



**Gender and Diversity in Psychosocial Support Programme**  
**A Content analysis of Indonesian Red Cross**  
**Psychosocial Support Group Manual**

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**2018 Southeast Asia**  
**Disaster Risk Governance**

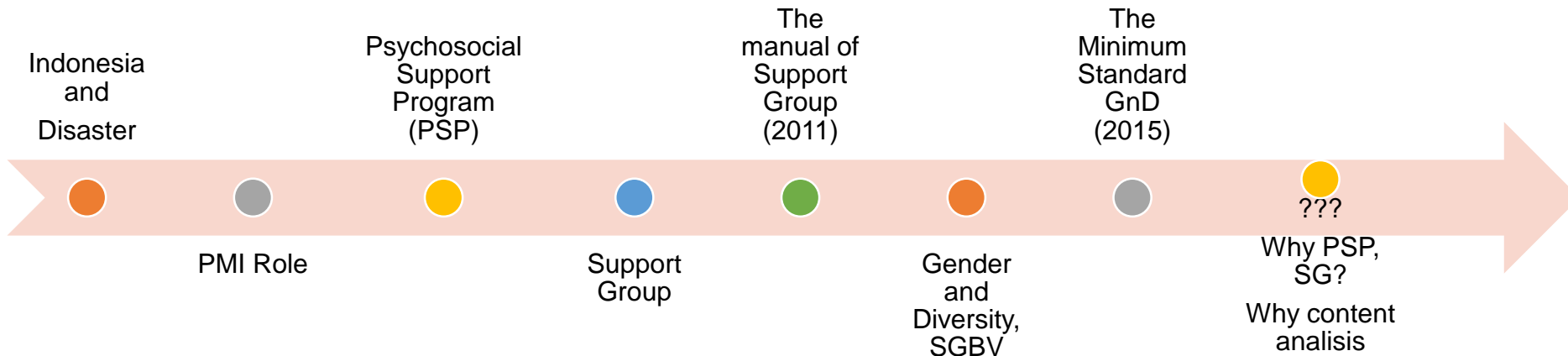
**Academic Seminar**

**24-26 September**  
**Bangkok, Thailand**

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# 1. Background



- ❑ Disaster management has become special concern in Indonesia. Integrating gender and diversity in disaster response is needed since the impact of disaster and social changes are positioning more people at greater risk of disaster, especially to women and children.
- ❑ One of the PMI programs in disaster is Psychosocial Support Program (PSP) with the specific activity to provide support for the humanitarian worker, namely Support group/ debriefing.
- ❑ A manual of support group/ debriefing was issued in 2011 in order to standardize the process and procedure itself
- ❑ Minimum Standard commitment to gender and diversity introduced a 4-point framework that set out the gender and diversity within seven sectors of disaster services

## 2. Objective

❑ The research present the conten analysis of PMI Support Group/ Debriefing Manual with the framework of the minimum standard commitments to gender and diversity in emergency programming. Precisely, this paper discuss possibility to adapt DAPS (Dignity, Access, Participatory and Safety) framework.

❑ Type of Research : Qualitative (content analysis )

❑ Researchers

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❑ Research Question

what kind of DAPS framework which have been induced into PMI's Psychosocial Support Group manual

❑ Purpose

This paper highlights the gender and diversity concerns on PMI's Psychosocial Support Group manual.

# 2. METHODS

## 1. Document Review

This study uses a descriptive approach through content analysis, a research technique to make inferences that can be re-examined and valid from data based on the context of their use. Research conducted on information documented in the recording, whether images, sounds, writings, or others is commonly known as document research or content analysis (Suharsimi, 2009: 244).

