GBV Emergency Response & Preparedness

Part 4: Coordination, Referrals & Reducing Risks to Women and Girls

WELCOME!

ยินดีต้อนรับ

BIENVENUE!

KARIBU!

BYENVENI!

KOPANGO!

مرحبا

BEN VENUTI!

MAUYA!

¡BIEN VENIDOS!

Information Management & Data Storing in Emergencies

Session Objectives

To refresh understanding of how to **safely and ethically manage, share, and protect GBV data** in an emergency setting.

So, why collect data?

The goal of good data collection and management:

To better meet the needs of survivors and protect women and girls.

REMEMBER!

GBV is known to be prevalent in all settings, and to increase in emergencies.

A lack of specific data is never sufficient justification in and of itself for the collection of information about sexual violence, much less sharing collected information with others.

What do we do to ensure good information management?

- Services should be in place first
- Survivors confidentiality must be protected
- Intake forms should not be shared
- Information sharing agreements should be developed
- Compiled and analyzed information should be shared back with implementing agencies
- Data should be kept securely

Storing Data in Emergencies

When collecting and storing data in emergencies, GBV service providers must have procedures for destroying or relocating client files that have been closed or must be secured during an evacuation.

Hard Copies

1. Only print if necessary.
2. Readers are accountable for documents.
3. Destroy all printed material when it is no longer needed.
4. Store printed material in a safe or other secure container.

Soft Copies

1. Avoid e-mailing information.
2. Store data on a single computer.
3. Secure back-up copies.
4. Control access to information.
5. Using a coding system.

Why do we share data?

Survivor:
I'm afraid to tell my story, but they say I need to see the doctor after what happened. I don't want anyone to know about it.

Service Provider:
I want to analyze trends in order to target and improve services.

UN Agency:
I need data to fulfill my protection mandate and carry out effective advocacy.

GBV Sub-Cluster:
I want to be sure that referrals are working and to carry out effective advocacy.

Donor:
I need to know how funds are being used and how many people we're helping.

All actors have different objectives that drive the need to share data and have access to information.

How do we share data?

If you cannot adequately answer these questions, you must reconsider your decision to share information:

How will the information be used?

Who will have access to the data? Who will see it?

How will the information be reported and to whom?

For what purposes will the data be reported?

Who will benefit from sharing data, and when?

Snapshot: The GBVIMS

GBV IMS

Gender-Based Violence Information Management System

www.gbvims.org

About the GBVIMS | Learn More | GBVIMS Tools | Access the GBVIMS | Implementers | Contact

Contact

If you need more information about the GBVIMS or have other questions, email us at gbvims@gmail.com.

News and Updates

IMS in the News!

Researchers seek to ensure safety of women in studies of gender-based violence

Getting Data Right in Monday Developments Magazine

Upcoming...

The GBVIMS Global Team is working on Roll-Out Guidelines for the implementation of the GBVIMS (Check back for more information in Spring 2012)

Register

Want to learn more about the GBVIMS?

Register for access to more in-depth information and the GBVIMS tools

Click here to register.

