
Integration of GBV prevention and management in Disaster Management





Photo: Lucky Putra/UNFPA



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FOREWORD

The impact of disasters on reproductive health can be devastating, particularly for women and children. In times of upheaval, women and girls face higher risks of gender-based violence (GBV), including intimate partner violence and other forms of domestic violence. Around 70 percent of women experience GBV in humanitarian contexts, which is much higher than the worldwide figure, 35 percent under non-humanitarian context.

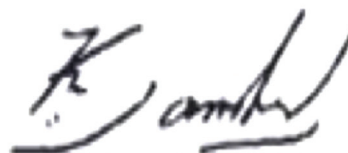
Despite the scope and severity of the problem, GBV in humanitarian contexts is vastly underreported and current programming to prevent and respond to GBV cases is insufficient. Moreover, the role of all humanitarian practitioners, regardless of their expertise in gender and GBV, is increasingly critical in identifying GBV risks and referring the survivors to essential services. Through Integration of GBV prevention and management in Disaster Management, we seek to provide humanitarian actors an opportunity to learn what steps to take to prevent and respond to GBV cases in disaster preparedness, response, and recovery settings. The document consists of step-by-step guidance and useful checklists to ensure integration of gender perspectives in preventing and addressing GBV in every aspect of disaster management, including needs assessment, strategic planning, coordination resource mobilization, implementation, participation, and monitoring.

We hope that this guideline will be a valuable reference for ministries and agencies, local governments, and non-government organizations (NGOs) involved in disaster response, including paralegals and GBV case management workers, and other humanitarian actors. Ultimately, we are hopeful that this document will help to ensure more effective GBV prevention in humanitarian emergencies, and contribute to the wellbeing of women and girls in Indonesia.

Jakarta, October 2021



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LIST OF ACRONYMS AND ABBREVIATIONS

Babinsa	(<i>Bintara Pembina Desa</i>) Noncommissioned Officer for the Village Leadership
Babinkamtibmas	(<i>Bhayangkara Pembina Keamanan dan Ketertiban Masyarakat</i>) Community Police Officer
BNPB	(<i>Badan Nasional Penanggulangan Bencana</i>) National Agency for Disaster Management
IASC	Inter-Agency Standing Committee
Kemenkes	(<i>Kementerian Kesehatan</i>) Ministry of Health
KemenPPPA	(<i>Kementerian Pemberdayaan Perempuan dan Perlindungan Anak</i>) Ministry of Women Empowerment and Child Protection
GBV	Gender-Based Violence
LBH	(<i>Lembaga Bantuan Hukum</i>) Legal Aid Services
LPAI	(<i>Lembaga Perlindungan Anak Indonesia</i>) Indonesian Child Protection Agency
NGO	Non-Governmental Organization
P2TP2A	(<i>Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak</i>) Integrated Service Center for the Empowerment of Women and Children
UPTD PPA	(<i>Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak</i>) Regional Technical Implementation Unit for the Protection of Women and Children
PSBB	(<i>Pembatasan Sosial Berskala Besar</i>) Large-Scale Social Restrictions
RRA	(<i>Ruang Ramah Anak</i>) Child-Friendly Spaces
RRP	(<i>Ruang Ramah Perempuan</i>) Women-Friendly Spaces
RRR	(<i>Ruang Ramah Remaja</i>) Youth-Friendly Spaces
SOP	Standard Operating Procedures
UNCRC	United Nations Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

LIST OF TERMS

Humanitarian actors include all workers for humanitarian agencies, whether recruited internationally or nationally, employed formally or informally to carry out the activities of the agency in the community.

A child is a person under 18 years of age, including a fetus still in the womb. This definition is in accordance with the UN Convention on the Rights of the Child. Minors are deemed incapable of judging and understanding the consequences of their choices and giving consent, especially regarding sexual acts.

GBV focal points refer to staff who work part-time or full-time representing their organization and/or sector and who participate in the GBV prevention working group.

Gender refers to the configuration of the roles and responsibilities of men and women, which occur from, and can be changed by, social conditions and culture.

Vulnerable groups are groups of individuals who are more vulnerable in disaster situations, which are:

- a. Babies, toddlers, and children;
- b. Mothers who are pregnant or breastfeeding;
- c. Persons with disabilities;
- d. Older persons;
- e. People living in poverty;
- f. People who are ethnic and religious minorities;
- g. People with diverse sexual orientations, gender identity and expression, or sexual characteristics.

Community is used in this guidebook to refer to a population experiencing an emergency. In an individual context, 'community' can be defined as evacuees, displaced persons, victims of natural disasters, etc.

Humanitarian Interventions in this context are programs and assistance provided in the context of helping and upholding the human rights of victims of natural disasters and/or pandemics, especially those from vulnerable groups.

Paralegals are people who, having obtained knowledge through training or education in the field of substantive and procedural law, work under the supervision of lawyers or legal aid organizations to help a community seek justice.



Photo: Lucky Putra/UNFPA

CHAPTER I

INTRODUCTION

In disaster situations, women are more vulnerable to Gender-Based Violence (GBV). The gender constructions and inequalities within society have led to inequality in the power relations between women and men. Other vulnerable groups such as girls, older persons, and persons with disabilities (as well as their caregivers) are likewise vulnerable to GBV; indeed, due to compounding gender and disability factors, women with disabilities are twice as likely to experience domestic violence in disaster situations as other women.¹ Compounding their vulnerability, such groups have more limited access to resources, social networks, transportation, information, skills, natural resources, economy, individual mobility, housing and employment security, and decision-making, all of which are required in disaster preparedness, mitigation and post-disaster rehabilitation.²

The social inclusion of all vulnerable and marginalized groups is therefore important, and requires more attention to be paid to their needs during disaster management. This may be realized (for example), by installing toilets that are friendly for older persons/persons with disabilities, or by providing Child-Friendly Spaces (RRA) and Women-Friendly Spaces (RRP). In many cases, guidelines are available; for example, the implementation of RRP can refer to the *Standard Operating Procedures (SOP) for Women-Friendly Spaces (RPP) in the Prevention and Management of Gender-Based Violence in Disaster Situations* prepared by KemenPPPA and UNFPA.

GBV is actually an iceberg phenomenon, meaning that the number of reported and recorded cases is far less than the actual number of incidents. There are several contributing factors, including: the survivor is afraid or does not know where to report their experience; the survivor feels embarrassed; or the perpetrator

has threatened (or even lives with) the survivor. The limitations brought about by post-disaster conditions, including damaged facilities, the unavailability of services, and the paucity of available human resources (as they too are also disaster victims) only exacerbates the situation. The following are some examples of GBV found and reported during natural disasters and pandemics in Indonesia:

The discussion of gender equality is essentially inseparable from the social inclusion process. social inclusion is acceptance of all groups, this include Involvement and Participation that improves their individual capacities. This is not only limited to women, but also include other vulnerable and marginalized groups such as Children, Adolescents, the Elderly and groups with Disabilities.

