MODULE FIVE

Aug 17
10am - 12nn

The Tools of a Survivor-Centered, Rights-Based Approach to GBVIE Response
Virtual Small Group Practices

- Take turns in answering, use the participant list to call on everyone esp those who are quiet
- Screen share the worksheet so people can see the progress of the discussion
- Help document along
- Monitor and keep time
Co-Facilitator

Anamabel Garcia
MHPSS Analyst, UNFPA

- Trained therapist & professor
- GBV case manager, Child Protection Network & Women’s Crisis Center
- GBV Coordinator, UNFPA Taal Eruption Response
Objectives

- To **strengthen** humanitarian workers' resolve and commitment to a survivor-centered, rights-based and community-devt approach
- To **practice** designing humanitarian interventions that reflect commitment to recognize, fulfill, protect GBV survivors' rights, needs and safety aspirations
- Ensure that every humanitarian actor is **trained** in protection issues, GBV prevention and service referral.
Agenda

Goal-setting
   10 min

Principles of Protection
   10 min

Shifting from Victim Blaming to Survivor-Centered
   45 min

Survivor-Centered, Trauma-informed Approach
   30 min

GBVIE Programming During Emergencies
   20 min
INTERNALIZE
Promoting Gender Equality Through Internal Practices

ANALYZE
Gender Analysis Throughout the Project Cycle

STRENGTHEN AGENCY
Participation, Dignity and Empowerment

PROTECT
Addressing Gender-Based Violence and PSEA

Establish People, Power, Resources, Program, Policy, Culture

Gather info, Analyze, Consult, Design for specific needs, safety and accountability, Evaluate and Learn

Program and ensure for meaningful participation and promote women’s rights

Implement safe programming and interventions

MINIMUM STANDARDS IN GIE
Humanitarian and Protection Principles

What are the Sphere Protection Principles?

Principle 1: Do no harm

Principle 2: Impartial assistance

Principle 3: Protection from violence and coercion

Principle 4: Claim rights and access remedies

Safety and Dignity
Meaningful Access
Accountability Participation & Empowerment
Self-Reflection: Strongly Agree or Strongly Disagree

- When conditions are unsafe (lack of perimeter lights, absence of doors), it is the responsibility of women and girls to take extra precautions to stay safe in order to avoid rape or sexual assault.
- When community women enter sexual relationships with a humanitarian worker with consent, it cannot constitute sexual exploitation or abuse.
- Days after a disaster, interventions need to be life-saving. There is no time nor resources to staff GBV services full-time. A more appropriate time is during the early recovery phase.
- GBV case managers are not essential health workers and cannot be prioritized for protective personal equipment (PPE).
- During incidents of armed conflict, keeping all people safe is the priority. In crowded IDP camps, there is hardly any space left to build Women-Friendly Spaces to coordinate GBV services.
Guiding Principles

- **Right to Safety**: The safety and security of the survivor and others, must be the number one priority for all actors.

- **Right to Confidentiality**: People have the right to choose to whom they will, or will not, tell their story.

- **Right to Respect**: All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivors.

- **Right to Non-discrimination**: Survivors of violence should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.
5 KEY PROTECTION DELIVERABLES

Effective, safe, dignified and inclusive health response

Protection monitoring and analysis

Protection advocacy

Protection and rights awareness raising

Protection service delivery
“All humanitarian personnel should assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence.”

Inter-Agency Standing Committee Guidelines on GBV Interventions in Humanitarian Settings
Small Group Work

1. Divide into groups of 5-6 people
2. Choose one of the 2 case studies to work on
3. Discuss for 30 minutes and respond to the questions
4. Organize your responses on the jamboard according to role.
5. Review the jamboards of the other groups
Case Scenario #1

- Rose is an 18 year-old young woman who is living in an IDP camp after a typhoon affected her village and displaced her whole family. The IDP camp is being run by the local govt but the barangay officials are overwhelmed and unable to provide full services or camp security. One night, Rose wakes up in the middle of the night to use the latrine which has no locks and a man, also an IDP, sexually assaults her. No one hears the noise and comes to her aid. A month after, Rose attends an information session on GBV done at the Women-Friendly Space. As the discussion progresses, she becomes emotionally upset and discloses the rape.

