Survivors of GBV access appropriate services

- Carry out service mapping of available GBV-related health services.
- Advocate for action to improve identified gaps in health services.
- Work with health actors to identify and train GBV focal points in all health facilities.

Women, girls

- Identify service providers already providing GBV case management services.
- Train GBV caseworkers in the provision of basic case management.
- 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 case workers.
- Identify safe and confidential spaces for the provision of case management.

- Identify safe spaces through which women, girls and survivors can access basic emotional support, accurate information about services and referral.
- Identify women’s groups/networks that can provide survivors with basic emotional support and a safe space through which to assimilate into community activities.
- Train and mentor psychosocial staff and/or partners.
- Provide individual and/or group emotional support activities for women & girls.

- Work with health actors to identify confidential spaces within health centers.

- Advocate for action to improve identified gaps in health services.
- Advocate for and participate in inter-sector/cluster coordination on women & girls.
- Lead/support regular safety audits to identify and monitor risks to women & girls.
- Lead/advocate for actions that reduce risks to women & girls in immediate environment (firewood or community patrols, public lighting, shelter & latrine locks).

- Advocate GBV WG focal points to share concerns & info at other sectors’ meetings.
- Disseminate GBV action sheets (adapted from IASC) to all humanitarian sectors.
- Advocate in-country protocols on the Prevention of Sexual Exploitation & Abuse (PSEA), including clear reporting protocols & training all humanitarian personnel.

- Identify women’s groups and/or networks that can provide a safe space for women & girls to share information and experiences.
- Identify a unique physical space that allows women and girls to meet and share.

- Provide group activities for women & girls through safe spaces / women’s groups.
- Provide group activities for women & girls through safe spaces / women’s groups.
- Train staff, partners and community volunteers in basic risk assessment and monitoring using safety audits, community mapping or other tools.

- Conduct mapping exercises to identify safe and unsafe areas for women & girls.
- Work with sectors and community leaders to share information about services.
- Disseminate messages to inform women, girls and the community of risk mitigation measures (safe wood and water collection practices, buddy systems, etc.).

- Train staff, partners and community volunteers in basic risk assessment and monitoring using safety audits, community mapping or other tools.

- Develop clear, targeted recommendations based on assessment and analysis of needs and risks (see Immediate Activities, below).
- Disseminate targeted recommendations to specific audiences, including other sectors/clusters, donors and governments.
- Build inter-agency and cross-sectoral consensus around advocacy messages and strategies where possible and relevant.

- Develop & translate clear, simple messages about service availability, and disseminate through relevant means (info boards, info sessions, radio, etc.).

- Develop community outreach teams to disseminate key messages on service availability.
- Work with shelter, food, livelihoods and economic recovery actors to monitor impact cash & distribution programs have on women and girls’ safety & well-being; ensure mechanisms are in place to identify potential negative consequences.

- Advocate/lead distribution of material support (dignity kits, solar lights, stoves, etc.).
- Provide cash-based means to help women & girls meet individual & family needs.
- Advocate that all humanitarian service delivery is safe for women & girls.

- Advocate for and participate in inter-sector/cluster coordination on women & girls.
- Lead/support regular safety audits to identify and monitor risks to women & girls.
- Lead/advocate for actions that reduce risks to women & girls in immediate environment (firewood or community patrols, public lighting, shelter & latrine locks).

- Advocate GBV WG focal points to share concerns & info at other sectors’ meetings.
- Disseminate GBV action sheets (adapted from IASC) to all humanitarian sectors.
- Advocate in-country protocols on the Prevention of Sexual Exploitation & Abuse (PSEA), including clear reporting protocols & training all humanitarian personnel.

- Identify women’s groups and/or networks that can provide a safe space for women & girls to share information and experiences.
- Identify a unique physical space that allows women and girls to meet and share.

- Conduct mapping exercises to identify safe and unsafe areas for women & girls.
- Work with sectors and community leaders to share information about services.
- Disseminate messages to inform women, girls and the community of risk mitigation measures (safe wood and water collection practices, buddy systems, etc.).

- Train staff, partners and community volunteers in basic risk assessment and monitoring using safety audits, community mapping or other tools.

