, and the dynamic and comfort level of your group when choosing which activities to use, particularly in mixed groups of men and women.

Invite participants to lead their own energizer activities whenever possible (be aware that these activities can sometimes be longer than planned).

Musical Statues

Play music. Ask participants to dance when the music is playing and stand still once it stops. Anyone who continues to move once the music has stopped must stand out of the game. Play a few rounds of this, or if you have time continue until one person is left. This game can be played seated if you have any participants with mobility challenges.

I am the Pen

Hold up a pen and ask participants to do everything that the pen does. Move the pen in different directions (e.g., tip the pen to the left, then to the right, then the front, around in a circle, have it jump up and down).

Animals on Parade

Ask group members to choose an animal without telling anyone around them which animal they have picked. Next, ask participants to arrange themselves in size order from smallest to largest (in terms of animal size) without speaking. That is, someone who chose a mouse should be at one end, and someone who chose an elephant should be at the other end. Participants can make the noise and movements of their animal but cannot use any words. Once they are lined up, have them share their chosen animal and check the order.

Two-Minute (Seated) Dance Party

Play music. Invite participants to join you in a two-minute dance party, either seated or standing. Make the dance party seated if you have any participants with mobility challenges, to ensure they are included. Be mindful of group dynamics for this exercise.

Stretch High, Stretch Low

Ask participants to reach as high as they can with their right arm, then as high as they can with their left arm (so both are in the air). Ask them to drop both arms, then reach as low as they can with their left arm, and as low as they can with their right arm (bending over is OK) so both arms are low. Next ask them to reach as high as they can with their right arm, then – at the same time – as low as they can with their left arm (so their right is pulling up and their left is pulling down). Repeat this with the other arms.

For virtual sessions, any of the previous exercises can be considered, except for Animals on Parade. You can also consider the following:

Shake Down

Start by inviting people to stand if they have room, though let them know staying seated is fine. It's worth checking with your participants that they're in a suitable location and they are comfortable with a short activity that requires physical movement. As a group, perform eight shakes of the right arm, eight shakes of the left arm, eight shakes of the right leg and eight shakes of the left leg. Each time, count each shake as a group from one to eight. End the exercise with a big cheer while inviting everyone to do a signature move – whatever feels right for them!

Who's the Artist?

Invite each participant to draw an image that tells a unique story or fact about their lives. They can use pen and paper, draw it digitally or directly into your online whiteboard tool. This encourages people to be creative, changes up the flow of the workshop and allows people to share personal experiences in an effective, safe environment. It's also very easy to run and can be amended to suit your online workshop set-up. If you're using an online whiteboard tool, have everyone post their images and curate them into a gallery. If you're using video conferencing software alone, you can also have participants hold their images up to the camera.

Touch Blue

Start by having the facilitator call out something to touch such as "Touch blue" or "Touch something warm". Each participant then has to move and touch something that meets that category. This might be something on their desk, an item of clothing or something they have to go and find. The last person to find an object then has to select the next attribute.

Count Up

In this short virtual energizer, a group must count up to a number (usually 20), taking turns at random, with no two people speaking at the same time. If two people speak at the same time, even for a second, the group must start over at number 1. The group has succeeded when they have counted up to the set number. The key with this energizer is that people cannot communicate beyond saying the numbers, and so must work together non-verbally. It's a great exercise for helping people work together in a calm, focused manner and gently teaching the importance of speaking purposefully when collaborating online.

Dance Dance Dance

Explain that when the music starts, one person in each group starts dancing on the camera and the others follow the leader. When the song changes, another member in each group becomes the new dance leader. Change the song every 20–30 seconds and try to play enough songs so everyone gets a chance as leader. Encourage participants to dance in their chairs or with only their upper bodies if room or mobility is an issue.

What Are You Doing?

