



Building Survivor-Centered Support Services: Women's and Girls' Centers in Myanmar Guidelines and Minimum Standards

Myanmar
June 2014



Note: The information included in these guidelines is derived primarily from UNFPA’s work with women and girls in Rakhine and Kachin states. Consultation on the guidelines was also undertaken with both the International Rescue Committee and the International Medical Corps in Myanmar.

Resources and recommendations reflected within this guidance note include: *Minimum Standards for Protective Spaces for Children and Women*. Child Protection Sub-Cluster, Pakistan, July 2012; *Women’s Protection & Empowerment Emergency Strategy*, IRC Lebanon, September 2012; and *Pilot Project Evaluation and Lessons Learned: Women’s Friendly Spaces in Sittwe, Rakhine*. UNFPA, December 2013.

Many of the recommendations included in this guidance may predominantly reflect the lessons captured in the course of UNFPA’s work in Rakhine state. However, the principles of many of these recommendations are grounded in global good practice, and adhere to international standards, and can therefore be adapted to a range of contexts.



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1. Why Women's and Girls Centers?

Gender-based violence (GBV)¹ is a serious, life-threatening protection issue, primarily affecting women and children, in Rakhine State, Myanmar. While prevalence data on GBV before or after the 2012 inter-community conflict is not available, there is sufficient global evidence showing that in the context of armed conflict and displacement, GBV is a high risk problem. Minimal anecdotal data available confirms that women and children, girls especially, are at particular risk of sexual assault and violence, intimate partner violence, exploitation, and trafficking. It is believed that, as in other humanitarian emergencies, cases of violence among the women and girls in the camps and conflict-affected communities in Rakhine are under-reported. The common forms of GBV which have been identified² include, but are not limited to: domestic violence, forced marriage, sexual violence, including rape and sexual assault, sexual exploitation and trafficking. As the situation in the camps deteriorates and service provision and access to support remains limited, reports of GBV are likely to increase.

Survivors of GBV living in crisis are particularly vulnerable within their communities. There is often a breakdown of law and order, an increase in criminal behavior, norms regulating social behavior are weakened and traditional social systems often break down. Women and girls may be separated from family and community supports, exposing them further to abuse and exploitation due to their gender, age, and dependence on others for help and safe passage. Humanitarian actors may inadvertently increase the risks facing women and children (girls especially) in the context of receiving aid. Children in emergencies may be at particular risk of GBV given their level of dependence, their limited ability to protect themselves, and their limited power and participation in decision-making processes.

Women's and girls' centers (CENTER) are the cornerstone of comprehensive programming in emergency contexts to respond to the life-saving health and psychosocial support (PSS) needs of women and girls, increase their access to services and reduce their vulnerability to gender-based violence. These CENTERS can offer a safe space for women and girls in general, and survivors of violence in particular, and promote an environment in which they feel safe and supported in seeking confidential services. The CENTERS also provide case management services, safe referrals to other support, group support services, community-driven risk identification and mitigation activities, information dissemination (including key messages about content and availability of services), mobile support activities and outreach.

Ideally, a CENTER would allow for trained case workers to provide multi-sectoral, survivor-centered case management to the survivors. Group support activities can expand access to women and girls in general, and to those survivors who are in need of support, but choose not to access them directly. Group activities help provide an added layer of confidentiality in ensuring that the center does not become seen within the community solely as "the place to report GBV."

A safe and receptive environment for women and girls can be called anything that makes sense to them and to the local community, but should also encourage the ownership, participation and inclusion of women and girls. The name of previous centers established in Sittwe Township, "Women Friendly Space", seemed to send more of a passive message, minimizing the range of services and activities to be held within the CENTER. Reference to the CENTER as a "Women and Girls' Center" reflects more

¹ Gender Based Violence is any harmful act that is perpetuated against a person's will and that is based on socially ascribed (gender) differences between males and females (Interagency Standing Committee Guidelines for Gender-based Violence Interventions in Humanitarian Settings, 2005).

² Common forms of GBV identified through focus group discussions, rapid assessments and anecdotal data from service providers.

gravitas and ownership of the space by women and girls. Any name chosen for the CENTERS should be inclusive and not discourage beneficiaries from attending. Ideally, women and girls themselves should be consulted on the name in order to find one that makes sense, particularly in the local language, before opening the CENTER.