(Extracted from the book

"Gender Equality Parameter Guidelines for Legislation", October 2020)

1 UN General Assembly, Report of the Secretary General of the United Nations, "Situation of Women and Girls with Disabilities and the Status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol Thereto" A/72/227, 28 July 2017, para. 21.

2 Anadolu Agency (2020), "Kekerasan dalam Rumah Tangga Meningkat selama Pandemi". Available at: <https://www.aa.com.tr/id/nasional/kekerasan-dalam-rumah-tangga-meningkat-selama-pandemi/1889108>.

- a. LBH Perempuan reported that, of 313 cases of GBV reported since large-scale social restrictions (PSBB) were implemented, 110 were cases of domestic violence against women.³
 - b. KemenPPPA reported that, between 29 February and 10 June 2020, 787 cases of violence against women were reported; 523 of them were cases of domestic violence. This figure shows a 60% decrease in cases over the previous period (1 January to 28 February 2020), when 979 cases of violence against women were reported, of which 589 were cases of domestic violence.⁴ KPPPA representatives stated that one possible explanation for the decrease in cases was that women and victims of violence were unable to report their experiences after the implementation of the PSBB policy (especially in rural areas with greater transportation and communication constraints).⁵
 - c. Through reports from women's rights organizations in Central Sulawesi that were partners of UNFPA Indonesia, a collaborative study by UNFPA, KemenPPPA, and Kemenkes found that at least 67 cases of GBS against women and girls were recorded by the P2TP2A of Central Sulawesi during the disaster response period (October 2018 – March 2019).⁶
 - d. Based on data collected from twelve RRP in Central Sulawesi, approximately 70 cases of child marriage were recorded in the province during the disaster response period (October 2018 – 2019). Adolescent girls are particularly vulnerable to sexual harassment and violence in disaster situations, and this includes child marriage, a form of GBV.⁷
 - e. As noted by UNFPA Indonesia (2006),⁸ 97 cases of GBV were reported by the Community Support Center (CSC) during the tsunami response in Aceh.
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3 Ministry of Women Empowerment and Child Protection (2020), "Kemen PPPA Waspada adanya Kasus KDRT Tersembunyi sejak WFH di Masa Pandemi". Available at: <https://www.kemenpppa.go.id/index.php/page/read/29/2725/kemen-pppa-waspada-adanya-kasus-kdrt-tersembunyi-sejak-wfh-di-masa-pandemi>.

4 Ibid.

5 Buku Pedoman Perlindungan Hak Perempuan dan Anak dari Kekerasan Berbasis Gender dalam Bencana, 2020.

6 UNFPA, Research Regarding Adolescents and Youths during the 2019 Crisis (A Collaborative Research Project of UNFPA, YPII, PKBI, and DFAT), and the Results of the Rapid Assessment of Gender-Based Violence, 2018.

7 UNFPA, *ibid.*

8 In Buku Pedoman Perlindungan Hak Perempuan dan Anak dari Kekerasan Berbasis Gender dalam Bencana, 2020.

A. Purpose of the Manual

For the handling and prevention of GBV in humanitarian emergencies (natural disasters and pandemics) to be carried out effectively, a guideline that involves all relevant stakeholders is needed. This book is intended to be a guide that can be shared by all humanitarian actors in situations of disaster and pandemics. As is the case in many countries around the world, prevention and management of GBV in humanitarian emergencies need to be carried out through cooperation between ministries, UN agencies, and representatives of related organizations. The main purpose of this handbook is to explain the procedures, roles and responsibilities of each actor involved in the prevention and management of GBV in disaster situations, in the following ways:

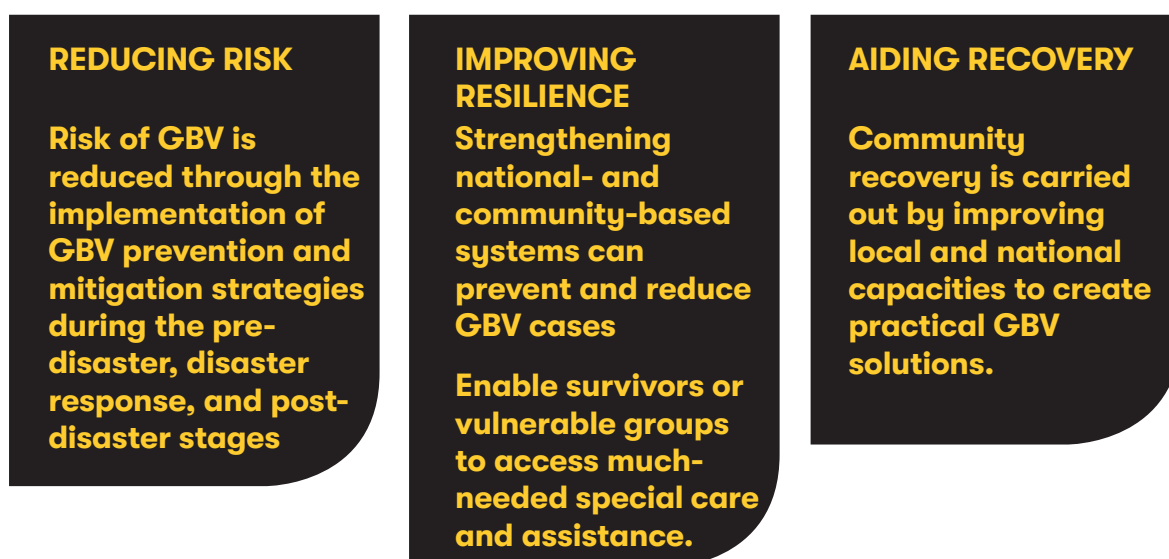


Figure 1. Strategy for the Prevention and Management of GBV in Humanitarian Emergencies⁹

This guidebook was prepared by adapting various previously established guidelines, such as the *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* prepared by the IASC in 2015, *SOP for the Prevention and Management of Gender-Based Violence in Disaster Situations* prepared by KemenPPPA in 2020, the *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, as well as other guidelines and practical experiences that are relevant to the prevention and treatment of GBV.

B. Use of the Manual

This guidebook will start by introducing the concept of GBV and providing a general description of GBV, including within the context of humanitarian emergencies. It also introduces the principles that form the basis for planning and implementing GBV-related programs, as well as the relevant procedures and referral pathways. The final section will provide recommendations for integrating GBV within the refuge and protection cluster.

⁹ IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (Reducing Risk, Promoting Resilience, and Aiding Recovery)*, Available at: <https://gbvguidelines.org/en/>.

C. Target Users

This guidebook is intended for humanitarian actors involved in the prevention of and response to GBV in humanitarian emergencies, i.e. ministries/agencies, local government, and NGOs involved in disaster response, including paralegals and caseworkers, to inform them of the best practices for handling GBV.