In this energizer, you begin by inviting a participant to mime an action in their webcam screen. The first person to guess the action correctly then mimes an action themselves. This one is simple and fun, and it can be a great way to bring people out of their shells.
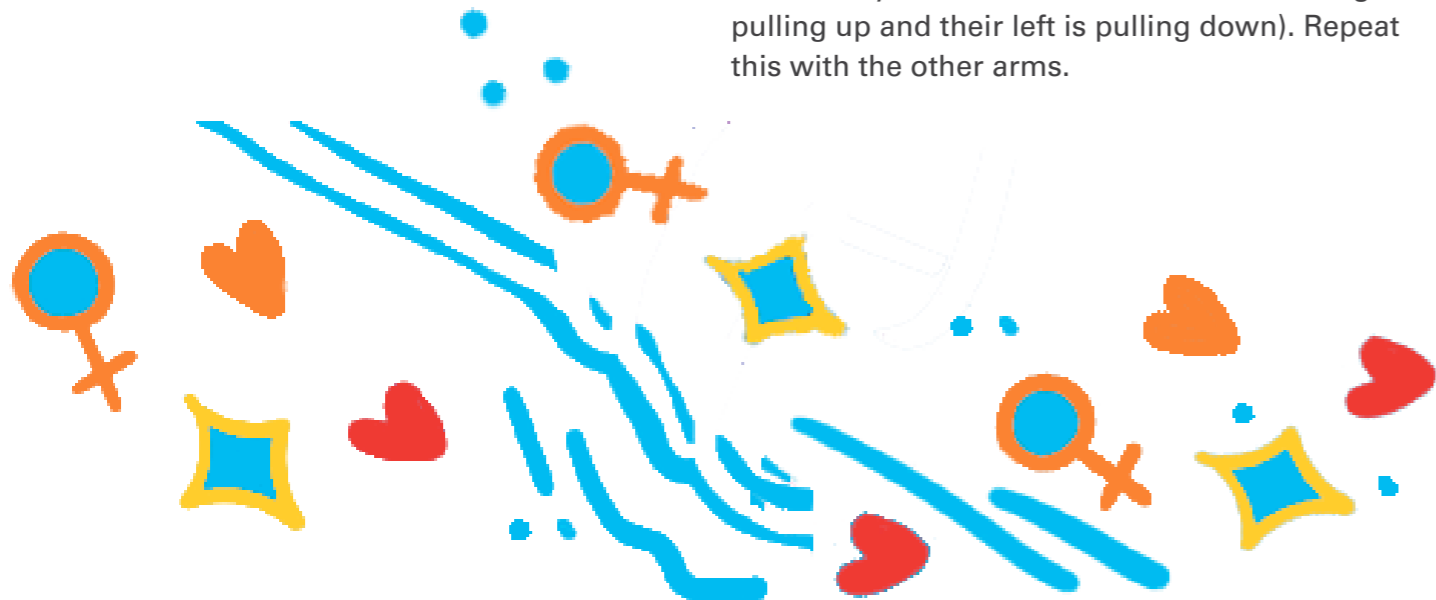
Annex 4: Pre-Training Evaluation/Post-Training Evaluation

Question 1: Please circle the number that most closely corresponds to your level of understanding of each of the following topics:

1 = I do not know anything about this topic
2 = I understand a little about this topic
3 = I have a moderate understanding of this topic
4 = I fully understand and am very comfortable with this topic

Topic	Level of Understanding			
1.1. The experiences of adolescent girls on the move and the GBV risks they face	1	2	3	4
1.2. How to communicate with and support adolescent girls on the move	1	2	3	4
1.3. How to help adolescent girls on the move to identify and reduce GBV risk	1	2	3	4
1.4. How to adapt services to the needs of adolescent girl GBV survivors on the move	1	2	3	4
1.5. How remote and mobile services can support adolescent girls on the move	1	2	3	4

Question 2: Name three factors of an adolescent girl's identity or experience that might increase her risk of experiencing GBV on the move, and describe how this factor can increase risk.

