GBV Emergency Response & Preparedness

Part 3: The GBV Emergency Response Program Model

WELCOME!

ยินดีต้อนรับ

BIENVENUE!

KARIBU!

BYENVENI!

KOPANGO!

مرحبا

BEN VENUTI!

MAUYA!

¡BIEN VENIDOS!

Introducing the Program Model

EMERGENCY RESPONSE prioritizes women and girls' access to life-saving services, such as healthcare and psychosocial services, and seek to reduce immediate threats of violence.

Program Model

The program model offers:

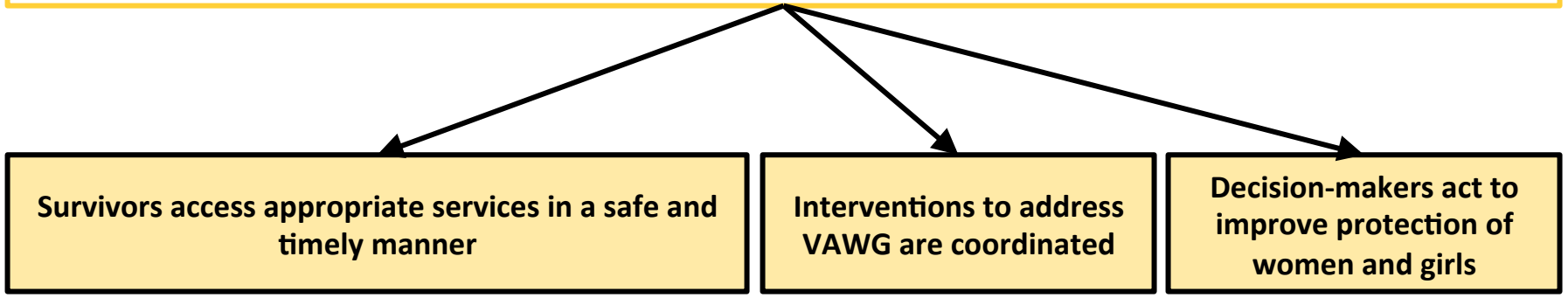
- Concrete, evidence-based actions grounded in international guidelines and standards
- Clear prioritization of actions to meet a wide spectrum of needs in a short period

Based on this concrete guidance, practitioners take action relevant to their context.

GOAL

Survivors of VAWG access life-saving services in emergencies, are protected from further harm, and are supported so they can recover and thrive.

THREE PILLARS



Survivors access appropriate services in a safe and timely manner	Interventions to address VAWG are coordinated	Decision-makers act to improve protection of women and girls
ACTIONS RESULT IN: • Safe access to health, psychosocial and case management services • Reinforced community support networks • Informed communities • Reduced risks to women and girls	**ACTIONS RESULT IN:** • Safe, functional referral pathways • Multisectoral engagement in risk reduction • Safe service provision across sectors	**ACTIONS RESULT IN:** • Fast-track funding for VAWG response and prevention • Donor commitment and higher-level engagement in the medium- and long-term

Rapid Recap!
Consequences of GBV

Physical Health Consequences

- HIV and STIs
- Physical injury
- Fistula
- Unintended pregnancy
- Complications of pregnancy and childbirth
- Maternal mortality
- Unsafe abortion
- Death

Psychological / Emotional Health Consequences

- Post-traumatic stress
- Insecurity
- Depression
- Anger
- Anxiety
- Fear
- Self-hate
- Shame
- Self-blame
- Mental illness
- Suicidal thoughts and/or attempts

Social Health Consequences

- Blaming the victim
- Social stigma
- Social rejection and isolation
- Rejection by partner and/or family
- Loss of ability to function in the community

SAFETY

Make sure that the survivor is safe now and avoid putting her in more harm.

RESPECT

Allow the survivor to make her own decisions and trust that she is capable of doing so.

CONFIDENTIALITY

Do not share the survivor's case with anyone she does not give consent or permission to know. Do not tell your friend, mother, sister, or husband. If you discuss this case with your clinical supervisor, do not share identifying details.

NON-DISCRIMINATION

Do not judge the survivor for what happened to her, do not ask her why she thinks it happened or what she could have done to cause it, do not limit the care that you provide her based on the information she tells you about her case.