This document offers a brief, practical, guide on the different characteristics and functions that an ideal CENTER in a humanitarian context could have in order to adequately respond to the needs of women and girls. Though the promising practices reflected in this guidance note are drawn from Rakhine-based experiences, the foundational approach contained in this guidance can be applied, and adapted, to a variety of contexts. Being aware of the limited resources available, a number of minimum standards will be highlighted when it is not possible to fulfill all the criteria indicated below.

2. Guiding Principles

The CENTER should, at all times, and in all interventions (both group and individual-based) follow the guiding principles that minimize harm to the beneficiaries, and which will maximize the efficacy and impact of the project.

Ensure the safety of the survivor and her/his family at all times. It is important to consider how building specific structures for GBV survivors could put the survivors at greater risk by immediately identifying them to the community and their peers. The CENTER design, and the activities offered within, should prioritize at all times the safety and confidentiality of any women or girls who may wish to access and benefit from the services being offered by the CENTER.

Maintain and ensure the confidentiality of the affected person(s) and their families. Services offered at the CENTER should ensure that the identity of any beneficiary, including a survivor, is protected at all times. CENTERS should ensure that any case files or documentation of services provided are kept in secure locations (locked filing cabinets, locked rooms, etc.), with access only by relevant CENTER staff. Information about any clients or beneficiaries utilizing the services at the CENTER should only be shared safely, with the absolute minimum number of actors and only to ensure services are provided, and with the informed consent of the individuals involved.

At all times, **the wishes, choices, rights, and dignity of the survivor should be respected and prioritized.** Center staff should be patient and non-judgmental, should only ask clients/survivors relevant questions, exercise patience, and should never press the client/survivor for more information than s/he is willing or able to provide.

Ensure non-discrimination in all interactions with survivor and in all service provision. Services in the CENTER should be made available to all women and girls equally (and men and boys, when relevant). CENTER staff should be trained extensively on the principle of non-discrimination. Quality and caliber of services and support provided at the CENTERS should be equal and universal, regardless of ethnic or religious identify of either CENTER staff or beneficiary.

These guiding principles are inextricably linked to the overarching humanitarian responsibility to empower, protect and support those affected by a crisis, and are embedded in a human rights-based, survivor-centered approach.

In addition to those principles, the CENTERS should promote a sense of community and reinforce the roles and responsibilities each individual has in ensuring that all community members are not only able to live free from violence and abuse, but can also thrive and prosper.

3. Beneficiaries

Gender-based violence disproportionately affects women and girls: the vast majority of survivors of GBV are female, of differing ages. Around the world, women and girls experience violence several times throughout their life cycles, from pre-birth, through childhood, adolescence, and into adulthood. The CENTERS are designed to meet the specialized needs of this particularly vulnerable population. However, the services provided within the CENTERS will be survivor-centered, regardless of the gender of the individual. One of the key principles of GBV casework is that each client is seen, and supported, as an individual, recognizing their individual needs and experiences. Although the CENTERS will not be designed to meet the general needs of men and boys, it will be a place for any survivor of GBV to be able to access safe, and confidential, support and services. In the event that CENTER staff are working with a survivor, but have determined that the CENTER is not equipped to meet the individual's specific needs, the CENTER staff can, and should, support that survivor in accessing whatever support and services she, or he, needs to recover, heal, and thrive.

The CENTERS are open to all women and girls, and should not be limited to survivors. The establishment of any CENTER should promote a comprehensive and holistic range of women and girl-specific services, including women and girls who have experienced violence as well as women and girls who have not.

Tip

In order to ensure a holistic approach and maximum impact it is strongly encouraged to appropriately engage with camp committees, camp leadership, police and military in parallel to the Centers' activities – but not necessarily within the centers. Any activities or initiatives that involved engagement with men, or with male members of the community leadership structure, can, and should be conducted in a secondary location, still accessible to women and girls, but without compromising the integrity and original intent of the CENTERS. In the event there is a need for further engagement with men at the centers, it has proven effective to open the centers on special occasions, to the broader community, community or religious leaders in order to promote their own roles and responsibilities in ensuring safe spaces for women and girls, and to further dispel any fears or myths associated with the CENTERS. On these occasions, women and girls accessing the CENTERS should be consulted and informed of such plans and intentions.

4. Services and Activities³

Services at the CENTERS should reflect the range of needs, experiences, ages, and comfort levels of those who are choosing to access the CENTERS. Though targeted and nuanced support to survivors of various forms of GBV should be prioritized at all times at the CENTERS, there are opportunities to support women and girls through a range of activities and interventions. These services can be categorized into individual support, group-based psychosocial support, prevention and outreach, and mobile-based support, and should be designed and implemented with consideration of context and assessment of overall environment, challenges, and constraints.