Photo: Lucky Putra/UNFPA

CHAPTER II

DEFINITIONS, SCOPE AND IMPACT OF GENDER-BASED VIOLENCE

A. Concept and Definition of GBV

"A term used to describe various forms of violence that harm or cause suffering to a person, which are carried out based on social differences, including gender differences between men and women, resulting in physical, sexual, psychological, and/or neglect in the form of threats, coercion and various actions that deprive someone of freedom, both in the public sphere and in the environment of private life. "

(GUIDELINES FOR INTEGRATING GENDER-BASED VIOLENCE INTERVENTIONS IN HUMANITARIAN ACTION, IASC, 2015)

"Violence that is directed against women because they are women, or things that affect women disproportionately. This includes acts that cause physical, mental and sexual harm, suffering or similar threats, coercion and other deprivations of liberty."

(GENERAL RECOMMENDATION NUMBER 19 CONCERNING VIOLENCE AGAINST WOMEN – 11th SESSION, 1992, COMMITTEE ON THE ELIMINATION OF VIOLENCE AGAINST WOMEN)

GBV is a serious problem that often threatens the lives of women, children, and other vulnerable groups. Although men can also become victims of GBV, women are indeed more vulnerable because our culture is still very much patriarchal, creating unbalanced power relations between men and women. GBV is not only a national issue, but also an international issue as it is closely related to human rights – such as the right to feel safe, the right to achieve the highest degree of physical and mental health, the right to be free from torture or cruel, inhuman or abusive treatment, and the right to live.¹⁰

GBV can occur in the following forms:¹¹

- i) **Sexual Violence** – Refers to acts that attack someone's sexuality by using force, violence and/or threats, abuse of power, and exploitation, where the act is committed without the consent of the survivor. For example, sexual harassment, rape/attempted rape, intimidation/

- sexual assault, and so on.
- ii) **Physical Violence** – Refers to actions that result in injury or pain to a specific limb, with gender-biased motives and assumptions.
 - iii) **Social and Economic Violence** – Refers to actions that result in economic neglect and impoverishment of survivors. For example, neglecting (not providing for) one's wife and children, or exploitation of income/being forced to continue spending money.
 - iv) **Psychological violence** – Refers to actions or omissions that cause or can cause mental or emotional suffering, such as (but not limited to) bullying, harassment, stalking, damage to property, humiliation, verbal abuse, and adultery. Witnessing violence against family members, pornography, witnessing animal abuse, or prohibiting visitation of children are also forms of psychological abuse.
 - v) **Harmful Social/Cultural Practices** – For example, cutting and injuring female genitalia, honor killings, etc.
 - vi) **Other forms of GBV** – such as domestic violence, violence against children, criminal acts of trafficking in persons, and others.

B. GBV in Humanitarian Emergencies

GBV has become a significant concern in humanitarian emergencies. Its devastating and life-threatening effects, coupled with the consequence of even greater obstacles in case handling, have made GBV prevention and management a priority in humanitarian settings. Furthermore, it is recognized that the affected population – especially women, children, adolescents, older persons, and persons with disabilities – are very vulnerable to various forms of GBV at every stage of a disaster.

The following are examples of GBV that can potentially occur at every stage of a disaster:

Figure 2. Potential Forms of GBV at Every Stage of Disaster¹²

IMMEDIATELY AFTER A DISASTER	EVACUATION PROCESS	EVACUATION LOCATION	POST-DISASTER
<ul style="list-style-type: none"> - Violence perpetrated by authorities - Sexual transactions for security/ protection, food, and assistance - Sexual violence - Discrimination through the neglect of special needs (reproductive health, etc.), discrimination in aid distribution, exclusion from involvement in decision making. 	<ul style="list-style-type: none"> - Sexual assault by an unknown perpetrator - Kidnapping - Trafficking in persons - Sexual violence and slavery by security personnel - Discrimination through the neglect of special needs (reproductive health, etc.), discrimination in aid distribution, exclusion from involvement in decision making. 	<ul style="list-style-type: none"> - Sexual assault or exploitation perpetrated by authorities, refugees, or humanitarian workers - Sexual violence against children, including child marriage - Domestic violence - Sexual violence when collecting water, going to toilet, looking for food, accessing basic services, etc. - Sexual transactions for survival, including forced marriages - Harmful traditional practices - Discrimination through the neglect of special needs (reproductive health, etc.), discrimination in aid distribution, exclusion from involvement in decision making. 	<ul style="list-style-type: none"> - Domestic violence - Discrimination through the neglect of special needs (reproductive health, etc.), discrimination in aid distribution, exclusion from involvement in decision making.

10 PKWG UI & MAGENTA LR&A, *Mencegah dan Menangani Kekerasan Seksual terhadap Perempuan dan Anak di Lingkungan Pendidikan*, 2012.

11 PKWG UI & MAGENTA LR&A, *Ibid*

12 KPP-PA dan UNFPA, *Standar Operasional Prosedur (SOP) Pencegahan dan Penanganan Kekerasan Berbasis Gender dalam Situasi Bencana*, 2020, p. 28.

It should be emphasized that sexual exploitation by humanitarian workers is an example of sexual violence that is likely to happen to women and girls in disaster-affected areas. This is a serious violation and has a special handling procedure through the Protection from Sexual Exploitation and Abuse (PSEA) program. All humanitarian actors and volunteers need to understand all code of ethics, following the principles of humanity and GBV. PSEA training is important to protect community members and ensure the integrity of humanitarian assistance activities. For the principles and reporting flow of PSEA, please refer to Annex I.

Factors Contributing to GBV

The process of integrating GBV prevention and handling into humanitarian intervention requires anticipating, contextualizing, and addressing the factors that may contribute to the occurrence of GBV at both the community and individual levels. The examples below show that the root causes of GBV are gender inequality and discrimination, and thus intervention must through various strategies as early as possible. One important strategy is gender mainstreaming, which encourages social and cultural changes geared towards the realization of gender equality.



Photo: Lucky Putra/UNFPA

CONTRIBUTING FACTORS

GENERAL

PUBLIC LEVEL

- Lack of risk awareness;
- Hyper-masculinity; accepting or even encouraging appreciation of men's 'tough' attitude (for example, the normalization of men beating their wives or children as a form of 'education');
- Absence of security and/or early warning mechanisms;
- Impunity (immunity from the law), including the lack of awareness and legal framework to criminalize forms of GBV;
- Lack of integration of sexual violence into reparation programs (such as handling, recovery and psychosocial support for survivors of sexual violence) and large-scale survivor support programs (including for children born to rape survivors);
- Economic, social, and gender inequality;
- Lack of active and meaningful involvement of women in leadership, development processes, as well as peace and security sector reform;
- Lack of priority being given to prosecuting sexual violence and increasing access to remedial services, as well as the lack of long-term consideration for children born as a result of rape, particularly the stigma and social exclusion they experience;
- Lack of monitoring in border areas.