Identifying Key Actions in Health Response

Session Objectives

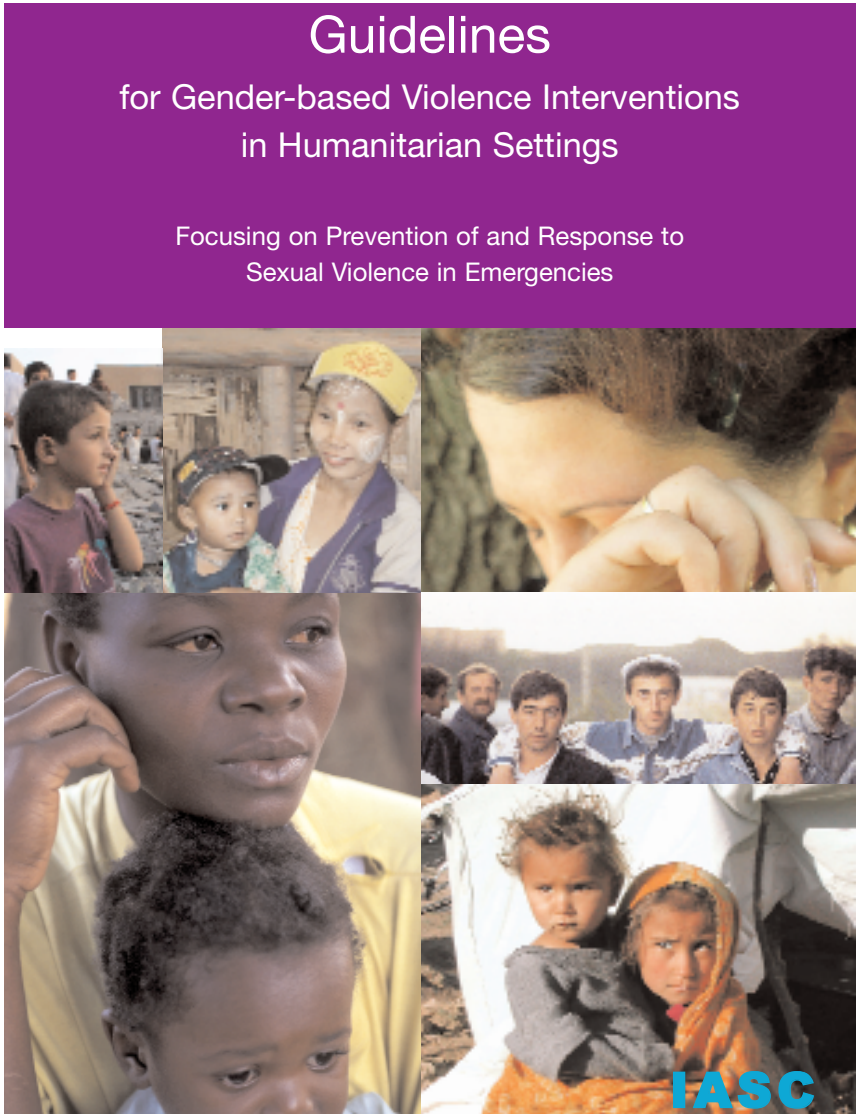
Identify **healthcare priorities** when launching a GBV-related response in an emergency.

IASC Guidelines

Ensure women's access to basic health services (Action Sheet 8.1)

Implement the MISP.

Provide sexual violence-related health services (Action Sheet 8.2)



IASC Action Sheet 8.1
Access to Basic Health Services

- Implement the Minimum Initial Service Package (MISP) for Reproductive Health
- Conduct rapid situational assessment of health services
- Ensure health services for women and children are available
- Motivate and support staff
- Involve and inform community

IASC Action Sheet 8.2
Sexual Violence Related Health Services

- Prepare the survivor
- Perform an examination
- Provide compassionate and confidential treatment
- Collection minimum forensic evidence

Survivors of GBV access life-saving services in emergencies, are protected from further harm, and are supported so they can recover and thrive.