Language

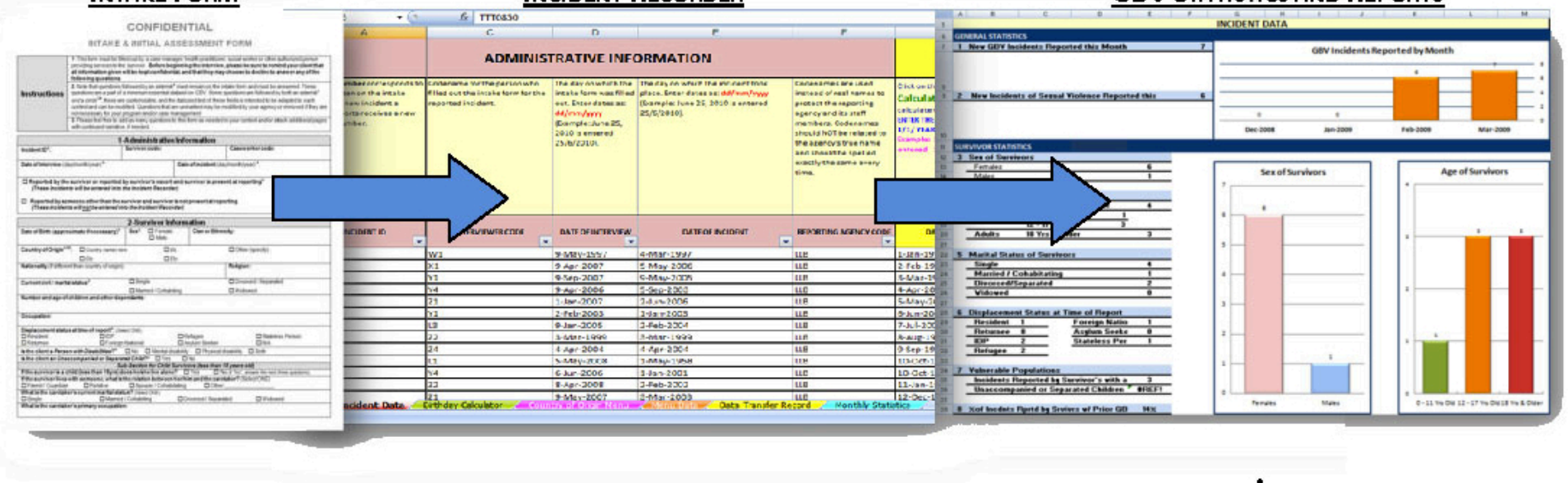
ENGLISH

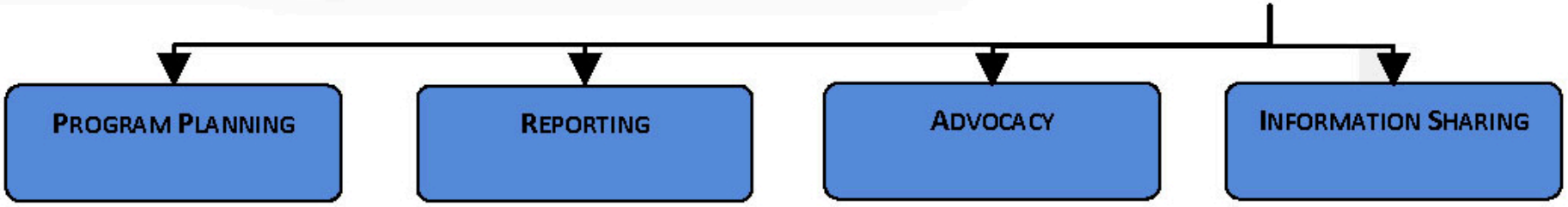
English
Español
Français
العربية

The GBVIMS was created to harmonize data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect, store and analyze their data, and to enable the safe and ethical sharing of reported GBV incident data.

The GBVIMS includes:

- Classification tool
- Intake form
- Incident recorder
- Information sharing protocol





Data Flow in the GBVIMS

REMEMBER!

Releasing sensitive GBV data (intentionally or unintentionally) in a manner that does not fully consider all possible implications can jeopardize ethics and put survivors, communities and program staff at risk.

Coordination in the Program Model

Why do we coordinate?

Goal of GBV Coordination

Coordination is about putting in place multisectoral, inter-agency action to address GBV – moving theory to practice.

The goal of coordination is to provide **accessible, prompt, confidential and appropriate services to survivors** according to a basic set of **guiding principles** and to put in place mechanisms to prevent GBV.

Ultimately, successful coordination should result in better, more **targeted, responsible and responsive action**.

-Global Protection Cluster – GBV Area of Responsibility, *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, July 2010.

COORDINATION in PHASES OF EMERGENCIES

ACUTE EMERGENCY:

Direct health/psychosocial services to survivors

Community education about services

Risk reduction

Coordination of multi-sectoral/inter-agency efforts

Advocacy around service availability and access

COORDINATION in PHASES OF EMERGENCIES

STABLE PHASE:

Interagency protocols

Data collection and monitoring

Assessment of vulnerabilities of target beneficiaries

Media campaigns/advocacy

Legal assistance

POST EMERGENCY:

Law/policy development

Making Coordination Work

An inter-agency GBV Action Plan…

… provides a vision for comprehensive GBV programming in an emergency;

… outlines priority objectives and associated activities;

… allocates specific roles and responsibilities to various partners;

… and identifies indicators for measuring whether objectives have been met.

What does this mean in an acute emergency?