COMMUNITY LEVEL

- Poor camp/shelter/WASH design and infrastructure (including for persons with disabilities, older persons, and other vulnerable groups);
- Lack of access to education for women, especially secondary education for girls;
- Lack of safe shelter for women, girls, and other vulnerable groups;
- Lack of training, monitoring, and supervision for staff;
- Lack of economic alternatives for the affected population, especially for women, girls, and other vulnerable groups;
- Lack of protection and community sanctions within the community;
- Lack of reporting mechanisms for survivors and those at risk of GBV, as well as survivors and those at risk of sexual exploitation and abuse by humanitarian actors;
- Lack of accessible and reliable multi-sectoral services for survivors (health, security, law/justice, mental health, and psychosocial support);
- Inadequate rights to housing, land, and property for women, girls, children born of rape, and other groups at risk;

INDIVIDUAL LEVEL

- Lack of empathy, and even blaming of, GBV survivors;
- Lack of confidentiality for GBV survivors;
- Tolerance of violence in the community;
- Lack of child protection mechanisms.
- Lack of basic survival necessities/supplies for individuals and families, or lack of secure access to such necessities/supplies (e.g. food, water, shelter, fuel, cleaning supplies, etc.);
- Unfair distribution of family resources, based on gender;
- Lack of resources for parents to support children and grandparents (economic resources, ability to afford protection, etc.), especially for women and children as heads of households;
- Lack of knowledge/awareness about the acceptable standards of behavior for humanitarian staff, as well as the fact that humanitarian assistance is free;
- Use of dangerous alcohol/drugs;
- Age, gender, education, disability;
- History of family violence;
- Witnessed GBV and chose to keep silent.

C. Impact of GBV

GBV can have a serious impact on the sexual, physical, and psychological health of survivors, and contribute to a greater risk of health problems in the future. Possible impacts on sexual health include unwanted pregnancies, complications from unsafe abortions, sexual dysfunction (decreased sexual desire among women, impotence among men), and sexually transmitted infections, including HIV. GBV's potential effects on physical health may include injuries that can cause acute and chronic diseases, which affect survivors' nervous system, digestive tract, muscles, urinary tract, and reproductive system, thereby leaving them unable to bear previously physical and mental workloads. Possible mental health problems include depression, anxiety, harmful use of alcohol and drugs, post-traumatic stress disorder, and suicide.

At the same time, the physical and psychological consequences of GBV can hinder survivors' continued well-being and ability to function, not only as individuals but also as members of their families and their communities. GBV survivors often face social stigma, and their exclusion at the hands of their communities and families can subject them to significant social and economic disadvantages. This can be seen, for example, in survivors' relationships with their families and communities, as well communities' attitudes toward children born as a result of rape.

GBV also has an impact on the survival and development of future generations, being correlated with increased infant mortality, decreased birth weight, malnutrition, as well as reduced school participation. It has been associated with specific disabilities among children (physical injury or impairment), and even long-term mental health problems. Such effects are sometimes difficult to link directly to GBV, because they are not always easily recognized as evidence of GBV by health care or other service providers. This, in turn, can contribute to the assumption that GBV is not a problem. Ultimately, failure to prevent and handle GBV can hinder communities' recovery from a humanitarian emergency.



Photo: Lucky Putra/UNFPA

CHAPTER III

PRINCIPLES AND BASIC GUIDELINES FOR GBV SERVICES

In general, there are four humanitarian principles that must be considered as ethical references and operational guidelines for humanitarian actors' handling of GBV, namely: ¹³

Humanity	Neutrality	Impartiality	Independence
Human suffering must be addressed whenever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.	Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious, or ideological nature.	Humanitarian action must be carried out solely on the basis of need, giving priority to the most urgent cases of distress and making no distinctions based on nationality, race, gender, religion, belief, class, or political opinion.	Humanitarian action must be autonomous from the political, economic, military, or other objectives that actors may hold with regard to areas where humanitarian action is being implemented.

The following principles are closely related to the overall humanitarian responsibility to provide protection and assistance to those affected by the crisis, and can be applied as a foundation for all humanitarian actors when carrying out GBV prevention and response.

A. Rights-based Approach

All programs related to the prevention and management of GBV must uphold, protect, and fulfill the rights of GBV survivors by referring to international human rights standards, encouraging policies and cultural norms that will lead to the elimination of GBV, and empowering GBV survivors.



Photo: Lucky Putra/UNFPA

In principle, GBV survivors have several interrelated rights:¹⁴

Right	Actions To Be Taken
Right to Truth	Acknowledge that violence did occur and is by no means deserved by the survivor or anyone else.
Right to Protection	<ul style="list-style-type: none"> • Ensure that GBV survivors are protected from threats and can speak the truth without intimidation; • Ensure the safety of survivors and their families; • Handle, converse and/or assess the case in a quiet and designated space or room.
Right to Confidentiality	<ul style="list-style-type: none"> • Provide information ONLY to appropriate and relevant parties (such as professional referrals), and ensure that the personal data of the survivor is not easily identified by unauthorized persons; • Keep all data related to the survivor in a safe place with an adequate filing code.
Right to be Respected and to Make Decisions	<ul style="list-style-type: none"> • Respect the survivor's strength/ability to recover after experiencing GBV; • Show trust in the survivor by not blaming, questioning, or judging the survivor; • Respect the survivor's privacy; • Provide emotional support by showing sensitivity and willingness to hear and understand their story; • Provide survivors with the opportunity to make their own decisions about the services and support they need; • Conduct interviews that maintain the privacy of the survivor. If the survivor is a woman, always try to conduct interviews and checks with female staff, including with interpreters. If the survivor is a man, it is best to ask whether he prefers a male or female interviewer. In the case of child survivors, female staff are usually the best choice; • Be patient and do not force the survivor to provide further information if the survivor is not ready to talk about their experiences; • Ask only relevant questions (for example, asking about the survivor's virginity is inappropriate and should not be discussed in this context); • Avoid requiring the survivor to repeat their story across multiple interviews.
Right to Non-Discriminative Treatment	<ul style="list-style-type: none"> • Treat all survivors equally and with dignity; • Do not make assumptions about the survivor's past and backgrounds; • Be aware of personal values and prejudices regarding GBV, and do not let such biases influence the quality of services provided to survivors; • Ensure that all service providers dealing with GBV have been trained in human rights and have a survivor-oriented perspective.
Right to Recovery and Reparations	<ul style="list-style-type: none"> • Ensure that survivors have access to services for physical, psychological recovery, as well as compensation.