Survivors access appropriate services in a safe and timely manner				Interventions to address GBV are coordinated		Decision-makers act to improve protection of women and girls
Survivors of GBV have safe access to health services, in line with guidelines for the clinical	Survivors of GBV have safe access to basic, quality case management services	Survivors of GBV have safe access to psychosocial services and community-based support networks	Communities know which GBV-related services are available and how to access them	Service provision is coordinated among service providers and GBV focal points	Other sectors identify factors that increase risks to women and girls, and develop strategies to address them	Advocacy leads to increased funding and improved policies/systems to protect women and girls
ocate for action based on identified gaps in services, medicines and commodities, and ical capacity*	fy service providers already providing GBV anagement services	• Identify/establish safe spaces through which survivors can access basic emotional support,	• Work with communities to understand their		• Advocate for and participate in inter-sector/cluster coordination on women and girls	• Develop clear, targeted recommendations based assessment and analysis of needs and risks (see *Immediate and Cross-Cutting Activities*, below)
rk with health actors to identify and train GBV points in all health facilities	ify/establish private, sa for the provision of ca rs of GBV				• Lead and/or advocate for the distribution of context-appropriate risk mititgation material support (i.e., dignity kits, solar lamps, etc.)	• Disseminate targeted recommendations to specific audiences, including other sectors/clusters, donors and governments
ntify or establish private / confidential spaces nsultation within health centers	GBV caseworkers in th anagement, including rvivor-centered, age-ap				• Lead and/or advocate for actions that reduce risks for women and girls (i.e., firewood patrols, community patrol groups, appropriate lighting in public places, locks on latrines, etc.)	• Build inter-agency consensus around advocacy messages and strategies where possible
n health facility medical and non-medical on GBV guiding principles for supporting a vor and providing safe referrals	lish case management riate intake and conse				• Advocate for the establishment of GBV working group focal points to attend other key meetings and ensure information exchange	
	• Ensure safe, confidential sto information				• Advocate for the GBV working group to lead training of all sectors and service providers on IASC GBV Guidelines	
	• Provide weekly supervision and mentoring to GBV caseworkers				• Advocate for establishment of and training on in-country PSEA protocols (including clear reporting protocols) and training for staff carrying out distirbutions of food and non-food items*****	

- Advocate for action based on identified gaps in health services, medicines and commodities, and technical capacity
- Work with health actors to identify and train GBV focal points in all health facilities
- Identify or establish private / confidential spaces for consultation within health centers
- Train health facility medical and non-medical staff on GBV guiding principles for supporting a survivor and providing referrals

Immediate and Cross-Cutting Activities:

• Carry out rapid assessment to identify factors that increase women and girls' vulnerability to violence, gaps in services, and obstacles to service delivery and survivors' access to services. Methods may include safety audits, service mapping, focus group discussions, and key informant interviews.

• Develop and put in place safety plans for staff, partners and volunteers are in place.

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**** These meetings are among service providers, to follow up on existing referrals and address challenges specific to referrals and case management. These are separate from GBV working group coordination meetings.

***** For information and support on the Protection from Sexual Exploitation and Abuse by UN and related personnel, see: www.un.org/en/pseataskforce.

HEALTH – GBV Emergency Response Program Model

Roles & Responsibilities

Health:

- Ensure that **health staff** is trained
- Ensure that health **facilities are equipped** to provide care to survivors
- Put a **clinical management of rape protocol** in place

GBV:

- Provide support to the health actors in **sensitizing medical and non-medical** personnel to the needs of survivors
- Promote **compassionate care**
- **Facilitate coordination** with health and other sectors to ensure survivors receive all needed services

All:

- Work with communities to increase awareness about the availability of services
- Ensure ethical, safe, and appropriate data collection methods are in place

REMEMBER!

GBV staff ***does not*** provide any direct health services, procure or dispense drugs, or supervise health staff.

Remember:

The quest for justice and the fight against impunity should never create obstacles to other lifesaving care.

Closing Tip!
Health for GBV Survivors – Indicators

- % of survivors reporting who receive services in line with standards for quality care
- One GBV focal point identified in each health center
- % of survivors reporting to healthcare service providers within 72 hours for health services
- % of trained health providers pass a post-test and practicum, demonstrating capacity to put in practice GBV survivor-centered services

Case Management

Session Objectives

Discuss the **key steps** of case management during emergency response and how to ensure those in challenging contexts.

Let's take a step back.

What is comprehensive case management?

Anne is 19 years old. She was raped by a stranger when she was in the forest collecting firewood. Anne was frightened and told the story to her auntie. Her auntie had heard that an INGO working in the area could help girls "who have problems."

With her auntie's encouragement, Anne went to the INGO offices and shared her story with a GBV caseworker.