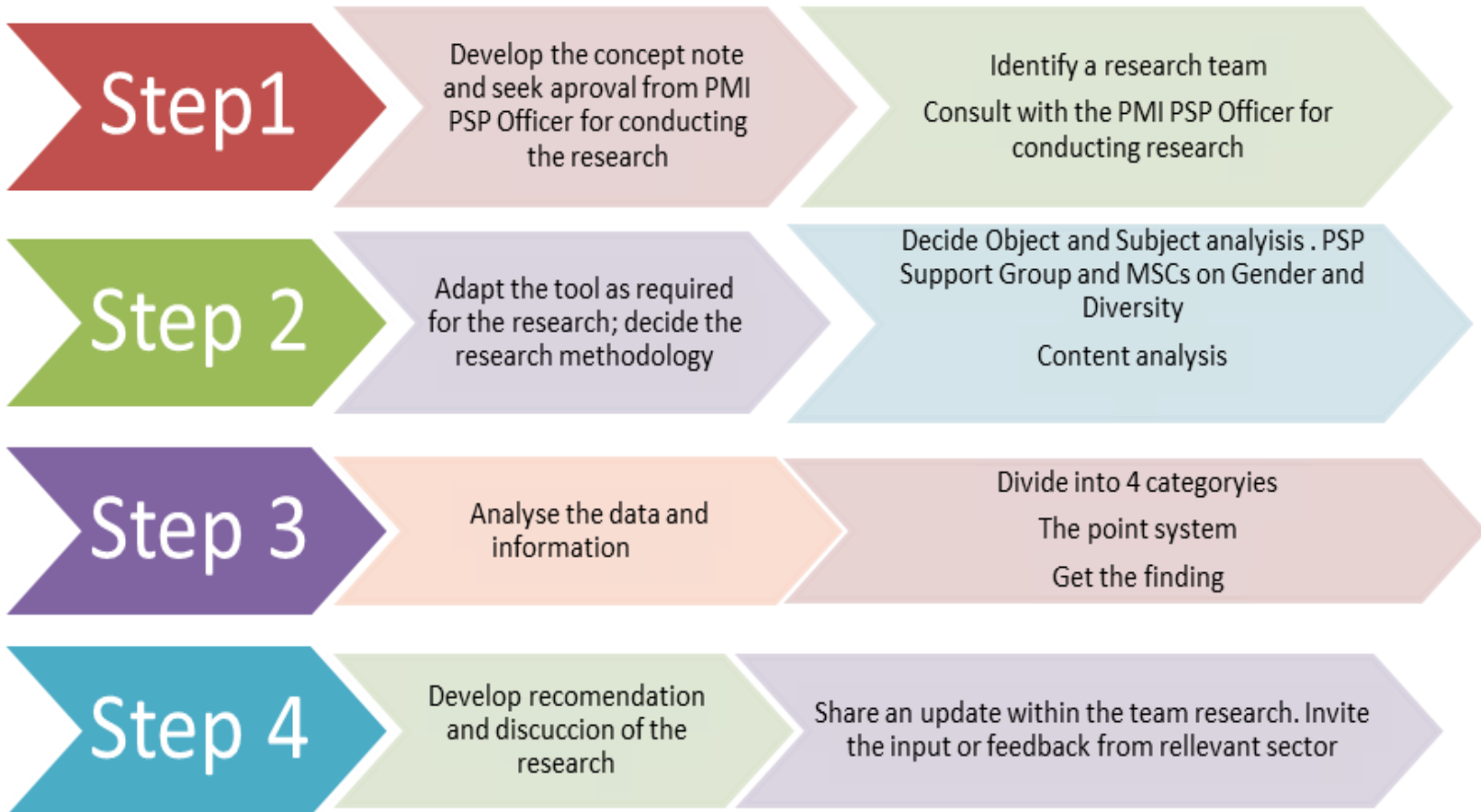
## 2. The Point System / Scoring System

In each categories, there are numerous elements that refer to minimum standard commitment to gender and diversity in emergency programming (pages 14-18) with a point system based on indicators of various level of progress.