13 General Assembly Resolution 46/182 (1991) and General Assembly Resolution 58/114 (2004). Extracted from Office for the Coordination of Humanitarian Affairs (OCHA). 2012. 'OCHA on Message: Humanitarian principles', <[https:// docs.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf](https://docs.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf)>

14 Extracted from the book on "Standar Operasional Prosedur (SOP) Pencegahan dan Penanganan Kekerasan Berbasis Gender dalam Situasi Bencana" and "Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (Reducing Risk, Promoting Resilience, and Aiding Recovery)".

B. Community-Based Approach

Affected communities are the primary stakeholders in the development of assistance and protection programs intended for them. For this reason, it is important that they continue to be involved in various decisions that affect their lives. They also have the right to information and transparency from aid providers.

Actions To Be Taken

Ensure a comprehensive consultation process and direct dialogue with community members, including women, girls, and other vulnerable groups. For example: developing an integrated medical response, including psychosocial support, for female GBV survivors during a disaster.

Engage the groups mentioned above as equal active partners in program assessment, design, implementation, monitoring, and evaluation. For example:

- establishing and strengthening referral systems; collecting disaggregated GBV data;
- developing community-based psychosocial support for survivors.

(The two examples above are long-term community-based programs best implemented at the rehabilitation-reconstruction stage.)

Strengthening communities' capacity is essential so that they can continue to identify and maintain programs effectively and sustainably. For example, building awareness by organizing and providing training related to GBV issues.

C. Survivor-Centered Approach

A survivor-centered approach aims to create a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. The following guiding principles are the basis of this approach:¹⁵

- **Safety:** The safety and security of the survivor and their children are the primary considerations.
- **Confidentiality:** The survivor has the right to choose to whom they will or will not tell their story, and any information about them should only be shared with their informed consent.
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- **Non-discrimination:** All survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation, and any other characteristics.

All GBV-related programs must prioritize the needs of GBV survivors. Therefore, the design and development of all programs/services (be they health or psychosocial services, including social reintegration, economic/legal empowerment, law, and protection/security) must consider the physical, psychological, emotional, social, and spiritual aspects of the survivor; as well as broader social and cultural aspects and survivors' potential that can help them recover from the violence that they faced.

¹⁵ UNFPA, The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, 2019, p. xi.

Actions To Be Taken

Provide the survivor with protection so that they do not experience worse conditions.

Provide the survivor with an opportunity to share their concerns without pressure.

Ensure that all actors involved understand the referral system for necessary service options (such as health, psychosocial, economic, and legal services). This can be done through continuous training programs (refer to Strategic Planning – Recommended Action, Chapter IV).

Support the survivor to make their own decisions in determining and seeking the help they need.

Help the survivor overcome the fear of negative reactions that arise from family or community, or of being blamed for the violence they have experienced.

Always provide psychosocial support to survivors.

Ensure that the survivor has access to quality services by identifying and strengthening the capacities of actors and humanitarian partners involved in the prevention and response of GBV (refer to Strategic Planning – Recommended Action, Chapter IV).

Consider the possibility that the survivor may need to be accompanied to access referral services.

Help the survivor regain the confidence, capacity, and functionality they may have lost due to the violence they experienced.

D. Informed Consent and Information Sharing

All handling of GBV (such as carrying out physical examinations, making referrals, etc.) must be based on the consent of the survivor through careful consideration and without coercion/pressure. Therefore, survivors must first obtain all relevant facts and information, and be able to evaluate and understand the consequences of each choice and action.

Actions To Be Taken

Provide the survivor with clear information about the roles and duties of the aid provider and the assistance that can be provided. Avoid giving promises that cannot be kept.

Provide information in a language that is easy for the survivor to understand, including information that they have the right to give or refuse consent.

Make sure the survivor understands the information provided, including the implications of each action and referrals, as well as their advantages and disadvantages. The survivor must be provided with honest and complete information about possible referrals for services. If they agree and request a referral, they must provide the information before it is shared with others. The survivor should be aware of the risks or implications of sharing information about their situation.

Explain the limitations of maintaining confidentiality, meaning that the survivor must know that information regarding the GBV they experienced may need to be shared and known by other parties involved in handling cases. There are several situations where confidentiality is limited, namely when the survivor threatens to injure another person or themselves, when the survivor is a child and their health and safety are threatened, or when there are mandatory reporting rules (such as in cases of sexual exploitation and abuse by humanitarian workers).

Ask the survivor for approval to make referrals if necessary and to share information with other relevant parties.

Ask the survivor if they have any concerns or conditions because they have the right to limit which institutions they would like to involve. Survivors have the right to set limits on the type of information to be shared, and to determine which organizations can and cannot provide information.

Describe the process for giving informed consent as well as the forms to be used.

Child Survivors

If the GBV survivor is a child, a special approach is needed. In general, children who are survivors of GBV rarely report directly. Often, there are signs (indications) of violence, such as bruises, unnatural injuries, STIs, or pregnancy. For this reason, all considerations of action taken must always be based on the following principles: ¹⁶

1. Promote the best interests of the child;
2. Ensure the child’s safety and security;
3. Make the child feel comfortable;
4. Maintain the confidentiality of the child;
5. Involve the child in decision making;
6. Treat every child fairly and equally;
7. Strengthen the resistance of the child.

In this regard, it is necessary to have the consent and approval of the child’s parent(s) or guardian(s) before any action or handling measures are taken. It is also necessary to know that there are differences between informed consent and inform assent: ¹⁷

Informed Consent	Consent is given by a person who has the legal capacity to give consent, usually in writing; in this case, consent is obtained from the child’s parent(s) or guardian(s).
Informed Assent	Consent and willingness to participate in the service process are obtained, in oral form, from the child.

Although a child does not legally have the capacity to give consent, they still have the right to participate and have an opinion. In this, children’s age and level of maturity should be considered:

AGE	CAPACITY
> 16 years	Generally capable of making decisions.
14-16 years	Mature enough to participate significantly.
9-14 years	Able to participate in the decision-making process, depending on maturity level.
< 9 years	Have the right to give opinions and be heard. Children may be able to participate in the decision-making process to some degree. However, it is important to consider avoiding the child as a decision-maker.

16 UNFPA, Ibid, 2019, pp. 7.

17 KPPP-PA and UNFPA, Ibid., pp. 74

Actions To Be Taken

Use language that is easily understood by children, as well as child-friendly techniques (for example: puppets or drawing).

Provide and explain the services available to the child and the procedures they will go through.

Ensure that the child has a companion or guardian.

Ask for informed assent from the child and informed consent from their parent or guardian.

Always put the safety and best interests of the child first. If there is any indication that the perpetrator is a family or household member, the safety of the child comes first; thus, safe temporary housing and child welfare services are required.

List agencies and involve child protection organizations, such as UNICEF, LPAI, and the National Commission for Child Protection.