What will the caseworker do?

ASSESS

Why has the client come for help?
What has happened?
How does the client see the situation?
What needs does the client have?
What supports does the client have?

Listen to the client's story, help her to identify her needs.

CRISIS COUNSELING

PLAN

What does the client want to happen next?

To help a client plan how to meet those needs and solve problems, we give relevant information about available services.

IMPLEMENT THE PLAN

How can we help a client achieve her goals?

This involves direct service delivery, referral for services not provided, advocacy on behalf of the client and supporting her throughout the process.

INDIVIDUAL COUNSELING

FOLLOW UP & REVIEW

Is the situation better?
Has the help been effective?

Follow up to make sure the client is getting the help and services she needs to improve her situation and solve her problems.

CASE CLOSURE

This usually happens when the client's needs are met and/or her own support systems are functioning.

CASE MANAGEMENT is a collaborative, multidisciplinary process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual's needs through communication and available resources to promote quality, effective outcomes.

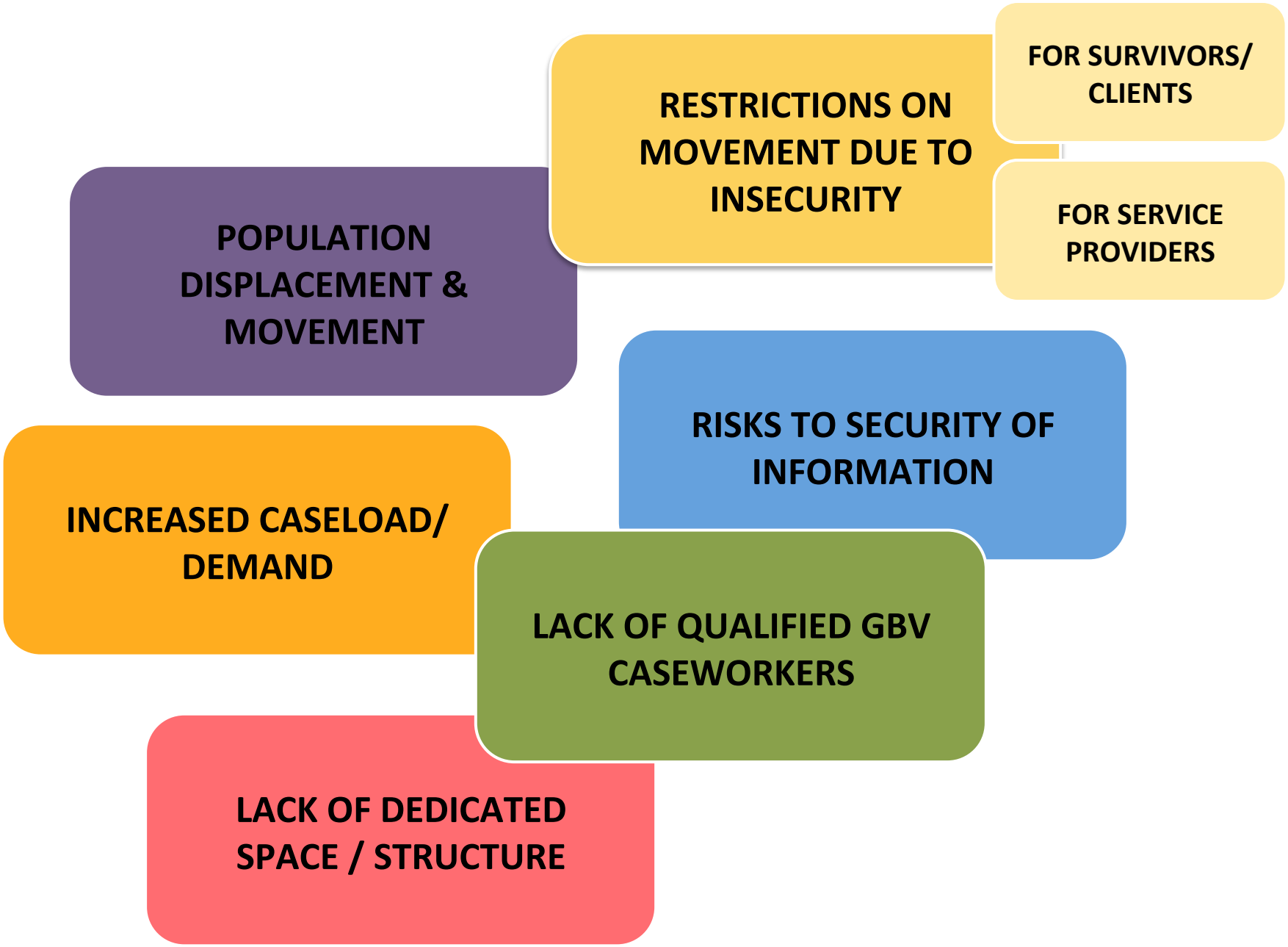
IMPORTANT!