A. *Individual support to survivors of GBV*

A **clear referral pathway** must be in place for every center articulating services specific to the needs of both adult and child survivors. Referral pathways should provide information to survivors, and/or their caseworkers/focal points explaining the range of health, psychosocial and legal support available to them, as well as how they can access these services. These services should be presented in a way that will allow survivors to make an informed decision on how, when, and where to seek support. All CENTER staff should be familiar with the referral pathway, and their role within the pathway. Depending on the specific services available at the respective CENTER, clients can be referred to the following (if they choose):

- Medical/clinical care or treatment
- Specialized mental health services
- Emotional group support activities, including the ones organized by the CENTER.
- Legal aid/assistance with accessing justice
- Secondary/Tertiary support: income-generation, engagement with other sectors, mediation with camp leadership
- Safe/temporary shelter (in special cases, and when available)

If possible, CENTERS should provide GBV-specific **case management services**, for both adult and child survivors. Case management should include the following:

- Assessment of needs and experiences
- Creation of a response plan, building on survivor's resiliencies and available resources
- Implementation of the response plan, with on-going support from Center staff
- Follow up sessions to determine effectiveness of response plan and identify any changes
- Case closure

Case management services should be tailored to each individual to ensure they are age-appropriate and specialized for the range of survivors (including male survivors, and survivors under the age of 18) who may present at the CENTERS or to CENTER staff. Case management can also incorporate:

- Provision of **one-on-one counseling** (or referral to further, more specialized mental health services) as needed.
- **Accompaniment** to health, other support services, police or to their family as requested by survivor
- **Safety planning** by technically trained staff (particularly for cases involving intimate partner violence)
- Referral to safe shelter (if available and appropriate).

³ Refer to Annex 1 for activity monitoring templates, activity plans, case management forms, action plans, and safety checklists

B. Group-based Psychosocial Support

Group-based emotional support activities should be designed to create a supportive and inviting environment for all women and girls, including survivors (though not limited to survivors). These activities can include the following:

- **Age-appropriate support group sessions around a “center-piece”.** Center pieces can include coffee/tea sessions, sewing sessions, or henna/thanaka. Identification of appropriate and desirable “center-pieces” should be determined during group-based consultations with women and girls in the targeted communities.
- **Recreational therapy** (dancing, singing, theater groups)
- **Peer support groups**
- **Life skills** for older adolescent girls. These can be facilitated by CENTER staff, or in collaboration with other partners also working with adolescents.
- **Day care services** will be provided when possible to increase access to centers for women with young children. These services can be provided by either volunteer or incentive-based staff working at the centers.

Tip

*If the centers are organizing **livelihoods-based and income-generating activities (IGAs)** as part of psychosocial support, these should be designed to be relevant to women, prioritizing increasing both the social and economic capital of women and girls, and containing an element promoting the general emotional well-being of women and girls. These activities should in no way promote negative gender roles or the further marginalization of women and girls. While they can be conducted in the centers, they should not dominate the center space or schedule. Income generation activities should target women (not girls), should be designed and implemented by people with IGA technical experience, and should be thoughtful and reflective. CENTERS should be cautious not to raise expectations.*

- **Information and awareness raising sessions** with women and girls. Topics can include
 - Information on available services and how to access them
 - Risk identification and reduction strategies
 - GBV prevention in camps
 - Other relevant information for women and girls, including on sexual and reproductive health and rights, HIV/AIDS and STI prevention, infant and young child feeding practices, positive coping strategies, and life skills.
- The provision of **dignity kits** or other materials provided by different agencies and organizations can increase women’s and girls’ social and economic capital, and should be targeted at newly displaced populations, or particularly vulnerable women and girls (such as FHHs with no access to income).

The CENTER can, and should, be offered to other sectors and organizations as a venue for other activities and information sessions, as long as the integrity of the CENTER as a space specifically designed to be a “women’s and girls” space is not compromised. In these cases, CENTER staff should be

present during the activities, and any events outside the usual scheduled activities should be clearly communicated to women and girls accessing the CENTER prior to the event.