Survivors with Disabilities

As with child survivors, a special approach needs to be taken if the survivor is a person with disabilities. Persons with disabilities are a diverse group – they may have different physical, sensory, intellectual, or psychosocial conditions; and their disabilities may be short- or long-term. For this reason, requests for approval need to be adjusted to the survivor's type of disability. Some possible procedures include:

Actions To Be Taken

Ask the survivor if they need assistance in the process of giving consent.

Provide any tools that may be needed for the survivor to convey information, according to the survivor's needs and type of disability.

Use a communication style that is both effective and comfortable for the survivor.

Take sufficient time and patience to explain or ask questions.

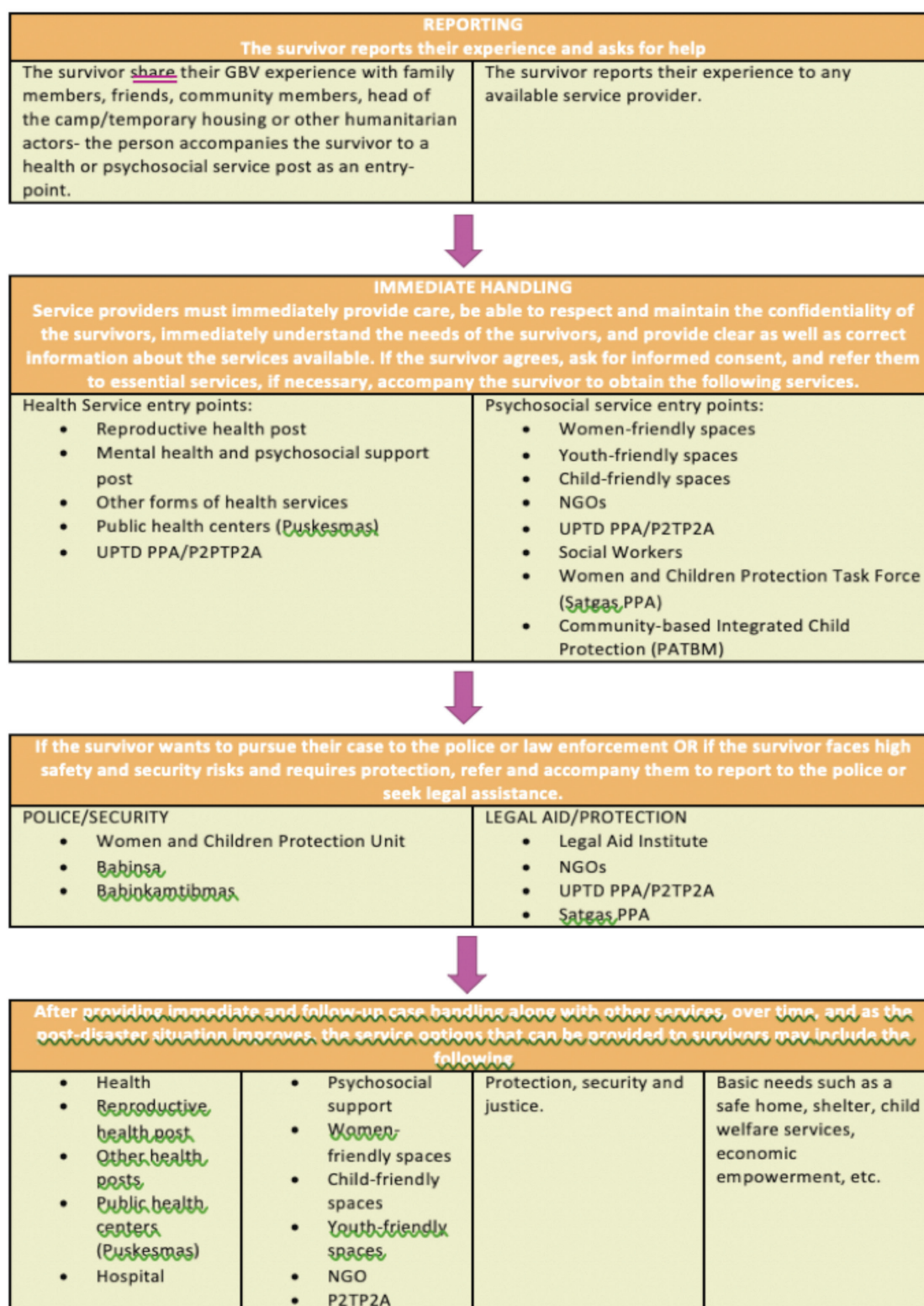
Ensure that the survivor truly understands the information provided, and ask if they have any questions or concerns.

More complete and comprehensive guidance on handling survivors with disabilities can be accessed in the following references: i) *Inclusion of Persons with Disabilities in Humanitarian Action* (page 149), developed by IASC, and ii) *Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities*, developed specifically for women and adolescents with disabilities.

E. Immediate Response and Referral

'Referring' means explaining and directing the survivor to available services that they may need, or to further responses provided by other organizations or sectors. It is very important to provide GBV survivors with immediate response and referral. If referrals to appropriate services are provided promptly, further suffering can be prevented, thereby protecting the survivors' mental safety and health.

Referral mechanisms are mechanisms through which actors and organizations collaboratively provide GBV survivors with comprehensive rights-based protections and services, and include systems that regulate procedures for referring cases. Referrals are usually made using a referral pathway (as provided on the following page), which provides opportunities at each stage to move forward or stop. Survivors have the freedom to choose whether or not to seek help, what type of assistance, and from which organization. To avoid false expectations, service providers must tell survivors what assistance they can provide and clearly explain what cannot be provided and/or what limitations the service has.

Figure 3. Referral Pathway for GBV in Disaster Situations¹⁸

In cases of rape, ensure that the survivor is able to access health services within 72 hours to obtain precautionary measures for pregnancy and sexually transmitted infections (STIs) such as HIV. Refer to the Minimum Initial Service Package for Reproductive Health in Crisis Situations

18 KPPP-PA and UNFPA, Ibid., pp. 66.

F. Case Handling Procedure¹⁹



The steps for handling GBV reports follow below:

¹⁹ Ibid., pp. 62–65.

CHAPTER IV

INTEGRATION PROCESS

GBV prevention and management can be integrated into programs through a cycle that has been developed by the IASC, namely: i) Needs assessment and analysis, ii) Strategic planning, iii) Coordination, iv) Resource mobilization, v) Implementation, and v) Participation. Monitoring and evaluation should be conducted during each stage.

Figure 4. Integration of GBV Prevention and Management into the Displacement and Protection Cluster



GBV Prevention

GBV prevention and response must be conducted simultaneously. As the integration process takes place, it is important to pay attention to GBV risk reduction in each sub-cluster. This may include, for example: ensuring that WASH facilities have adequate security (all doors can be locked from the inside), applying minimum reproductive health standards for women, and ensuring that shelters are adequately lit. For the mentioned integration processes, please refer to the Recommended Action and Gender Checklist in the book *Guideline for Gender Integration in the Displacement and Protection Clusters*, which will be used alongside this guidebook.