1. The client is the primary actor in case management.

2. Action plans are developed in collaboration with the client and must reflect her wishes and choices.

3. The goal is to empower the client and ensure that she is involved in all aspects of the planning and service delivery.

What are the characteristics of emergencies that may impact if/how we provide case management?


RESTRICTIONS ON MOVEMENT DUE TO INSECURITY
FOR SURVIVORS/ CLIENTS
FOR SERVICE PROVIDERS
POPULATION DISPLACEMENT & MOVEMENT
RISKS TO SECURITY OF INFORMATION
INCREASED CASELOAD/ DEMAND
LACK OF QUALIFIED GBV CASEWORKERS
LACK OF DEDICATED SPACE / STRUCTURE

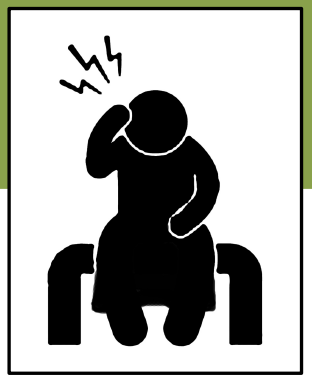
This means…

- You may only see a survivor once
- Follow-up may not be realistic or possible
- Case management may not happen within a formal structure
- Transport or accompaniment may be very important
- The focus is on the most essential needs or services that a survivor needs

So what are the critical components of basic case management in emergencies?

ASSESS	**Listen to her story.** **Help her identify her needs.** **Use healing, affirming statements.**
PLAN	**Give her relevant information about services.** **Discuss safety in accessing services and support.**
IMPLEMENT	**Refer her to services she wishes to access.** **Often, provide her with means of transport.** **Often, accompany her to relevant services.**

Crisis Counseling Tips



Listen actively to a survivor's story.

When the survivor shares information, use a **healing statement** to comfort her:

I am sorry that happened to you.
It's not your fault.
You are safe right now.
I am here to support you.
I believe you.
I will do my best to help you.

Survivors of GBV access life-saving services in emergencies, are protected from further harm, and are supported so they can recover and thrive.

Survivors access appropriate services in a safe and timely manner				Interventions to address GBV are coordinated		Decision-makers act to improve protection of women and girls
Survivors of GBV have safe access to health services, in line with guidelines for the clinical management of rape	Survivors of GBV have safe access to basic, quality case management services	Survivors of GBV have safe access to psychosocial services and community-based support networks	Comm		Other sectors identify factors that increase risks to	cy leads to increased funding and improved cies/systems to protect women and girls
• Advocate for action based on identified ga health services, medicines and commoditie technical capacity*	• Identify service providers already providing GBV case management services	y/establish safe spaces through which can access basic emotional support, information about services and referral ined staff/volunteers	• Wo perce servic			op clear, targeted recommendations based ent and analysis of needs and risks (see *ate and Cross-Cutting Activities*, below)
• Work with health actors to identify and tr focal points in all health facilities	• Identify/establish private, safe and confidential spaces for the provision of case management to survivors of GBV	y women's groups/networks that can survivors with basic emotional support and information about services	• Iden staff			minate targeted recommendations to audiences, including other sectors/clusters, and governments
• Identify or establish private / confidential for consultation within health centers	• Train GBV caseworkers in the provision of basic case management, including GBV guiding principles and survivor-centered, age-appropriate approaches	e context-appropriate group activities for and girls through safe spaces	• Dev about board etc.			nter-agency consensus around advocacy es and strategies where possible
• Train health facility medical and non-med staff on GBV guiding principles for supporti survivor and providing safe referrals	• Establish case management system, including appropriate intake and consent forms	e individual psychosocial support for through trained staff and/or partners**				
	• Ensure safe, confidential storage of all client information	nd mentor psychosocial staff and service s				
	• Provide weekly supervision and mentoring to GBV caseworkers				distributions of food and non-food items	

