



A survivor-centered approach to caring for survivors of sexual and gender-based violence

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International Federation
of Red Cross and Red Crescent Societies
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FAST FACTS

Women, girls and boys , and people who are less mobile are 14 times more likely to die during a disaster than are men

Globally, 1 out of every 5 women will become a victim of rape or attempted rape over the course of her lifetime

30% of respondents in the Philippines reported women and girls felt distressed by the rise in early marriage after the disaster.

43% of respondents in Laos said they heard about someone sustaining injuries from domestic violence after the disaster and accessing a health center.

27% of respondents in Laos said they heard someone got raped after the disaster.

Protection, Gender and Inclusion (PGI)

- 1. Protection: Focus on Sexual and Gender-based Violence**
 - RCRC Mandate
 - Survivor-centered approach
- 2. Protection, Gender and Inclusion in the Bangladesh Population Movement Operation**




Red Cross Red Crescent Tools

- Minimum Standard Commitments to Gender and Diversity in Emergency Programming defines our **minimum response**
- The tool outlines sector specific actions for inclusive and protective response
- Promotes Four Commitments (with corresponding standards)
 - **D** – Dignity
 - **A** – Access
 - **P** – Participation
 - **S** – Safety
- Sexual and gender-based violence, child protection and prevention of sexual exploitation and abuse addressed in each Sector



Minimum standard commitments
to gender and diversity in
emergency programming
Pilot Version

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Minimum Standards in Practice

- [Video](#) from Cox's Bazar (5 minutes)



Protection, gender and inclusion *in emergencies*

Protection

Gender
disability
and other
diversity
factors

Inclusion



Red Cross Red Crescent mandate in addressing SGBV

- Resolution on sexual and gender-based violence: Joint action on prevention and response (2015) of the 32nd International Conference of the Red Cross and Red Crescent
- Asks States to make every effort to prevent SGBV
- Calls on States, **National Societies** to ensure survivor access to:
 - health care services
 - psychological and psychosocial support
 - legal assistance and
 - socio-economic support.
- Commits to capacity-building, and ensuring “disaster and emergency management plans and activities address SGBV”



Protection, Gender and Inclusion in Emergencies

Mainstreaming

- Provide technical advice to other teams on PGI mainstreaming (including MHM mainstreaming in all sectors)
- Provide technical monitoring of programmes using the Minimum Standard Monitoring Template
- Provide advice to Head of Operations on ensuring implementation of Child Protection, Prevention of Sexual Exploitation and Abuse and reporting mechanisms
- Roll out the Protection Incident Monitoring Reporting

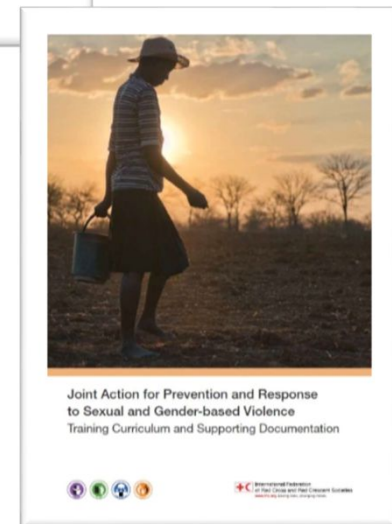
Standalone

- Requisition and deliver Dignity Kits (including knowing how to work with Relief teams on distribution plans and post distribution monitoring)
- Establish DAPS Houses in line with DAPS House SOPs and quality standards
- Train volunteers and staff in specialised services
- Map and share SGBV and CP referral pathways ensuring the response meets Survivor Centred Approach standards



Survivor-centered response empowers survivors

- Survivor-centered response places survivor needs, informed consent at the center of programming
- Diverse actors work together to ensure survivors access to:
 - Medical services
 - Psychological and psychosocial support
 - Legal assistance
 - Protection services
- Confidentiality, informed consent respected by all
- One actor cannot do it all
 - Multisectoral coordination, referral pathways must be planned in advance