Other precautions that can be taken include:

- Continuous socialization, including the involvement of men as agents of change, as a strategy to raise awareness and change social and cultural norms that cause GBV;
- Implementing women's empowerment and child protection programs;
- Strengthening community and family structures;
- Preparing services and facilities that are safe, effective, and easily accessible, including building cooperation with the required litigation and non-litigation systems;
- Conduct continuous monitoring of GBV cases for the collection of data and evaluation of future response; and
- Other steps, integrated into those described in the section below.

Multi-stakeholder collaboration, including with various professional institutions such as midwives, psychologists, etc., is very important. Midwives hold a vital role in preventing GBV by, for example, providing education on reproductive health, providing information and response services

for sexual violence, implementing standard precautions, and providing post-exposure prophylaxis. Their role is also important during the treatment stage, as they provide services and individual/group counseling that facilitate survivors' physical and psychological recovery.

A. Needs Assessment and Analysis

The needs assessment and analysis stage is an important foundation for GBV program design and implementation. During this process, humanitarian actors are responsible for ensuring the implementation of security and ethics standards (including in the data collection process). They must identify the safety and security risks (such as data confidentiality) faced by women and vulnerable groups, especially GBV survivors. Data collection should not be targeted specifically at GBV survivors. If an interview or investigation process involves GBV survivors, it is necessary to collaborate with a GBV specialist/expert.

*** As the assessment process takes place, it is important to focus on reducing potential GBV risks in each sub-cluster. For example: ensuring the WASH facilities have proper security (doors can be locked from the inside), implementing minimum standards of reproductive health for women, and ensuring that shelters have adequate lighting.*²⁰

Recommended Actions

Recommended Action	STAGE	
	PRE-DISASTER/ PREPARATION	DISASTER RESPONSE/ RECOVERY
Identify various materials and other guidelines related to GBV prevention and management, and their implementation in each sector and sub-cluster.	X	
Collect and analyze data for GBV prevention and management, based on age and sex, using different analyses to develop profiles of vulnerable groups and the fulfillment of their needs through the assistance provided in each sector. Note: One standard that can be referred to is <i>Ethical and Safety Recommendations for Intervention Research on Violence Against Women</i> , a guideline book prepared by WHO.	X	X
Identify and recognize humanitarian actors and stakeholders.	X	X
Ensure that data collection, storage, and sharing are carried out safely and ethically.	X	X
Establish mechanisms for handling grievances, as well as reporting and referral procedures.	X	
Design systems for the various services provided, such as health, legal, protection, and psychosocial services.	X	

²⁰ These elements are further elaborated in the Recommended Actions and Gender Checklist in the "Guideline on Gender Integration into Displacement and Protection Cluster", which will be used alongside this guideline.

GBV Checklist

NO	PROGRAM/SERVICE	YES	NO	DESCRIPTION (CURRENT STATUS/FOLLOW-UP)
1.	<p>Have all current guidelines been identified? For example:</p> <ul style="list-style-type: none"> ● Handbook for Protecting the Rights of Women and Children from Gender-Based Violence in Disasters, 2020. ● UNFPA, Research Regarding Adolescents and Youths during the 2019 Crisis (A Collaborative Research Project of UNFPA, YPII, PKBI, and DFAT), and the results of the Rapid Assessment of Gender-Based Violence, 2018. ● Several IASC guidelines that can be accessed online. These include: <ol style="list-style-type: none"> 1. Guideline for Integrating GBV Interventions in Humanitarian Action; 2. GBV Safety Audit Tool, and 3. GBV Pocket Guide. 			
2.	<p>Is disaggregated data on the related population based on age, sex, and other forms of vulnerability (such as disability and so on) available?</p>			
3.	<p>Are complaint handling mechanisms, GBV reporting, and GBV referral procedures in place at the local location? Include protocols for case handling during a pandemic, such as COVID-19.</p> <p>For example: Health services for GBV survivors that comply with the standards for COVID-19 prevention, health facilities that care for GBV survivors, etc.</p> <p>Is a list of local institutions involved in the mechanism and referral system for handling GBV available, along with their contacts? Examples may include UPTD PPA, legal aid, psychological services, etc.</p>			

B. Strategic Planning

Based on the results of the needs assessment and analysis process, strategic planning can be conducted to produce more specific consultations for each sub-cluster. Clear and measurable steps should be taken to develop strategies or work plans for addressing GBV in each sub-cluster. Several elements must be identified, including: program objectives, division of tasks and coordination, timeframes, performance indicators, parties involved and their respective responsibilities, and budget necessary to achieve the targeted outputs and outcomes.

Recommended Actions

Recommended Action	STAGE	
	PRE-DISASTER/ PREPARATION	DISASTER RESPONSE/ RECOVERY
Ensure that each sub-cluster has implemented gender mainstreaming measures, in accordance with international standards, as a precaution for preventing GBV. Regulation of the Head of the National Agency for Disaster Management No.13/2014 on Gender Mainstreaming in Disaster Management provides one legal basis for involving women in decision-making, planning, and implementation, as well as the effective implementation of post-disaster management at the national and sub-national levels.	X	X
Train all personnel and staff involved from various sectors and organizations to increase their sensitivity to human rights, gender, and GBV, as well as national and international policies and regulations.	X	
Conduct refresher workshops or activities on the above topics on a regularly scheduled basis to strengthen humanitarian actors' knowledge, attitudes, and behaviors in respect to gender equality, so that they are able to prevent GBV and provide appropriate responses to survivors.	X	

GBV Checklist

NO	PROGRAM/SERVICE	YES	NO	DESCRIPTION (CURRENT STATUS/FOLLOW-UP)
1.	Have the steps of the gender integration process been carried out in each sub-cluster? (Refer to A Practical Guide to Gender Integration in the Displacement and Protection Cluster)			
2.	Have actors and partners' capacities ability to manage and prevent GBV been mapped to strengthen the referral system?			
3.	Has training been carried out, either face-to-face or not, with national and/or regional partners on international and national service standards for GBV survivors?			
4.	Is a national preparedness plan, which is regularly updated according to the latest developments, available, and does it include GBV prevention and management?			

C. Coordination

Effective GBV prevention and handling require multi-sectoral coordination, at least in the health, social service, law and human rights, security, and community sectors. In general, coordination must include:²¹

- Strategic plan development;
- Data collection and information management;
- Resource mobilization and accountability assurance;
- Division of functions and roles;
- Effectiveness monitoring, identifying and overcoming challenges;
- Leadership appointment.