- Questions:
  - How would you handle the situation?
  - What would your next steps be, if you were the:
    - WFS facilitator
    - camp manager
    - program manager at the humanitarian agency?
Case scenario #2

- Maritoni lives with her husband and children in an evacuation camp due to a volcanic eruption. She was able to finish college but when she married her husband, devoted her life to being a wife and a mother. Soon after her however, her husband began to beat her and she would suffer from physical injuries, like a black eye. One time, he nearly stabbed her. At the evacuation camp, some of the other women notice that Maritoni has black and blue bruises on her neck and arms during a training for Cash for Work activity.

- Questions:
  - How would you handle the situation?
  - What would your next steps be, if you were the:
    - CFW trainer
    - camp manager
    - program manager at the humanitarian agency?
At A Minimum

**SUPPORT** an enabling environment that protects women from GBV

**STRENGTHEN** the functionality of inter-agency protection mechanisms

**EXPAND** awareness on women’s human rights and anti-GBV laws
A Survivor-Centred Approach to GBV

Empower the **survivor** by prioritizing her rights and needs. The Survivor:

- Has equal rights to care and support
- Is different and unique
- Will react differently to their experiences of GBV
- Has different strengths, capacities, resources and needs
- Has the right, appropriate to her/ his age and circumstances, to decide who should know about what has happened to her/ him and what should happen next
- Should be believed and be treated with respect, kindness and empathy
A Trauma - Informed Approach to GBV

The Responder:

- Understands and responds to survivors of trauma by creating physical, emotional and psychological safe spaces for recovery
- Understands that trauma affects every aspect of a person’s functioning and severe stressors and often involves a loss or major change
- Ensures that recovery process places emphasis on empowerment and reconnection with others, in a healing relationship
THE CYCLE OF VIOLENCE

BUILD UP PHASE

STANDOVER PHASE

VIOLENT OUTBURST

HONEYMOON PHASE

REMORSE PHASE

PURSUIT PHASE
IMMEDIATE IMPACT:
Disorganization

LONG-TERM IMPACT:
Reorganization

COMPOUNDED AND SILENT REACTION

EMOTIONAL REACTIONS
Anger, fear, anxiety, humiliation, guilt, shame, self-blame, helplessness

PHYSICAL REACTIONS
Loss of appetite, sleep disturbance, fatigue

rape
Factors that Affect Women’s Decision to Take Action vs. GBV

- Societal and Cultural norms
- Structural Factors
- Emotional and Psychological Dynamics
Key Messages

“Naniniwala ako sa yo. Gusto kitang matulungan.”

“Anong hinahanap o kelangan mo ngayon para ligtas ang pakiramdam mo?’

“Sinu-sino pa ang pinagkakatiwalaan mo at makakatulong sa yo? Saan ka pwedeng pumunta na ligtas?”

“May mga karapatan ka. May tulong na mabibigay sa yo.”
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.
From a Programmatic Level
**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.

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**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
- Safe, functional referral pathways
- Multisectoral engagement in risk reduction
- Safe service provision across sectors
- Fast-track funding for VAWG response and prevention
- Donor commitment and higher-level engagement in the medium- and long-term
What Role Do You Play?

Improve RESPONSE to GBV in emergencies

YOU are the first responder.

Improve PREPAREDNESS for GBV response in emergencies

YOU drive preparedness in the field.