Tips

- ✓ *Develop a **curriculum/program** for all group-based activities and sessions. **Share the schedule on a weekly basis** within the CENTER so women and girls coming to the CENTER are informed of what they can access, and when.*
- ✓ *While including basic gender equality and women's rights concepts, make sure content remains **practical and action/solution-oriented**, prioritizing the usefulness for women and girls.*
- ✓ *Make sessions as **interactive, engaging and dynamic** as possible, including by using a diversity of methodologies (e.g. group work, role plays, games). Facilitators should ensure that a maximum number of women are active in the discussions and that all participants feel comfortable enough to speak freely.*
- ✓ *Develop context-sensitive **graphic materials and visual aids** that will promote understanding of issues and information being shared.*

C. Prevention and Outreach Activities

Prevention and outreach activities can be implemented both within and outside of the CENTERS. These activities emphasize work with women and girls, and with the community as a whole, to promote a safer, more protective environment, and to encourage community ownership of GBV prevention and risk reduction. These activities mobilize both CENTER staff and community members in identifying risks, high risk behaviors, and proactively addressing these risks. Prevention activities, based in the CENTERS can include:

- CENTER staff should conduct regular **safety audits** to assess security risks for women and girls and to identify opportunities with other sectors to mitigate those risks. Findings from safety audits should be shared with other relevant sectors, such as Shelter, CCCM, and WASH, and with camp managers/leaders to support them in ensuring the location, and any programmatic approaches being implemented therein are safe for women and girls.
- **Safety mapping** can be conducted with women and girls from within the communities. This mapping can support women and girls in identifying high risk locations throughout their communities, and work together to minimize those risks.
- **Safety groups**, including firewood collection group, firewood patrols, and community-based safety patrols (including women), will empower the communities to ensure a safer environment for women and girls. Women and girls should be meaningfully engaged and represented in the creation and utilization of these groups.

Outreach activities, also very community-based, offer opportunities to access women and girls whose movement may be restricted in some way. Outreach activities are often most effective, and offer the

most reach, when they build upon existing women's groups and support networks within the communities. These initiatives can include home visits (through volunteer outreach team) to inform community members about CENTER activities, home-based tea/coffee sessions, and information sessions on support and services available to women and girls throughout the community.

D. Mobile-based Activities and Support

The services offered at the centers will also be offered in camps, villages and areas which are not easily accessible from the CENTER through **mobile-based services**. Although mobile teams' priorities will be to increase women's and girls' awareness of the CENTERS (including available services, and how to access them), mobile activities can and should nonetheless include case management, larger group-based activities, dissemination of relevant IEC materials, and referrals to other services, taking into account the operational environment of the specific location.

Mobile teams can include a caseworker and response officer, however the composition of the teams can be adapted based on need and location. Mobile teams can conduct regular and frequent visits to their targeted locations, and maintain a consistent schedule to avoid confusion among community members, and to build trust among women and girls.

Tip

Although case workers can participate directly in outreach and mobile activities and approaches, survivors will be supported in accessing centers (if safe and appropriate) to better ensure safe and confidential support, and to provide a more comprehensive range of services.

Note: It is important to note that the CENTERS should not be attached to and/or used as a safe house or a shelter for GBV survivors⁴.

5. Staffing⁵

While the **staffing structure** is dependent on both need and camp population size, if possible the CENTER should have the following staff:

- Caseworker(s)
- Response officer(s)
- Prevention/protection officer.
- A peer-based outreach team (volunteer- or incentive/honorium-based, comprised of members of the community). The size of the outreach team should be dependent on the size and geographical scope of each community. The majority of the outreach team, if not all, should be female, and should represent a range of ages (younger adolescent and older adolescent girls, and adult women). As the outreach team is volunteer-based, responsibilities of the outreach team should not conflict with any other home- or income-based responsibilities.

⁴ For further information on this can be accessed at "Safe Haven: Sheltering Displaced Persons from Sexual and Gender Based Violence"

⁵ Center-based staff can be defined in a range of ways, and can include paid staff, incentive-based staff, and volunteers. For the purposes of this resource, the structure is based on existing center-based staffing.