This point system using an ordinal scale as follow:

- 1**            if it meets the criteria, and shows findings
- 0**            if it does not meet the criteria, and become a recommendation



# Research Process



## Instrument : Minimum Standard Commitments to Gender and Diversity in Emergency Programming: “Pilot Version”, IFRC, 2015 (Page 14-18)

Categories	Minimum Commitments
<b>A. Dignity</b>	<ol style="list-style-type: none"> <li>1. Privacy related to the consulting rooms and toilets, if the context required it;</li> <li>2. Health services and facilities to use;</li> <li>3. Confidentially health services;</li> <li>4. Informed consent usage;</li> <li>5. Represented sex, female health personnel are available to attend to female patients (selection and mobilization of the facilitator are considered by gender).</li> </ol>
<b>B. Access</b>	<ol style="list-style-type: none"> <li>1. Non-discrimination;</li> <li>2. Physical accessibility;</li> <li>3. Economic accessibility/affordability;</li> <li>4. Information accessibility.</li> </ol>
<b>C. Participation</b>	<ol style="list-style-type: none"> <li>1. Females and males are consulted and involved in the design of all health services and facilities. Where necessary, carry out single-sex focus group discussions with same-sex facilitators;</li> <li>2. Balanced/fair representation in as assessment and response teams;</li> <li>3. Balanced/fair representation on the community health committees;</li> <li>4. Both female and male health workers are hired and trained.</li> </ol>
<b>D. Safety</b>	<ol style="list-style-type: none"> <li>1. Sector-specific safety issues;</li> <li>2. Gender-based violence (GBV) prevention and response and child protection;</li> <li>3. Internal protection systems.</li> </ol>

# Analyse Dignity

No	Minimum Commitments	Implementation in PMI's Support Group Manual	Point	Comments
A1	Separate consulting rooms and toilets and, if the context requires it, separate entrances and waiting areas for females and males provide maximum privacy and dignity	Yes, preparation related to the facilities can be found in page 8, where in consulting room must be quiet enough, comfortable, it is not noisy and crowded	1 	Implementation of support group sessions for Staffs, Volunteers and Migrant Workers
A4	Examinations and treatment are undertaken with patient's informed consent	No	0 	Needs analysis on prospective participants (attachment sheet 1) is not included informed consent

# 3. RESULT

- It is presented specific framework of the minimum standard commitment on gender and have adopted and induced, then particular framework will turn into recommendations.

# DIGNITY

Respect for the life and integrity of individuals

## Findings vs Recommendation

Findings (Commitment that have adopted and induced)

Recommendation

Privacy

Confidentiality

Health Facility  
to Use

Informed  
Concent Usage

Selection and  
mobilization  
facilitator that  
are considered  
by gender

# Commitment that have been **adopted** and **induced** in support group manual as follow

3. Persiapan ketiga adalah **mempersiapkan fasilitas** yang dibutuhkan untuk melakukan sesi ini. Persiapan ini akan dilakukan oleh panitia lokal PMI yang ditunjuk oleh PMI Pusat sebagai penanggung jawab.

Persiapan yang dilakukan mencakup:

- **Ruangan** tempat berlangsungnya sesi dukungan kelompok. Ruang ini harus cukup tenang, nyaman, dan jauh dari keramaian. Besar ruangan disesuaikan dengan jumlah peserta sesi dukungan kelompok (maksimal 8 orang), tidak terlalu besar dan tidak terlalu kecil.

## Privacy

- **Privacy related to the consulting rooms and toilets, if the context required it.**

## Confidentiality

- Health services are confidential and the affected population trust that they are. Refer to support group manual On page 18, it is contain listing and settings compiling and setting agreement about the rules of the carry out support group session.

## Health services and facilities to use

- **Health services and facilities to use** are culturally-appropriate for females and males for all ages, including elderly, and people with disability.



# Recommendation of Dignity Commitment

## 1. Informed Consent Usage

On page 7, needs analysis for selected participants annex 1: (information sheet of the participant) are does not include inform consent.