LEARN and promote IMPROVED POLICY

YOU share learning and impact policy.
ASSESSMENT & ANALYSIS

REFERRAL & SERVICE DELIVERY

RISK COMMS & PREVENTION EDUCATION

ADVOCACY
## GENDER-BASED VIOLENCE (GBV) EMERGENCY RESPONSE PROGRAM MODEL

### Immediate activities to support the program model:
- Carry out emergency rapid assessment to identify factors that increase women & girls' vulnerability to violence, gender-based violence, and barriers to accessing services. Methods may include safety audits, service mapping, focus group discussions, and key informant interviews. Develop & put in place safety plans for staff, partners, & volunteers. Establish a policy to reinforce the importance of staff self-care & provide concrete options for staff support, including regular debriefings for staff providing services to survivors. 
- Work with health actors to identify & train GBV focal points in all health facilities. 
- Ensure safe, confidential storage of all client information. 
- Provide weekly supervision & mentoring to GBV case workers. 
- Identify safe & confidential spaces for the provision of case management. 
- Disseminate information on referral pathways among service providers. Establish &/or advocate for regular meetings between service providers. 
- Provide other sectors with information related to referrals & guiding principles. 
- Develop & translate clear, simple messages about service availability, & disseminate through relevant media (info boards, info sessions, radio, etc.). 
- Work with shelter, food, livelihoods, & economic recovery actors to monitor impact & cash distribution programs on women & girls' safety & well-being, ensuring mechanisms are in place to identify potential negative consequences. 
- Advise & advocate for & participate in intersectoral & cluster coordination on women & girls. 
- Lead/support regular safety audits to identify & monitor risks to women & girls. 
- Lead/advocate for actions that reduce risks to women & girls in immediate environment (firewood collection, community patrols, public lighting, shelter, & latrine locks). 
- Advise GBV WG focal points to share concerns & info at other sectors' meetings. 
- Disseminate GBV action sheet (adapted from ASG) to all humanitarian actors. 
- Advocate for in-country protocols on the Prevention of Sexual Exploitation & Abuse (PSEA), including clear reporting protocols & training all humanitarian personnel. 
- Identify women's groups &/or networks that can provide a safe space for women & girls to share information & experiences. 
- Identify a unique physical space that allows women & girls to meet & share. 
- Conduct mapping exercises to identify safe & unsafe areas for women & girls. 
- Work with sectors & community leaders to share information about services. 
- Disseminate messages to inform women, girls, & the community of risk mitigation measures (safe wood & water collection practices, buddy systems, etc.). 
- Train staff, partners, & community volunteers in basic risk assessment & monitoring using safety audits, community mapping, or other tools. 
- Develop clear, targeted recommendations based on assessment & analysis of needs & risks (see Immediate Activities, below). 
- Disseminate targeted recommendations to specific audiences, including other sectors/clusters, donors, & governments. 
- Build inter-agency & cross-sectoral consensus around advocacy messages & strategies where possible & relevant. 

### Survivors of GBV have safe access to health services.
- Women, girls, & caregivers of GBV survivors have safe entry points to psychosocial services. 
- Survivors of GBV navigate referral pathways & benefit from well-coordinated services. 
- Communities know the available services & access them. 

### Immediate activities to support the program model:
- Identify service providers already providing GBV case management services. 
- Train GBV case workers in the provision of basic case management. 
- Establish clear case management system, including appropriate intake & consent forms. 
- Identify safe spaces through which women, girls, & survivors can access basic emotional support, accurate information about services & referrals. 
- Identify women's groups/networks that can provide survivors with basic emotional support & a safe space through which to assimilate into community activities. 
- Train & mentor psychosocial staff &/or partners. 
- Provide individual &/or group emotional support activities for women & girls. 
- Disseminate information on referral pathways among service providers. 
- Establish &/or advocate for regular meetings between service providers. 
- Provide other sectors with information related to referrals & guiding principles. 
- Develop & translate clear, simple messages about service availability, & disseminate through relevant media (info boards, info sessions, radio, etc.). 

### Women & girls access material & cash-based support to help meet immediate needs.
- Women & girls identify & address risks to women & girls. 
- Humanitarian actors across sectors identify & address risks to women & girls. 
- Communities support women, girls, & survivors of GBV, & promote women's networks & spaces. 
- Women & girls are aware of risks women & girls face & develop strategies to reduce those risks. 

