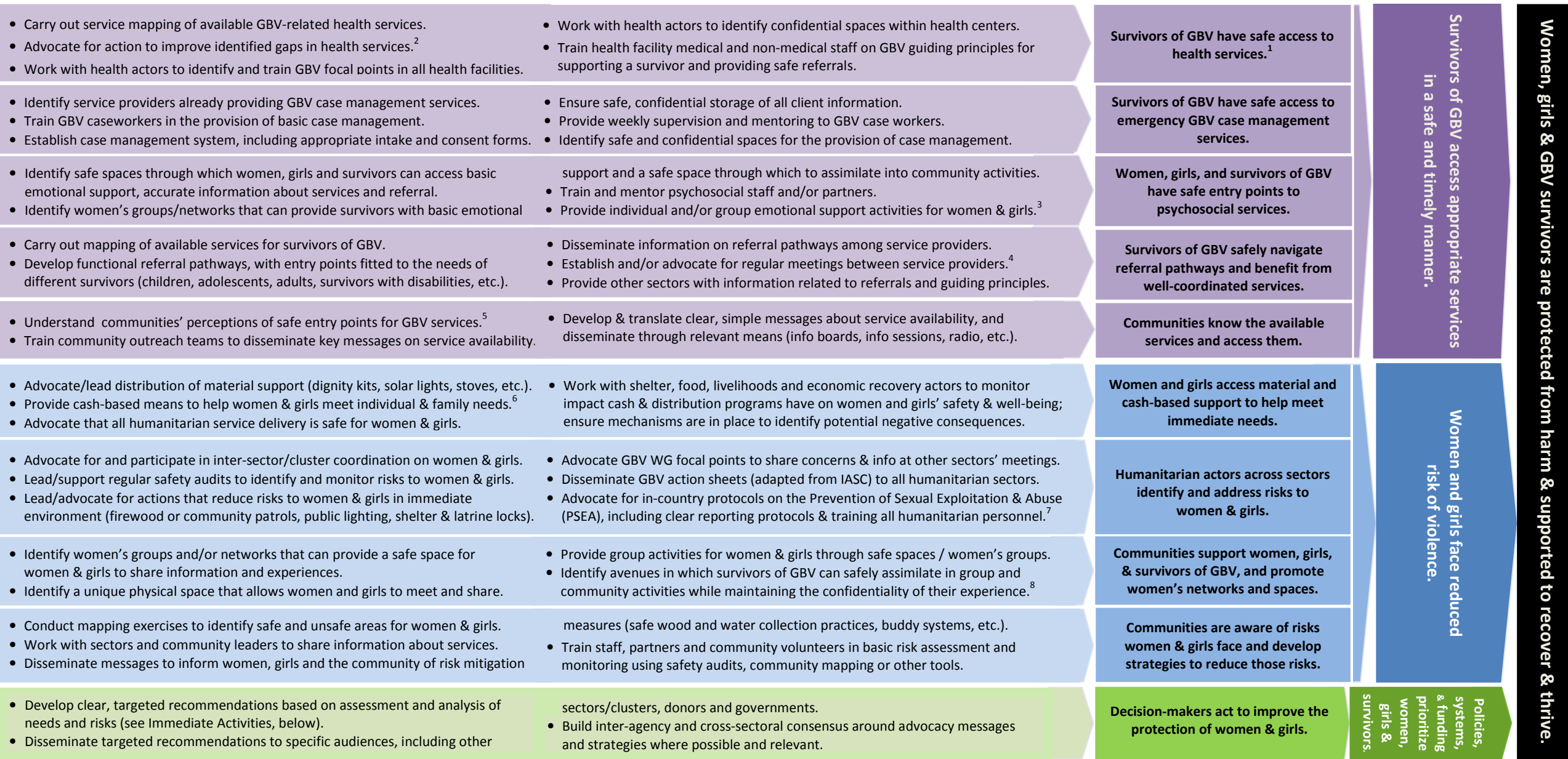


GENDER-BASED VIOLENCE (GBV) EMERGENCY RESPONSE PROGRAM MODEL



Immediate activities to support the program model: ♦ Carry out GBV rapid assessment to identify factors that increase women & girls' vulnerability to violence, gaps in services, and barriers to accessing services. Methods may include safety audits, service mapping, focus group discussions & 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 debriefing for staff providing services to survivors.

¹ The actions outlined here are tailored for non-health actors 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 and 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 meetings are among service providers, to follow up on existing referrals and address challenges to referrals and case management. 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 and overseeing a system to prevent SEA from UN, NGO, and related personnel. For further information and support, see: www.un.org/en/pseataskforce. ♦ ⁸ In this way, GBV survivors do not have to identify as survivors in order to assess support. A survivor may choose not to disclose for many reasons, including safety.