## 2. Selection and mobilization facilitator that are concidered by gender

On page 7 is stated PMI will select and assign who will be the facilitators by considering available resources. Thus far, selection and mobilization of these facilitators particularly in support group sessions are not yet concern on gender and diversity components

2. Persiapan kedua adalah persiapan materi. Debriefing yang telah ditunjuk untuk melakukan debriefing, mempersiapkan hal-hal berikut ini :

1. Melakukan analisis kebutuhan pada tiap individu calon peserta  
Pemandu memberikan lembar informasi kepada calon peserta sesi dukungan kelompok ini untuk diisi (lihat lampiran 1: lembar informasi peserta). Idealnya, seluruh calon peserta telah mengisi dan telah selesai sebelum dimulai oleh pemandu sebelum pelaksanaan sesi. Hal tersebut akan memudahkan bagi koordinator lapangan/staf/pengurus PMI setempat dan calon peserta sangat diharapkan untuk mendapatkan data individu dari tiap calon peserta.

Catatan:  
Apabila sampai hari - 1, pemandu tidak memperoleh lembar informasi tentang peserta maupun informasi dan permasalahan yang terkait calon peserta maka beberapa waktu sebelum sesi dimulai, peserta dapat menanyakan atau meminta peserta yang sudah hadir untuk mengisi terlebih dahulu lembar informasi.

Pemandu perlu memastikan bahwa calon peserta tidak diberikan tugas dan tanggungjawab lain yang berhubungan dengan keberlangsungan sesi dukungan kelompok. Hal ini dilakukan supaya calon peserta tetap fokus pada sesi yang diikuti.

# ACCESS

Emergency response programme should provide access for all individuals and sub-groups within the affected population.

## Findings vs Recommendation

Findings (Commitment that have adopted and induced)

Recommendation

(1) Non-Discrimination

(2) meets the  
“Minimum Initial  
Service Package”  
(MISP) for  
reproductive  
health in crisis  
situations

(3) Physical  
accessibility  
as health  
services are  
available

(4) Economic  
accessibility/  
affordability

(5)  
Information  
accessibility

# ACCESS

Emergency response programme should provide access for all individuals and sub-groups within the affected population.

## Findings vs Recommendation

Findings (Commitment that have adopted and induced)

(1)

(2)

(3)

(4)

(5)

Recommendation

Selection criteria of the facilitators

Everyone, including those from marginalized groups, has access to confidential and culturally-appropriate reproductive health services

# PARTICIPATIONS

Participation is a right and is very important for decision making, promoting protection and reduce feelings of helplessness.

## Findings vs Recommendation

Findings (Commitment that have adopted and induced)

Recommendation

three components are unrelated to the process of support group activities

**(4)** Both female and male health workers are hired and trained.

Consideration of the assignment of the facilitators

# SAFETY

:

## Findings vs Recommendation

Findings (Commitment that have adopted and induced)

Recommendation

. In relation to internal protection system, it is not specific relevant with the support group manual.  
(4) Both female and male health workers are hired and trained.

code of conduct, character and value of the RCRC framework that accommodate gender and diversity as well as child protection issues

Safety issue : data information of participant should be confidential and restricted

Room should be **“comfortable”**, closed, clean, noiseless, and it is not crowded

# 4. CONCLUSION

- ❑ The research finding stated that DAPS (Dignity, Access, Participatory and Access) as the framework of the minimum standard commitment to the gender and diversity in emergency program has been induced into PMI's Psychosocial Support Group manual.
- ❑ An aspect which has not been included yet as **core actions** in this manual is "Safety"

It is realized that data of the survivors (particularly whom have been experienced by sexual violence) who received support group from PMI's PSP team are still collected and reported by name instead of number of the incident disaggregated by sex and age.

Recommendation to the manual :

- a. Informed consent usage
- b. Data information of participant should be confidential and restricted

# The Important of the science is to overcome the problem



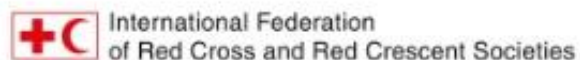
## THE WAY FORWARD

This report shows survivor of the sexual violence is being part of support group (an individual and or group) through psychosocial support services

This research may provide way forward to integrate survivor center approach into PSP (Psychosocial Support Program) of Indonesian Red Cross, specifically a concern related to survivors of the sexual and gender based violence within Minimum Standard Commitments to Gender and Diversity in Emergency Programming: “Pilot Version”, IFRC, 2015

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