### Decision-makers act to improve the protection of women & girls.
- Policies & procedures to protect women & girls are in place & enforced. 
- Civil society & community-based organizations actively promote gender equality & women's rights. 
- Women & girls are provided with opportunities to participate in decision-making processes & advocate for their rights. 

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1. The actions outlined here are tailored for non-health sectors whose actions contribute to clinical care for survivors. 
2. This includes the presence of health workers trained in the clinical management of rape & provision of medicines & supplies in health facilities. 
3. In an acute emergency response, individual psychosocial support may only be possible during the initial case management meeting with a survivor. 
4. These are separate from GBV coordination meetings. Information sharing guidelines should be established to ensure meetings are confidential. 
5. This takes place through focus group discussions, community mapping exercises, or other approaches. 
6. Such as unconditional cash transfers, cash or food vouchers, or cash for work. 
7. Senior management holds primary responsibility for implementing & overseeing a system to prevent SEA from UN, NGOs, & related personnel. For further information & support, see: www.un.org/esa/psectsforc. 
8. In this way, GBV survivors do not have to identify themselves in order to access support. A survivor may choose not to disclose for many reasons, including safety.
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
Referral Pathway for Child Protection (CP) and Gender-Based Violence (GBV)

So mga tao a kiyabinasaan odi na kiyarimpasan so kabnar iran ago 
so mga Ompong an a khapakay a phanonanonon odi na khapakay a makaogopon

Barangay, Munisipyo: ____________________

Mga kasalaan a khapakay/ depat a ireport *

- Parangal sa bata at kabahasan
- Bitimang og rape
- Human trafficking
- Nawaal o/ mahahain sa mga bata at kabahasan
- Neglaksi nga bata at kabahasan

- Sexual Harassment
- Pang-ubod sa bata at kabahasan
- Nilikit nga aksyon nga gandul nga guhit

*Mga ped a kaso a khapakay a ireport odi na 
dapat a ireport lagid a prostitusyon, seksual 
abuse, ekonomik, diskriminasyon, bullying, 
kapungan nga apya wata pen nga sobra a 
kapieng sa wata.

Protekto nga otoridad o m'report sa kaso

Anda ireport odi na khapakay ireport

- City / Municipal Social Worker of CWM: 
  Contact: 0946-46-6699
  Telephone: ______________________

- SWRC: 0907-151-9489
  Telephone: ______________________

- NIAW: 0917-792-4377
  Telephone: ______________________

- MPN: 0936-89-0063 / 0917-728-4377

Mga sirbisyo a khapakay/dapat a khatanggep

- APMC
  Women and Children Protection Unit (WCPU)
  Asul ngad na perya
  Telephone: 0905-56-2222 / 0928-84-4988
  Open Monday to Friday

- Hospital
  Telephone: ______________________

- City/ Municipal Social Welfare and Development (CWSWD)
  Telephone: ______________________

- OPM/ Working Group / Philippine
  Telephone: ______________________

- GBV Working Group / Philippine
  Telephone: ______________________

- Ombudsman
  Telephone: ______________________

- Gender-based Violence
  Telephone: ______________________
Building a GBVIE Program

- 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

Steps:
- Assessment – Service Mapping
- Construction – Link with Health Actors
- Train & Mentor
- Lockable File Cabinets – Restricted Access
- Continued Support & Mentoring
Enabling GBV Policies during COVID19

- PCW-DOH-DILG-CHR-POPCOM Joint Statement Against GBV During the COVID19 Crisis
- DILG Advisory re: Easing of the Review Process of the FY 2020 GAD Plan and Budget of LGU in View of the the COVID19 Situation
- DRAFT DILG-PCW JMC re: Guidelines on Localing the Applicability of the Safe Spaces Act
- IACVAWC public statement re: measures ensuring that VAWC victims have access to legal aid, restraining orders, safe shelters and financial aid through remote services
- DOH Dept Circular re Continuous Provision of Essential Health Services to VAW victims in coordination with LGUs, DILG, PNP, and DSWD

SOURCE: Dir Anna Liza Bonagua, DILG
Elgin Mazo, RSW DSWD
A GBV incident is disclosed to you...