Staff should be provided with the necessary **training and capacity building**⁶ to safely, effectively and ethically perform their duties. A comprehensive capacity building program should be developed for the CENTER staff, and should include modeling, mentoring, and regular supervision, particularly during the first 2 – 3 months of implementation. Training should include the below topics/resources:

- Women and girls, and GBV, in Emergencies
- GBV “Basics” (guiding principles, causes and contributing factors, consequences, and priorities for response and risk reduction)
- Case management for adult and child survivors (including best interest determination⁷)
- Design and implementation of group-based PSS
- GBV risk reduction and mitigation (safety planning, safety auditing, GBV mainstreaming, working with men)
- Outreach team training
- GBV Referral protocols and procedures
- GBV Information Management, including incident intake, protection of data, and applying principles of confidentiality to data collection, maintenance, and sharing (this should not be considered until GBV staff and services are better established)

Selection of CENTER staff must be transparent and skill-based. Staff of the CENTERS should be selected after an appropriate screening and interview process. The hiring of female staff should be prioritized, however having male staff members can be strategic in the work specific to prevention/protection and/or engaging with camp leadership structures, or police and military. All staff working at the CENTERS should demonstrate empathy and sensitivity to the experiences of others; should possess good communication skills; and show good understanding of and commitment to equality and diversity.

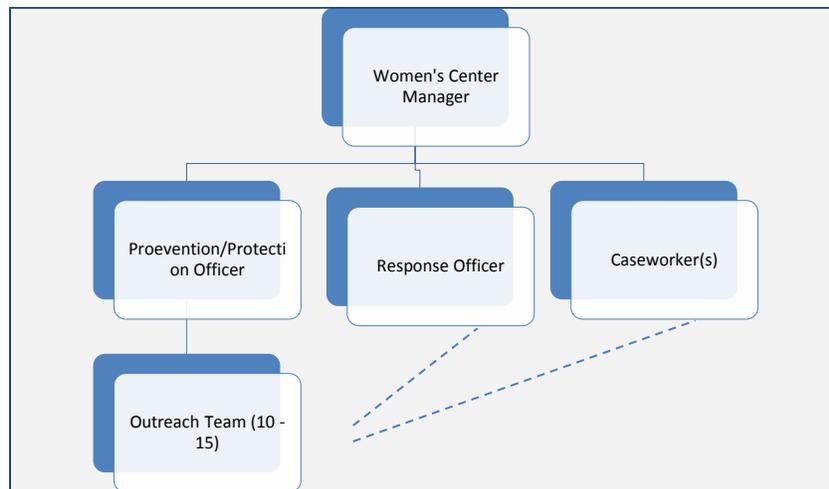
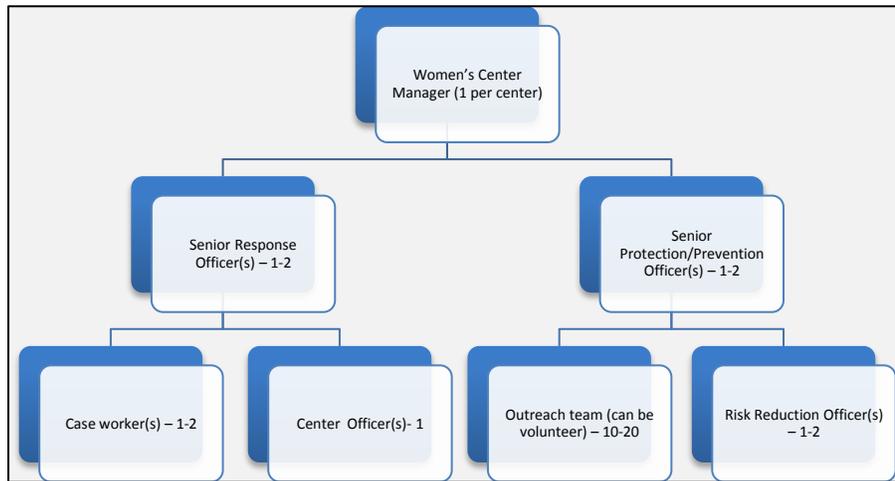
Tip

Establish clear support, supervision, and reporting lines. CENTER staff should have frequent and regular access to appropriate supervision, guidance and support. The supervisory staff should have strong GBV technical capacity, and will likely spend the first quarter of the program mentoring and modeling good practice.

⁶ Refer to Annex 2 for a list of recommended GBV training modules and curricula

⁷ BID component can be facilitated by UNHCR protection staff.

Sample Organogram for CENTER⁸



A. Staff Roles and responsibilities⁹:

- Center Manager
 - ✓ Provide overall supervision of and support to CENTER staff
 - ✓ Represent the CENTER and attend coordination meetings
 - ✓ Liaise with Project Coordinator and/or Assistant Project Coordinator
 - ✓ Consolidate monthly reports
 - ✓ Monitor activities in the CENTER
 - ✓ Coordinate with other relevant sectors, as needed

⁸ Staff organizational structures can be different at each structure. This structure is one employed at many centers currently established in Kachin State.

⁹ Refer to Annex 3 for Job Description samples.