1. _____

2. _____

3. _____

Question 3: Name three principles of adolescent girl-friendly communication.

1. _____

2. _____

3. _____

Question 4: Name three barriers that might prevent an adolescent girl on the move from accessing GBV services.

1. _____

2. _____

3. _____

Question 5: Circle TRUE or FALSE below for the following statement:

Safe spaces should always be open to everyone.

TRUE   FALSE

Justify your choice. _____

Question 6: Name two ways in which remote and/or mobile services can increase access to adolescent girls on the move.

1. _____

2. _____

Total potential score (excluding Question 1): 12 points.

Question 1: Please circle the number that most closely corresponds to your level of understanding of each of the following topics.

There are no correct or incorrect answers to this question. Use the level of understanding and comfort of your participants from the pre-training questionnaire to guide the adaptation of your training sessions. Use the change in understanding and comfort from the pre- to post-training questionnaires to assess the success of the training.

Question 2: Name three factors of an adolescent girl's identity or experience that might increase her risk of experiencing GBV on the move, and describe how each of these factors can increase risk.

Assign 1 point for each relevant factor cited, up to a total of 3 points. Correct examples include the following *(these are not exhaustive – see Section 2 of the Guide for more information)*:

- Race & Ethnicity
- Sex & Gender
- Sexual Orientation
- Ability & Health
- Age
- Class/Socioeconomic Status
- Displacement & Immigration Status
- Family & Civil Status
- Nationality
- Language
- Religion/Spirituality
- Physical Appearance & Body

Question 3: Name three principles of adolescent girl-friendly communication.

Assign 1 point for each relevant principle cited from the list here, up to a total of 3 points *(see Section 3 of the Guide for more information)*.

1. **Be** respectful, supportive, empathetic, and compassionate
2. **Support** girls to make their own choices, take informed decisions, and control their lives
3. **Make** your language easier to understand
4. **Adapt** communication to the age and development stage of the girl
5. **Adapt** communication to the context, language, and culture
6. **Adapt** communication to risk profiles, preferences, and abilities
7. **Prioritize** safety
8. **Actively** listen

Question 4: Name three barriers that might prevent an adolescent girl on the move from accessing GBV services.

Assign 1 point for each relevant barrier cited, up to a total of 3 points. Correct examples include the following *(see Section 6 of the Guide for more information)*:

- Time frame and displacement (limited in-person follow-up, difficulty of following full medication regimen or treatment due to need for adequate nutrition and/or monitoring, change of address or phone number)
- Accessibility of services (location, physical accessibility, hours of operation, movement restrictions imposed by caregivers, intimate partners, domestic and care responsibilities, unsafe locations or access routes)
- Access to information (lack of information, low literacy, information not available in languages or formats they can understand, lack of appropriate interpreters)
- Attitudes (negative or dismissive attitudes, values and beliefs of service providers towards adolescent girls, or towards migrants and refugees)
- Cost (cost of services, transport, control of others over their resources)
- Documentation (lack of identity or migration documents restricts access to services)

Question 5: Circle TRUE or FALSE below for the following statement: **Safe spaces should always be open to everyone.**

Assign 1 point for the correct answer: FALSE. In order for adolescent girls to feel safe and comfortable in safe spaces, there must be times and/or spaces that are ONLY open to adolescent girls. Safe spaces should, however, be open to adolescent girls in all their diversity.

Question 6: Name two ways in which remote and/or mobile services can increase access to adolescent girls on the move.