- By someone else:
  - Provide up-to-date info about any service, support. Encourage individual to share info to survivor safely and confidentially. DO NOT SEEK SURVIVOR

- By the GBV survivor:
  - LOOK & LISTEN. Ask how you can help. Practice respect, safety, confidentiality and non-discrimination
  - Is GBV referral pathway available?
    - Yes
      - Follow GBV referral pathway.
    - No
      - Link, communicate accurate info re available services
Spaces for Coordination

- Protection Cluster/WG (co-led by UNHCR and DSWD)
- GBV Sub-Cluster/WG (co-led by UNFPA and DSWD)
- Referral pathway working groups (focal points)
- Multi-sectoral Case management meetings (ad hoc)
- Bilateral meetings between service providers
COVID19 Impacts on Referral Pathways

- Shelters are not accepting new clients nor COVID-sensitive
- If referral pathways are not accompanied with information dissemination, decreases utilization rate
- Some WCPUs were still in the process of being established or located in ERs that discourage use
- Disrupted transportation will affect access to survivors’ preferred GBV service provider
Ayon sa Department of Interior and Local Government (DILG) Advisory ngunit na
Akon 2, 2020,
mananatiling aktibo ang
ating Barangay Violence
Against Women (VAW)
Desks sa panahon ng
krisis.

Kung may alam kayong
kaso ng karahasan
laban sa kababaihan
at bata, ipagbigay alam sa
alinman sa mga sumusunod:

- Barangay Kapitan, Kagawad,
  VAW Desk Officer o BPAT
- Pulis
- Lokal na opisina ng Social
  Services o Social Worker
- Lokal na council for the protection
  of children
- Anumang ahensya ng Local
  Committee Against Trafficking and
  Violence Against Women and Children
  (LCAT VAWC)
Adaptations to COVID19 Pandemic

GBV Service Provision

- Tele-counseling
- Tele-consultations
- Tele-coaching

GBV Prevention Education

- Community-based Radio Program
- Digital WFS: SMS text-blasting
- Recorida
- PA-broadcast risk communications
- IEC printed materials (eg tarps, fans, stickers on alcohol bottles)
Key Approach

Services must be trauma-informed, survivor centered, gender sensitive and child sensitive.

Always provide information on what is available.

Provide the opportunity for PWD to communicate with you without the presence of their caregiver, if asked.

Protect the identity and safety of a survivor. Do not write down, take pictures or verbally share any identifying info about a survivor including your supervisor: Survivor’s name, date of birth, home address, location where children go to school.
Key Preparation

Always talk to a GBV specialist to understand what GBV services are available in your area.

Remember your role and mandate.

Be aware of any other available services in your area.

Establish PSEA reporting & investigation mechanisms.

Refer to GBV AOR website for resources & technical support.
Key Support

Express belief in the woman and refrain from questions that sound judgmental

Safeguard her right to privacy and adhere to the principle of confidentiality

Safeguard against the usual approach of mediation

Provide referral and coordination with agencies for effective service delivery
Evaluation
Next Steps

1. Zoom link for Fri session: **Gender Disaggregated Data-Collection & Analysis as a Way of Practice**

   When: Aug 19, 2020 09:00 AM Singapore

   Register in advance for this meeting:
   [https://unfpa.zoom.us/meeting/register/tJ0qd-uppzkoHNM7q0sARIYkqitXJzQ-jFVI](https://unfpa.zoom.us/meeting/register/tJ0qd-uppzkoHNM7q0sARIYkqitXJzQ-jFVI)

   After registering, you will receive a confirmation email containing information about joining the meeting.