- ✓ Assess needs of surrounding camps and villages and organize/coordinate mobile-based activities
- Case Worker(s)
 - ✓ Case management services
 - ✓ Direct referral to any other service (health, specialized PSS, legal, etc.) when requested by survivor
 - ✓ Provision of one-on-one counseling services (by technically trained staff)
 - ✓ Accompaniment to any support services, police or family as requested by survivor
 - ✓ Safety planning services
 - ✓ Participate in mobile services
- Response Officer(s)
 - ✓ Emotional support groups and activities
 - ✓ Depending on technical capacity, can also directly supervise case work/case management staff
 - ✓ Peer support groups
 - ✓ Life skills for older adolescent girls
 - ✓ Support volunteer outreach team
 - ✓ Refer clients to case workers, as relevant
 - ✓ Participate in mobile services
- Prevention Officer(s)
 - ✓ Conduct safety audits; follow-up with other relevant sectors
 - ✓ Conduct safety mapping with women and girls
 - ✓ Support volunteer outreach team
 - ✓ Hold GBV information and awareness sessions
 - ✓ Establish and support community-based safety groups
- Outreach Team
 - ✓ Provide temporary day care services to CENTER-users during activities.
 - ✓ Conduct home-based information sessions
 - ✓ Raise awareness among women and girls in the community about the CENTER and its available services and activities
 - ✓ Link CENTER staff with women and girls in the communities
 - ✓ Relationship-building
- Center Upkeep/Support Staff
 - ✓ 24-hour guards: 4 full-time guards must be budgeted, to ensure 8-hour workdays and time off
 - ✓ 1-2 cooks and/or cleaners to support with coffee/tea sessions or other large events

6. Location and Layout

The Centers should be in a location guaranteeing easy accessibility for women and girls who are in the camp or in nearby camps/areas. Banners and sign boards should be displayed, in local language, specifying the direction and name of the CENTERS. The space should have one larger room to be able to accommodate between 20 and 40 people for the group activities, and have at least two smaller rooms, to be used either as “privacy rooms” (and which can be used for case management or counseling activities) and/or a utility/multi-purpose room.

- **Outside Structure:**
 - ✓ A privacy fence or wall should be built to ensure privacy and prevent animals and intruders to enter. This will also build women's and girls' comfort within the CENTER setting.
 - ✓ When possible, it is desirable to have a shaded space around the site to allow for the inclusion of outdoor and recreational activities as part of the PSS support approach (dancing, singing, drumming).
- **Inside Structure:**
 - ✓ There should be a room for group activities, which can accommodate between 20 - 40 people.
 - ✓ A privacy room is needed to provide case management and individual counseling services, as well as for breast feeding or other activities requiring privacy.
 - ✓ The building should be elevated in order to avoid flooding during the rainy season
 - ✓ Consideration must be made for a "day care" area
- **Equipment:**
 - ✓ The CENTERS should be equipped with the necessary furniture and materials to ensure women and girls can comfortably and effectively participate in the activities. Following supplies and equipment can be procured for the Center, depending on budget availability:
 - i. Lockable cabinet
 - ii. Some furniture, chairs and a table for the private room
 - iii. Mats and cushions for the group activity room
 - iv. Stove and basic kitchen utensils to prepare tea/coffee and small snacks
 - v. IEC materials, including posters, charts, and visual aids for any information sessions
 - vi. Special items and considerations should be made for women and girls with special needs or disabilities, whenever possible.
 - vii. Emergency sand, fire extinguisher or blankets in case of emergency

Tips

- ✓ *Make sure the center is safe and discreet. While it is important for everyone to be able to see what the space is by placing "Women and Girls' Center" (or chosen center name) sign, do not hang signs identifying GBV on the building. It is important not to create stigma for users of the Center.*
- ✓ *If it is a shared space with other program in a same building, the space needs to be sectioned with a separate entrance for users of the Center. It is essential to create a friendly environment for women and girls and ensure safety and confidentiality.*
- ✓ *Use of locally available materials where possible (for structures and for learning items) generates economic activity*