The Survivor Centered Approach in Practice

Example: Healthcare Staff

- **All** Movement actors, including the International Federation of the Red Cross and Red Crescent (IFRC), the International Committee of the Red Cross (ICRC) and all National Societies and Partner National Societies, must abide by international human rights standards in the provision of healthcare to survivors of SGBV. As medical health staff, when treating survivors of sexual and gender-based violence (SGBV), this includes implementing the **survivor centered approach**.
- Issues to consider:
 - Effective and up-to date referrals
 - Field hospital as a SGBV referral hospital?
 - Clinical management of rape
 - Availability of PEP kits
 - Termination of pregnancy
 - Storing confidential information
 - Forensic evidence
 - Death certificates



Meeting the standards



DIGNITY

- Confidentiality and privacy, separate consulting rooms



ACCESS

- Availability and location; access to reproductive health; clinical care and PSS for SGBV survivors; tracking sex and age-disaggregated data; information



PARTICIPATION

- Consultation, single-sex focus groups, gender-balanced teams



SAFETY

- No identifying information of SGBV survivors; quality and confidential systems of care; functioning referrals; Code of Conduct; Child Protection



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Key Messages on Health

Preparedness:

- **Health assessments** include gender and diversity-related questions and data are disaggregated at least by sex, age and disability (**SADDD**)
- All Movement actors must abide by international human rights standards in the provision of healthcare to survivors of SGBV. As medical health staff, when treating survivors of SGBV, this includes implementing the **survivor centered approach**.
- **Protocols and guidelines** for clinical management of patient with SRH needs are available in the field
- Prepare for survivor-centered health services and coordinate confidential **referral procedures**
- **Co-ordinate** with other relevant clusters and partners (e.g. IPPF and UNFPA) on information gathering and planning before the onset of an emergency. Relevant clusters may include protection and shelter.



Key Messages on Health

Response:

- Provide 24/7, **confidential services** that include at least
 - Trained staff
 - Translated protocols, forms, supplies
 - Prevention of pregnancy, STIs, and HIV transmission
 - Collection of detailed documentation
 - Referral for further intervention incl. MHPSS, child protection
 - Update referral pathway, when necessary
 - Regularly coordinate with other clusters, such as protection and shelter

Recovery:

- Evaluate PGI interventions and collect lessons learned on improvements for future preparedness and response
- Provide linkages to long-term community based health programming (may include, for example, multi-sectoral programmes for SGBV prevention)



PGI in Bangladesh PMO: Progress to date

- **IFRC Minimum Standard Commitments to gender and diversity in emergencies.**
 - Assessments: sectorial (mainstreaming), protection
 - Beneficiary registration (SADDD, vulnerability criteria)
 - Health assessments in field hospital and mobile clinics for Sexual and gender-based violence mitigation and response.
 - Data management on survivors being established, safe referrals and information for communities on services available.
 - Technical advice for new shelters and relief distribution. Post-distribution satisfaction surveys
- **Comprehensive Referral Pathways – 80 updated and tested:** SGBV and child protection case management, PSS, + longer term services
- **Protection Monitoring Form** developed to have an evidence based to protection and understanding trends / risks
- **Protection Field Guide** developed for staff and volunteers. Available in Bengali and upcoming in Burmese.
- **Briefings / training of teams: 113 staff and volunteers trained.** Plans for 50 relief volunteers to be trained, and Japanese Red Cross medical team by end of January.



PGI in Bangladesh PMO: Progress to date

- **Dignity Kit development and distribution:**
 - 2,700 distributed (with 2000 in the relief plan by end of January 2018)
 - Meeting specific & culturally appropriate PGI needs of women and girls of reproductive age
 - Female led distribution and post distribution monitoring
 - Needs from partners have been identified and distribution through PSS sessions and mobile health teams being assessed to ensure we reach the most vulnerable
- **DAPS (Dignity, Access, Participation and Safety) centers:**
 - 1 center built, 2 seeking final RRRC approval
 - Trainings begun for BDRCS and community volunteers
 - Female volunteers identified to lead activities and form outreach teams.
 - Dignity kit awareness sessions ongoing in the DAPS center
 - Standard Operating Procedures developed
 - Training manual in development as a guide for volunteers
 - IEC materials being contextualised and translated / pictorial communication
 - Monitoring form being developed to understand reach

