GBV Emergency Response & Preparedness

Part 4: Coordination, Referrals & Reducing Risks to Women and Girls
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
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.
If you cannot adequately answer these questions, you must reconsider your decision to share information:

- How will the information be used?
- How will the information be reported and to whom?
- Who will have access to the data? Who will see it?
- For what purposes will the data be reported?
- Who will benefit from sharing data, and when?
Snapshot: The GBVIMS
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:
- Intake Form
- Incident Recorder
- GBV Statistics and Reports

Steps:
- Program Planning
- Reporting
- Advocacy
- Information Sharing
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.

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 solely 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;

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

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

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

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
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.