Figure 1: Illustration of Sample WGC layout

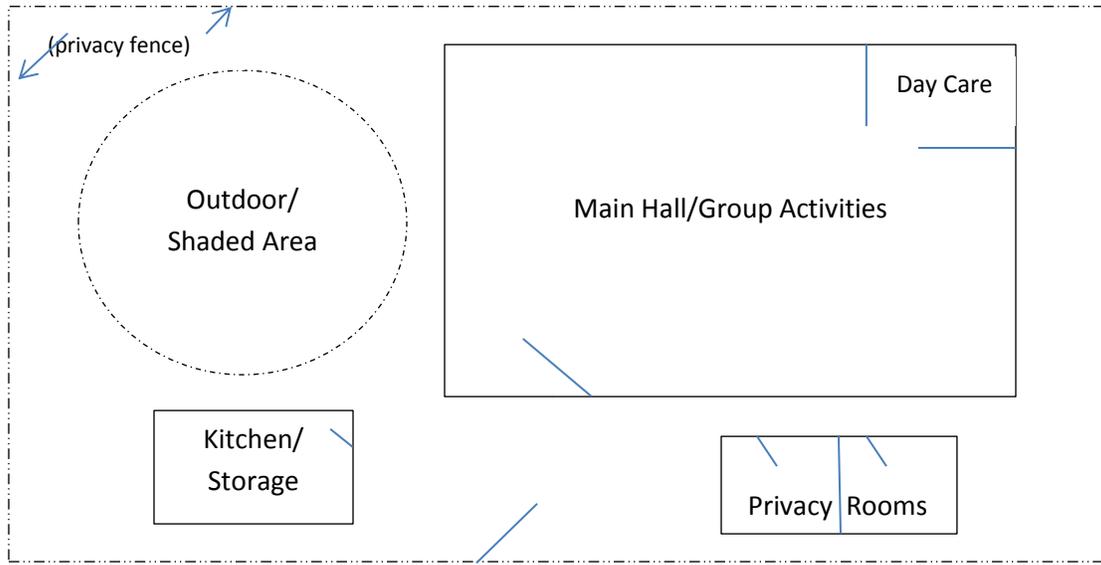


Figure 2: Illustration of Sample WGC layout

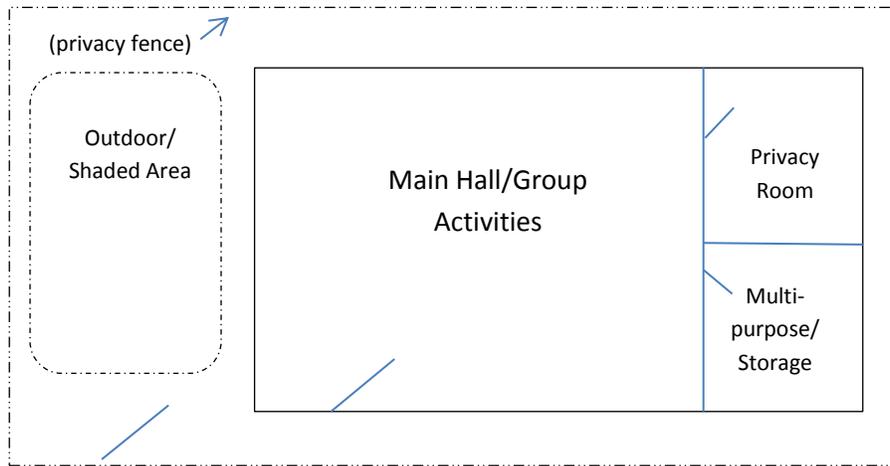
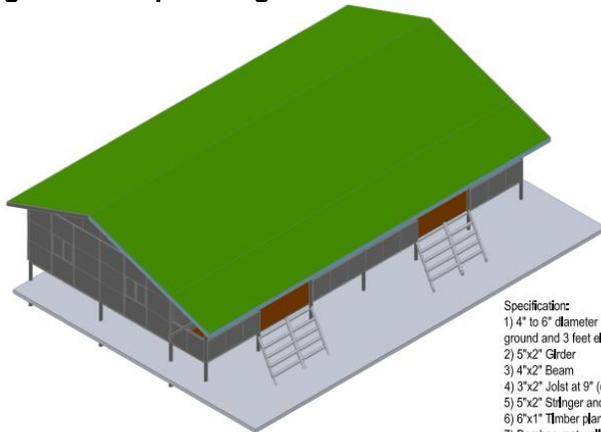


Figure 2: Sample design



Elevated Multi-purpose Building (60'x30'x9')

- Specifications:
- 1) 4" to 6" diameter Myav ground and 3 feet elevate
 - 2) 5"x2" Girder
 - 3) 4"x2" Beam
 - 4) 3"x2" Jolst at 9" (cente
 - 5) 5"x2" Stinger and 4"x2
 - 6) 6"x1" Timber plank floo
 - 7) Bamboo mat wall
 - 8) 30G 4 angle roofing sh
 - 9) Transparent roof sheet
 - 10) Steel straps at the co

Ideally, it is recommended that the walls are made of thick bamboo as it is more resistant; the roof is made of iron to protect the space from the rain, the ceiling has a shade net to prevent heat. The floors should be elevated (to minimize potential for flooding) and could be wooden or concrete. It is advised to conduct consultations with women and girls on overall design.