Linking National & Local Coordination Bodies

- **Information should be shared** at least once monthly, and in the acute emergency more often.
- Ensure information **exchange across the sub-national groups**.

Engaging Other Sectors in GBV

GBV actors need to **educate and motivate other sectors** about their responsibilities.

How?

- Make periodic **presentations to cluster leads** at the OCHA coordination meeting.
- Help cluster leads **identify focal points** to participate in the GBV Working Group.
- Identify GBV Working Group members to regularly **attend other cluster meetings** and to report back on relevant, emerging issues.

SOP & Referral System Basics

Session Objectives

Identify the **critical elements** of a **standard operating procedures** document in emergencies.

Discuss the importance of **clear, well-communicated** referral systems in **emergency contexts**.

SOPs include:

- Common definitions
- Description of setting and people of concern
- Guiding principles / ethical and safety considerations
- Reporting and referral mechanisms
- Mechanism for obtaining survivor consent
- Information sharing
- Responsibilities for prevention and response
- Guidelines for informing the community about SOPs
- Coordination
- Agreed templates, forms etc.

What do you think?

Which of these elements are essential to address / include during the acute emergency response phase?

Why do we have referral systems?

Referral Systems:

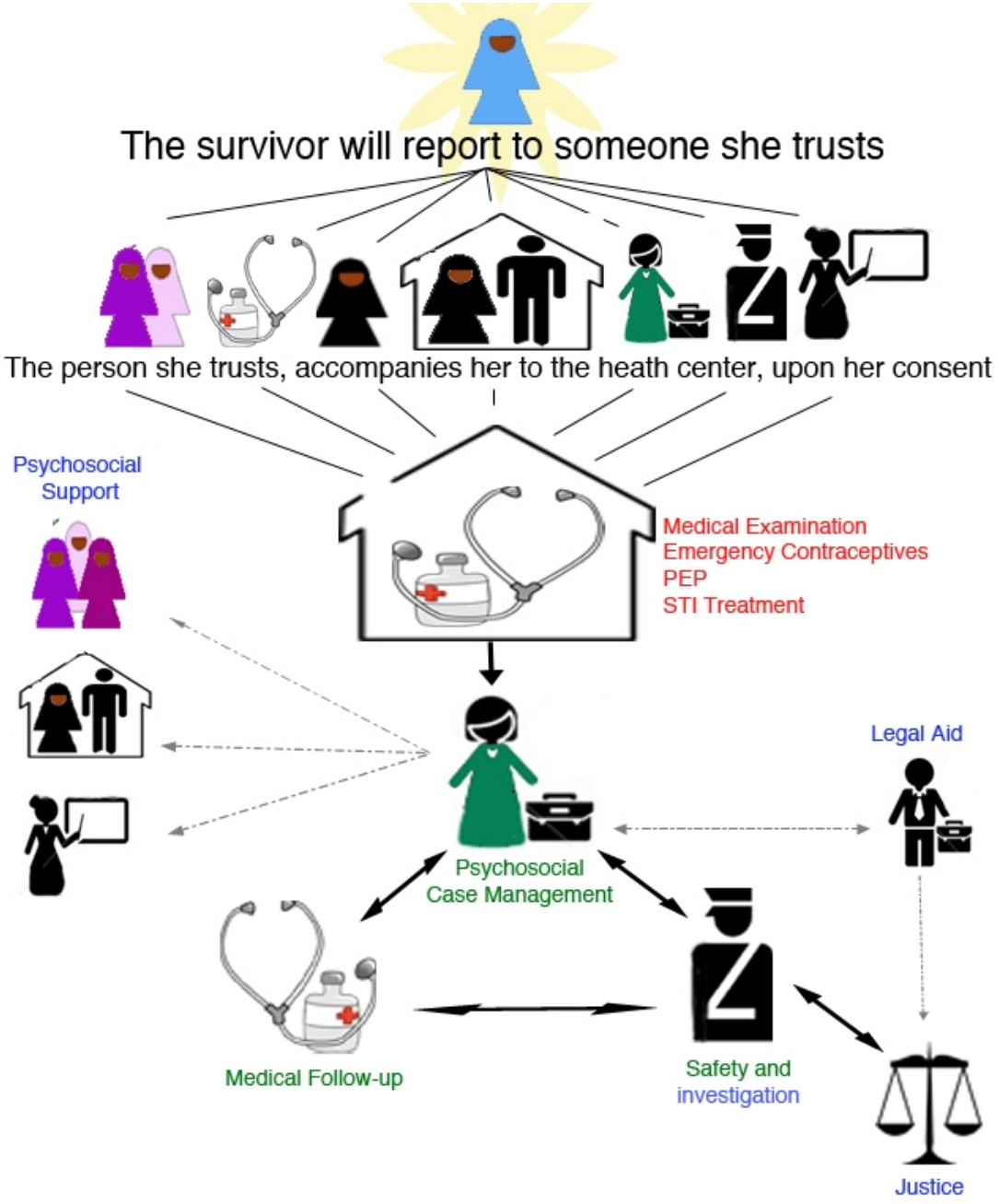
Coordinate service delivery and facilitate survivors' access to services.