- Identify service providers already providing GBV case management services
- Identify/establish private, safe and confidential spaces for the provision of case management to survivors of GBV
- Train GBV caseworkers in the provision of basic case management, including GBV guiding principles and survivor-centered, age-appropriate approaches
- Establish case management system, including appropriate intake and consent forms
- Ensure safe, confidential storage of all client information
- Provide weekly supervision and mentoring to GBV caseworkers

Immediate and Cross-Cutting Activities:

• Carry out rapid assessment to identify factors that increase women and girls' vulnerability to violence, gaps in services, and obstacles to service delivery and survivors' access to services. Methods may include safety audits, service mapping, focus group discussions, and key informant interviews.

• Develop and put in place safety plans for staff, partners and volunteers are in place.

CASE MANAGEMENT – GBV Emergency Response Program Model

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***** For information and support on the Protection from Sexual Exploitation and Abuse by UN and related personnel, see: www.un.org/en/pseataskforce.

What does this mean?

- Identify service providers already providing GBV case management services
- Identify/establish private, safe and confidential spaces for the provision of case management to survivors of GBV
- Train GBV caseworkers in the provision of basic case management, including GBV guiding principles and survivor-centered, age-appropriate approaches
- Establish case management system, including appropriate intake and consent forms
- Ensure safe, confidential storage of all client information
- Provide weekly supervision and mentoring to GBV caseworkers

→ Assessment – Service Mapping

→ Construction – Link with Health Actors

→ Train & Mentor

→ Lockable File Cabinets – Restricted Access

→ Continued Support & Mentoring

What else needs to be in place for this to work?

Health Services:
- Post-Rape Medicine
- Qualified Medical Personnel

Outreach:
- Communities Know Services Exist

Coordinated Services:
- Functional Referral Pathway

						• Develop clear, targeted recommendations based assessment and analysis of needs and risks (see *Immediate and Cross-Cutting Activities*, below)
						• Disseminate targeted recommendations to specific audiences, including other sectors/clusters, donors and governments
		women and girls through safe spaces	boards, information sessions, radio transmissions, etc.	among service providers and GBV focal points	community patrol groups, appropriate lighting in public places, locks on latrines, etc.)	• Build inter-agency consensus around advocacy messages and strategies where possible
		• Provide individual psychosocial support for survivors through trained staff and/or partners**		• Establish regular meetings between service providers****	• Advocate for the establishment of GBV working group focal points to attend other key meetings and ensure information exchange	
	• Ensure safe, confidential storage of all client information	• Train and mentor psychosocial staff and service providers		• Provide other sectors with information related to referral pathways and GBV guiding principles	• Advocate for the GBV working group to lead training of all sectors and service providers on IASC GBV Guidelines	
	• Provide weekly supervision and mentoring to GBV caseworkers				• Advocate for establishment of and training on in-country PSEA protocols (including clear reporting protocols) and training for staff carrying out distirbutions of food and non-food items*****	

Immediate and Cross-Cutting Activities:

- *Carry out rapid assessment to identify factors that increase women and girls' vulnerability to violence, gaps in services, and obstacles to service delivery and survivors' access to services. Methods may include safety audits, service mapping, focus group discussions, and key informant interviews.*
- *Develop and put in place safety plans for staff, partners and volunteers are in place.*
- *Establish a policy to reinforce the importance of staff self-care and to provide concrete options for staff support, including regular debriefing for staff involved in service provision to GBV survivors.*

* This includes the presence of health workers trained in the clinical management of rape and provision of appropriate medicines and supplies in health facilities.

** This is often provided as part of the case management process, and may only be possible during an initial case management meeting with a survivor during acute emergency.

*** This may take place through the use of focus group discussions, community mapping exercises, or other approaches.

**** These meetings are among service providers, to follow up on existing referrals and address challenges specific to referrals and case management. These are separate from GBV working group coordination meetings.

***** For information and support on the Protection from Sexual Exploitation and Abuse by UN and related personnel, see: www.un.org/en/pseataskforce.