Assign 1 point for each correct element given, up to a total of 2 points. Correct examples include the following *(see Section 8 of the Guide for more information)*:

- **Mobile** service delivery:
  - Allows service providers to move to temporary shelters or meet survivors along the route while they are in transit
  - Helps to reach adolescent girls who cannot or do not stay in locations with services for long periods of time
- **Remote** services:
  - Help to orient survivors and even provide some emotional support (like psychological first aid) via phone, text messages, social media or another online platform
  - Help to better protect confidentiality by giving survivors the option to remain anonymous
  - May increase access to people who are scared to ask for help or who face particular stigma and dangers in seeking assistance, such as adolescent girls
  - May increase access to adolescent girls, who typically use social media platforms and communication tools like WhatsApp
  - Hotlines allow GBV caseworkers to speak directly with survivors and offer crisis intervention, safety planning, information resources and referrals in other locations that adolescent girls might be able to access further along the route
  - Virtual safe spaces may be used as entry points to services and care for adolescent girls. Using mobile phone platforms or social media spaces, a virtual safe space can facilitate access to information and services in a way that is safe, culturally appropriate and accessible to adolescent girls, particularly those who face higher levels of marginalization, such as girls with disabilities and married girls

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AMPLIFYING WOMEN AND GIRLS IN CRISES
voice

Within the framework of
R4V
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VENEZUELANS
Coordination Platform for
Refugees and Migrants
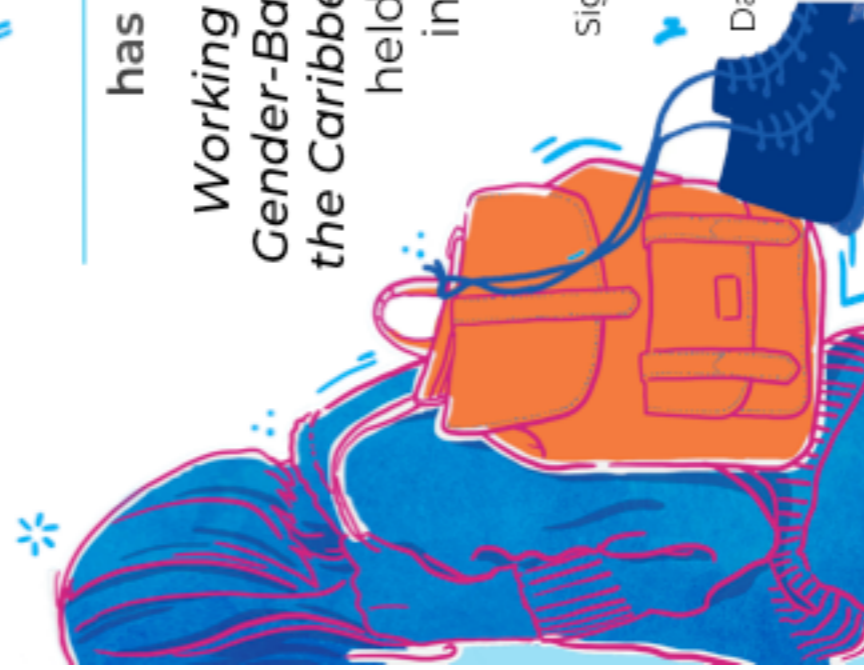from Venezuela

Certificate of Training

This certifies that

has successfully completed the

Working with Girl Survivors of Adolescent Gender-Based Violence in Latin America and the Caribbean Workshop for Service Providers

held from _____,

in _____.

Signed _____

Debla López Mendoza
Gender & Migration Specialist, UNICEF LAC

Date _____

This training package for Adolescent Girl GBV Survivors On The Move, and specifically the Guide for service providers, was initially envisioned prior to the beginning of the COVID-19 pandemic.

This accompanying Training Manual was further developed to incorporate how the training package was then adapted to be delivered in a virtual setting, given protective measures during the pandemic. The Training Manual now reflects options for a virtual mode of delivery of this training, including all the accompanying documents needed to deliver the training in person or virtually.

This Training Manual and accompanying Guide are designed for service providers in Latin America and the Caribbean (LAC) working with adolescent girls on the move who experience or are at risk of gender-based violence (GBV), with a particular focus on contexts of Venezuelan migration. The Training Manual and Guide complement existing guidance and resources and aim to strengthen GBV care and support in the region by addressing context-specific concerns.