- Develop clear, targeted recommendations based on assessment and analysis of needs and risks (see Immediate Activities, below).
- Disseminate targeted recommendations to specific audiences, including other sectors/clusters, donors and governments.
- Build inter-agency and cross-sectoral consensus around advocacy messages and strategies where possible and relevant.

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. Establish & 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.

- Advocate for and participate in inter-sector/cluster coordination on women & girls.
- Lead/support regular safety audits to identify and monitor risks to women & girls.
- Lead/advocate for actions that reduce risks to women & girls in immediate environment (firewood or community patrols, public lighting, shelter & latrine locks).

- Advocate GBV WG focal points to share concerns & info at other sectors’ meetings.
- Disseminate GBV action sheets (adapted from IASC) to all humanitarian sectors.
- Advocate in-country protocols on the Prevention of Sexual Exploitation & Abuse (PSEA), including clear reporting protocols & training all humanitarian personnel.

- Identify women’s groups and/or networks that can provide a safe space for women & girls to share information and experiences.
- Identify a unique physical space that allows women and girls to meet and share.

- Conduct mapping exercises to identify safe and unsafe areas for women & girls.
- Work with sectors and community leaders to share information about services.
- Disseminate messages to inform women, girls and the community of risk mitigation measures (safe wood and water collection practices, buddy systems, etc.).

- Train staff, partners and community volunteers in basic risk assessment and monitoring using safety audits, community mapping or other tools.

- Develop clear, targeted recommendations based on assessment and analysis of needs and risks (see Immediate Activities, below).
- Disseminate targeted recommendations to specific audiences, including other sectors/clusters, donors and governments.
- Build inter-agency and cross-sectoral consensus around advocacy messages and strategies where possible and relevant.

- Work with health actors to identify confidential spaces within health centers.
- Train health facility medical and non-medical staff on GBV guiding principles for supporting a survivor and providing safe referrals.

- Identify service providers already providing GBV case management services.
- Train GBV caseworkers in the provision of basic case management.
- 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 case workers.
- Identify safe and confidential spaces for the provision of case management.

- Identify safe spaces through which women, girls and survivors can access basic emotional support, accurate information about services and referral.
- Identify women’s groups/networks that can provide survivors with basic emotional support and a safe space through which to assimilate into community activities.
- Train and mentor psychosocial staff and/or partners.
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- Work with health actors to identify confidential spaces within health centers.
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- Train GBV caseworkers in the provision of basic case management.
- 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 case workers.
- Identify safe and confidential spaces for the provision of case management.

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. Establish & 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.

- Advocate for and participate in inter-sector/cluster coordination on women & girls.
- Lead/support regular safety audits to identify and monitor risks to women & girls.
- Lead/advocate for actions that reduce risks to women & girls in immediate environment (firewood or community patrols, public lighting, shelter & latrine locks).

- Advocate GBV WG focal points to share concerns & info at other sectors’ meetings.
- Disseminate GBV action sheets (adapted from IASC) to all humanitarian sectors.
- Advocate in-country protocols on the Prevention of Sexual Exploitation & Abuse (PSEA), including clear reporting protocols & training all humanitarian personnel.

- Identify women’s groups and/or networks that can provide a safe space for women & girls to share information and experiences.
- Identify a unique physical space that allows women and girls to meet and share.

- Conduct mapping exercises to identify safe and unsafe areas for women & girls.
- Work with sectors and community leaders to share information about services.
- Disseminate messages to inform women, girls and the community of risk mitigation measures (safe wood and water collection practices, buddy systems, etc.).

- Train staff, partners and community volunteers in basic risk assessment and monitoring using safety audits, community mapping or other tools.

- Develop clear, targeted recommendations based on assessment and analysis of needs and risks (see Immediate Activities, below).
- Disseminate targeted recommendations to specific audiences, including other sectors/clusters, donors and governments.
- Build inter-agency and cross-sectoral consensus around advocacy messages and strategies where possible and relevant.

1 The actions outlined here are tailored for non-health actors whose actions contribute to clinical care for survivors. This includes the presence of health workers trained in the clinical management of rape & provision of medicines and supplies in health facilities. In an acute emergency response, individual psychosocial support may only be possible during the initial case management meeting with a survivor. 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. This takes place through focus group discussions, community mapping exercises, or other approaches. Such as unconditional cash transfers, cash or food vouchers, or cash for work. 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. 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.