Centers Structure: Minimum Standards

- Accessible location
- Privacy fence
- Space for group-based activities
- At least one privacy room
- Information and awareness raising materials
- Mats
- Considerations for rain/flooding
- At least 2 emergency exits

7. Center Operations

The CENTERS should be open during locally appropriate hours. **Hours of operation** should be relevant to the needs of women and girls: activities should only be held during times of day that are appropriate for women and girls, such as after they have completed their morning-based responsibilities, or before or after they have to collect firewood, or attend school. There should always be at least one dedicated CENTER staff member within the center when it is open, even when no scheduled activities are being implemented.

Women and girls will often have fewer responsibilities after the typical working hours and on weekends. If and when possible, the CENTERS should offer services and activities during these less traditional work hours. This approach should always factor in staff care and well-being, and any security or accessibility restrictions, and should never compromise any of these variables if operational on weekends or after hours.

During those days and times when the CENTERS are closed, women and girls in the communities should be informed on how to contact CENTER staff in the event of an emergency or critical issue (this should also be incorporated into any referral pathway as appropriate).

In the event that there is critical need, an **emergency hotline** can be established to ensure women and girls have access to services specific to emergency cases. The establishment of a hotline will require appropriate human resources and infrastructure. Any staff running the hotline should be provided with appropriate technical guidance and support, and should be able to access necessary resources (such as transport, per diem, and supervision) at their immediate disposal in order to respond to emergency cases accordingly. Any staff running the hotline should be sufficiently trained on how to respond to emergency cases. The hotline should not be used to provide casework or long-term counseling services to clients or beneficiaries.

A **log of all CENTER activities** should be maintained. Information such as number of participants, content of activities, and lessons learned should be recorded in a notebook on a daily basis. This information can

feed into **monthly monitoring and reporting** documents¹⁰. Monthly reports should be compiled by case worker(s), response and prevention officer(s) detailing their monthly activities, challenges, achievements and plan for the coming month. Reports should be consolidated and submitted to the Project Coordinator/Manager every month. These monitoring tools should never include client or beneficiary names.

Documentation of cases and maintenance of client files should adhere to international standards, such as those articulated in the GBVIMS¹¹, and which are consistent with the *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*. No data on cases should be documented without the express and informed consent of the client. If consent is given, all case files and client information should be coded, and should not include any identifying information about the client/survivor. All case files should be kept in secure and private locations in the centers, and should be closely monitored. Security of case files and documentation is the shared responsibility of the case worker(s) and center manager.

Sharing of client information, including during the referral process, should not be done without the consent of the survivor. No documentation of the incident should be included in the referral process (e.g. Clients should not be given “referral cards” in order to access another service.). Information and data specific to GBV (though not case-specific) should only be shared after it has been anonymized and consolidated into a single database, and is confirmed that it does not, in any way, compromise the safety, security, or identity of either the individuals involved, or the service providers. No data or information on any case or incident of GBV should be shared in a group setting, or electronically. It is the responsibility of the GBV working group in each respective setting to establish a safe and appropriate GBV database (as per the GBVIMS) and information sharing protocols. Relevant, anonymized data should be shared with the GBV working group coordinator, who will then consolidate it into one report, and disseminate it on a monthly basis to relevant stakeholders. Anyone wishing to access data from the database must first meet the criteria listed in the GBV-specific information sharing protocol.

Information on specific cases should never be shared without the consent of the survivor/client, and only on an as-needed basis (such as with specific agencies or individual providing targeted follow-up service). Specific care should be given to electronic sharing of information. While electronic transfer of case files is often seen as the easiest and most expedient way to share information, caution should be given to ensure that files are only shared with GBV focal points in respective agencies, as determined by the GBV referral pathway. SOPs on electronic sharing should be included in GBV SOPs established through GBV Sub Sector or Working Groups.

Annexes (see attached)

¹⁰ See Annex 1 for sample monitoring checklists and considerations

¹¹ Information on the GBVIMS can be found at: www.gbvims.org