Closing Tip!
Case Management – Indicators

- % of survivors reporting to GBV caseworkers who are referred to other relevant services in line with their needs and requests
- Number of GBV caseworkers trained on basic case management and psychosocial care for survivors
- % of women and girls accessing safe spaces / women's centers who receive individual counseling or basic emotional support, through trained staff or volunteers
- % of GBV caseworkers that meet quality criteria

Psychosocial Response

Session Objectives

Understand the **psychosocial impact** of GBV.

Identify the most appropriate **psychosocial approaches** to ensure minimum response in diverse emergency settings.

Case Management and Psychosocial Support

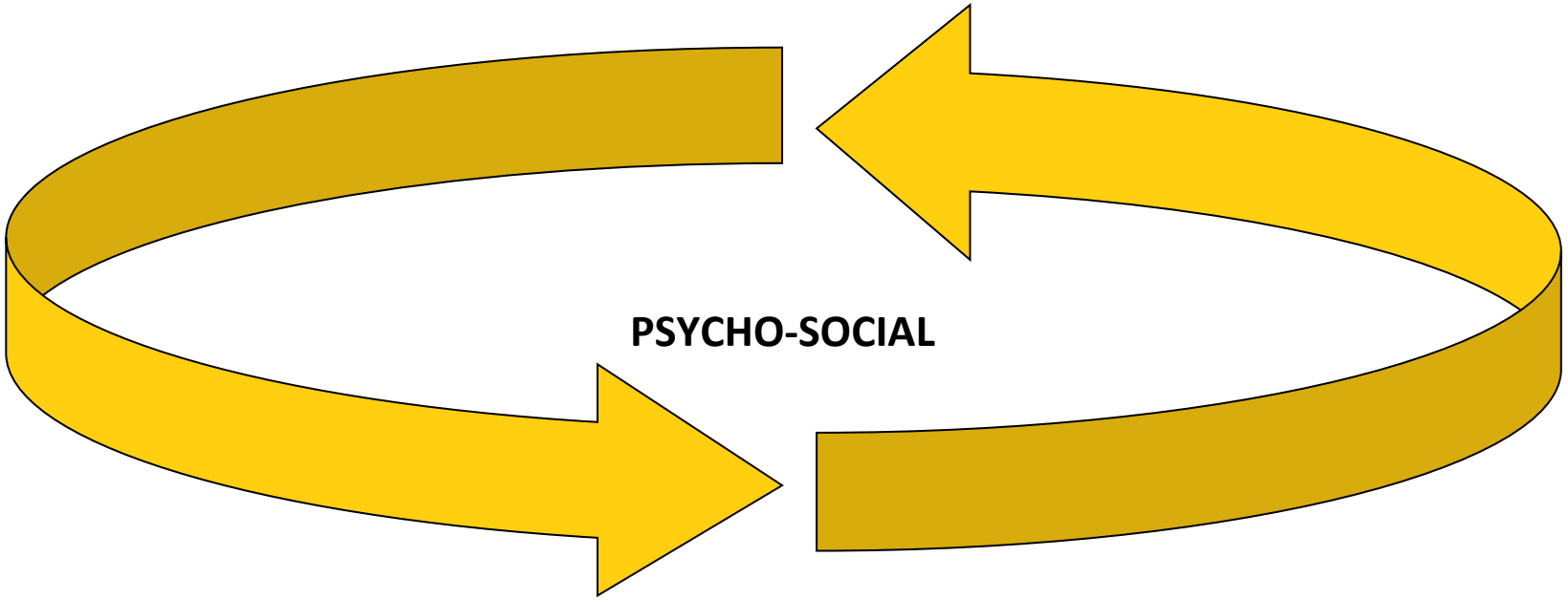
CASE MANAGEMENT

…focuses on the immediate needs of the individual related to the incident of violence.

PSYCHOSOCIAL SUPPORT

…focuses more broadly on the individual and helps them to restore a sense of functioning and self-worth.

Defining PSYCHOSOCIAL



Psychosocial refers to the dynamic relationship between psychological and social effects of a traumatic event or violence on an individual. Both the psychological and social effects of emergencies continually influence each other.

Psychological and social consequences of violence that go unaddressed often have long-term negative implications at the individual, family and community levels.

Yet, psychosocial programming has been typically overlooked as a priority intervention in emergencies.

There is increasing consensus that humanitarian actors should implement psychosocial programs at the outset of emergencies.