Improve timely access to quality services for survivors of GBV.

Help ensure that survivors are active participants in defining their needs and deciding what options best meet those multiple needs.

ATTENTION!

The goal of referral systems is not soley to increase the number of cases referred, but to improve the quality and timeliness of care received!



REMEMBER!

Our job is to offer the survivor as many **options** and **entry points** as possible.

The referral pathway needs to be about what works for **survivors**.

Steps in Establishing a Referral System

1. Collecting information about the services available in a community; this may be done as part of a rapid or preliminary assessment;

   ← Community Mapping & FGD

2. Conducting a mapping of these existing services, including where services are available and who is providing them;

   ← Service Mapping

3. Establishing a system to ensure that service providers are able to effectively and safely refer clients for additional support beyond their capacity;

   ← Build Consensus & Train

4. Mobilize the community to use and support the referral system.

   ← Translate, Communicate, Disseminate

Monitor effectiveness, revise / update as needed!

RECAP: Referral System Guiding Principles

Ensure GBV guiding principles.

Do not take action without permission of the survivor.

Prioritize the safety and security of the survivor.

Keep the number of people informed of the case to a minimum.

Provide a safe and confidential space.

A trusted caregiver must accompany a survivor under the age of 18.

At no point should anyone try to convince or coerce the survivor into reporting.

What tells us a referral system is working?

- Service providers in the system have trained, dedicated staff
- Agencies use a standardized referral form
- Service providers in the system meet regularly
- Referrals are traceable and outcomes are monitored
- Service providers cover urgent survivor needs
- Women and girls report that they can safely and easily access care

SAMPLE INDICATORS:

Psychosocial services, case management services & referral systems

- 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
- % of clients who report their needs were met through the case management process
- % of clients who report satisfaction with the referral process
- % of survivors reporting to GBV caseworkers who are referred to other relevant services in line with their needs and requests

Meeting Women's & Girls' Safety & Security Needs

Session Objective

Examine approaches to **mitigating risks** and meeting women and girls' basic needs in emergencies.

How do we meet women's and girls' safety and security needs?

BASIC MATERIALS / NFIs

SITE PLANNING / CAMP LAYOUT

SAFETY & SECURITY MEASURES

INFORMATION & AWARENESS

PARTICIPATION

LESSONS LEARNED

PAKISTAN

HAITI

DARFUR

DADAAB, KENYA

BEST PRACTICE in RISK REDUCTION

- NFIs and/or hygiene/dignity kits
- Firewood
- Flashlights/doors/locks
- Shelter/household location
- Safety teams
- Patrols
- Registration cards
- Not just inclusion: Women's voices

DISCUSSION QUESTIONS

What are the risks associated with sexual exploitation and abuse?

Do you know who your **focal point** is?

Do you know how to **report** a case?

Do you know what the **investigation** process looks like?

Do you know who is responsible for **training staff and partners**?

SAMPLE INDICATORS

- Number of actions taken to reduce risks to women/girls based on analysis of regular safety audits
- Number of hygiene/dignity kits distributed to women/girls
- Number of trainings with other sectors to ensure adherence to GBV guiding principles and understanding of referral pathways
- Number of meetings with community leaders/decision-makers about key risks in the community and how to address them

RECAP

We cannot always prevent violence in emergencies.

We can put measures in place to reduce the risks that women and girls face.

The security and safety of our staff and partners is paramount.