Individual counseling – Jennate

Safe spaces for girls – Asmaa

Safe spaces for women – Sofiya / Christine

Community-based support / women's groups – Erin

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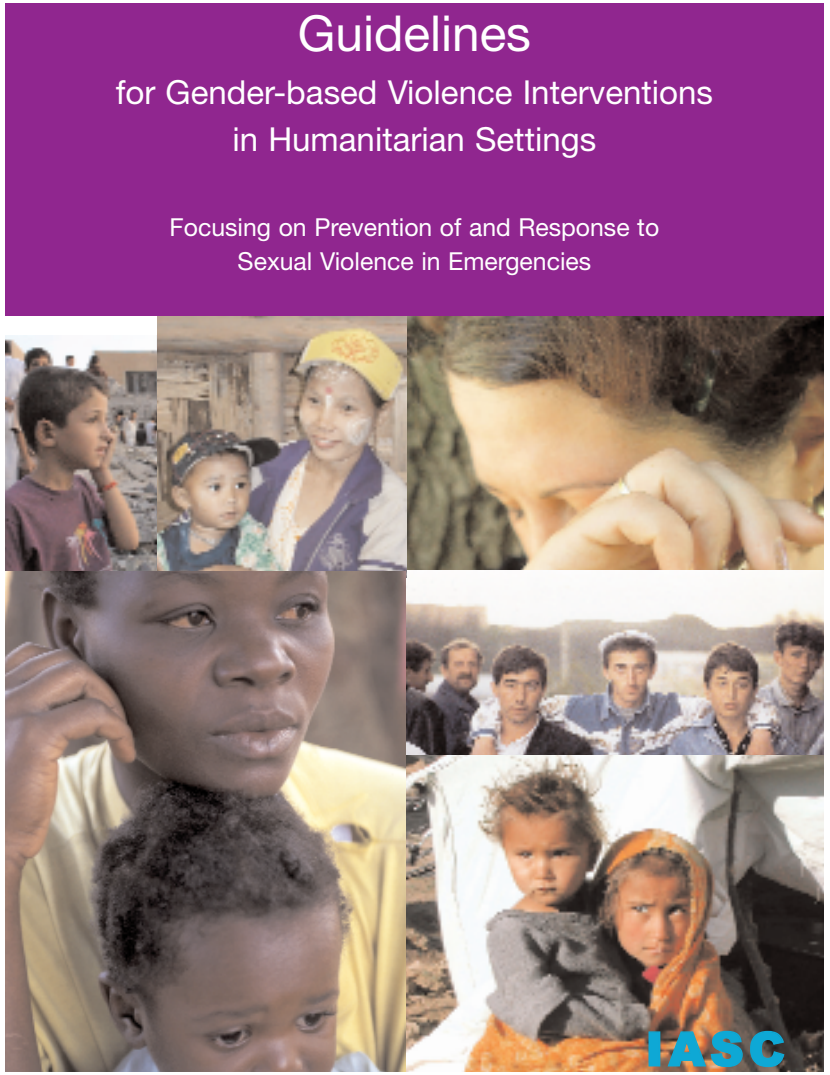
What does this look like in different kinds of emergencies?

What support can be offered through this approach?

What are the challenges or risks associated with this approach?

IASC Guidelines for GBV in Humanitarian Settings

Provide community-based psychological and social support (Action Sheet 8.3)



IASC Action Sheet 8.3
Provide Community-Based Psychological & Social Support

- Identify and mobilize appropriate existing resources in the community, such as TBAs, women's groups, religious leaders and community service programs.
- At all health and community services, listen and provide emotional support whenever a survivor discloses or implies that she has experienced sexual violence. Give information, and refer as needed and agreed by the survivor.

IASC Action Sheet 8.3
Provide Community-Based Psychological & Social Support, cont.

- Address the special needs of children.
- Organize psychological and social support, including social reintegration activities.

Closing Tip!
Psychosocial Services – Indicators

- % of survivors reporting to GBV caseworkers who are referred to other relevant services in line with their needs and requests
- Number of GBV caseworkers trained on basic case management and psychosocial care for survivors
- % of women and girls accessing safe spaces / women's centers who receive individual counseling or basic emotional support, through trained staff or volunteers
- % of GBV caseworkers that meet quality criteria