More specific coordination activities include:²²

- Sharing information on resources, guides, and other materials;
- Sharing information on GBV cases, while anonymizing and protecting survivors' data;
- Discussing and planning activities; conducting problem-solving activities for GBV prevention and mitigation; and coordinating with other relevant organizations and agencies;
- Conducting collaborative monitoring and evaluation;
- Identifying program planning and advocacy needs and coordinating them with other actors, agencies, and authorities.

Exit Strategy

Coordination is also intended to develop an exit strategy that ensures the sustainability of programs and implementation of good practices, with the roles and responsibilities being delegated to the local community. It is therefore paramount to always cultivate commitment, involvement, and a sense of ownership among local stakeholders.

Example of Exit Strategy in the Central Sulawesi Disaster²³

In the immediate aftermath of the disaster in Central Sulawesi, the priority of the Minimum Initial Service Package for Reproductive Health was ensuring that vulnerable women, girls, and youths had access to life-saving reproductive health services and supplies. When the disaster response entered the rehabilitation and reconstruction phase, UNFPA introduced a clear exit strategy to ensure the sustainability of good practices moving forward.

The exit strategy aimed to localize control of the Reproductive Health Tents (RHTs) by shifting operational management to the relevant authorities at the city/district level. In doing so, UNFPA ensured local stakeholders' commitment and facilitated the handover of the RHTs and their assets to be used, moving forward, as village maternity posts (*polindes*), village health posts (*poskesdes*), or integrated family planning and health services posts (*posyandu*). The transfer of assets was finalized at the last sub-cluster meeting in December 2019. Activities are still ongoing under the budget of the local government.

²¹ KPPP-PA dan UNFPA, *Ibid.*, p. 126.

²² *Ibid.*

²³ Indonesian Ministry of Health and UNFPA, *Menyelamatkan Perempuan dalam Situasi Bencana (Gempa, Tsunami dan Likuifaksi)*, 2020, p. 54.

Recommended Actions

Recommended Action	STAGE	
	PRE-DISASTER/ PREPARATION	DISASTER RESPONSE/ RECOVERY
<p>For all eight sub-clusters:</p> <ul style="list-style-type: none"> - Introduce the relevant existing guidelines (for example, the IASC GBV Guidelines); - Use all relevant recommendations to inform each sub-cluster's development of contingency plans and responses. 	X	X
<p>Determine the focal point or working group that will be responsible for coordinating the prevention and handling of GBV. Sub-cluster members should consist of representatives from various levels:</p> <ul style="list-style-type: none"> i) Local level: villages or displacement camps; ii) Regional level: districts, municipalities, and/or provinces; iii) National level: provinces and ministries/agencies. 	X	
<p>Coordinate with professional organizations (midwives, psychologists, etc.) that will provide individual and group counseling services for the physical and psychological recovery of survivors.</p>	X	X
<p>Share information among the sub-clusters regularly (on a monthly basis, at the very least) by distributing minutes of meetings. Problems and issues that arise and require resolution and handling should also be addressed in the minutes, so that the relevant sub-clusters can take action and provide follow-up information.</p>	X	X
<p>Ensure that all sub-cluster members are responsible for ensuring multi-sectoral action and participation in GBV response and prevention.</p>	X	X
<p>Define at least one outcome indicator for response handling and one outcome indicator for prevention, to be developed, shared, and monitored for each sub-cluster.</p> <p>Examples of prevention indicators include:</p> <ul style="list-style-type: none"> ☑ An awareness-raising campaign being promoted for changing the community's attitudes, knowledge, and behavior as related to gender equality. ☑ The availability of security guards, especially after dark and at high-risk locations. <p>Examples of response handling indicators include:</p> <ul style="list-style-type: none"> ☑ The development of a reporting and referral method that can help coordinate relevant parties, with its suitability reviewed periodically. ☑ The availability of accessible healthcare. 	X	

GBV Checklist

NO	PROGRAM/SERVICE	YES	NO	DESCRIPTION (CURRENT STATUS/FOLLOW-UP)
1.	Is an information system for multi-sector/ cluster coordination available at the national level, either remote (online) or face-to-face (offline)?			
2.	Is there a GBV working group to advocate, compile, and implement a work plan?			
3.	Is there a secure information dissemination system in place that maintains the confidentiality of GBV survivors and their families? This includes a secure communication platform to ensure the protection and confidentiality of survivors.			

D. Resource Mobilization

Resource mobilization is mostly related to access to funding for program implementation, either through specific donors or government funding mechanisms/allocations. Humanitarian actors need to be involved in advocacy and partnerships with donors to mobilize resources to address any shortfall in the specific needs, priorities, and capacities of women and minority groups.

Recommended Actions

Recommended Action	STAGE	
	PRE-DISASTER/ PREPARATION	DISASTER RESPONSE/ RECOVERY
Identify the use and optimization of funds from ministries/agencies or local governments, as well as the allocation of said funds for each sub-cluster.	X	X
Advocate to donors the importance of providing resources for GBV interventions, including for targeted GBV programs, sectoral prevention, and coordination, at every stage of a disaster and in each sub-cluster.	X	X
Coordinate and ensure that needs assessment and analysis reports – which will affect funding priorities for all interventions – include anonymous data regarding GBV incidents that occur, risks, existing programs and services, etc.	X	X
Ensure that policies and program plans, including strategies for sustainable budgeting, are specific to each sub-cluster.	X	X

GBV Checklist

NO	PROGRAM/SERVICE	YES	NO	DESCRIPTION (CURRENT STATUS/FOLLOW-UP)
1.	Is there a comprehensive needs assessment and analysis report, along with the budget required for implementing GBV management service programs?			
2.	Are sufficient amounts of designated/standby funds available to implement GBV prevention and management programs in accordance with the situation and needs during and after a disaster?			
3.	Is a cooperation agreement/contract with the donor available, and has it been implemented properly during disaster situations?			
4.	Is a cooperation agreement/contract with service providers available? Such service providers may include law offices, psychology services, or even providers of PPE, rapid tests, etc. in the context of a pandemic.			

E. Implementation

In the implementation stage, three important elements need to be considered:

- i) **Programming** – Encourage all involved parties (such as the government and local communities, NGOs, humanitarian organizations, community-based organizations, etc.) to:
 - Support the involvement of women, girls and other vulnerable groups as program staff/leaders in structures and decision-making processes;
 - Implement programs that: i) reflect a specific awareness of the GBV risks faced by women, girls and other vulnerable groups; and ii) fulfill their right to and need for safety and security;
 - Integrate GBV prevention and mitigation (including response services for survivors) into the program.
- ii) **Policies** – Encourage authorities and policymakers to:
 - Incorporate GBV prevention and mitigation strategies into all program policies, standards, and guidelines from the earliest stage of disaster;
 - Support the integration of GBV risk-reduction strategies into national and local policies, as well as sustainable development and funding allocation plans;
 - Support the revision and adoption of national, local, and customary laws and policies relevant to the cluster/sector that promote and protect the rights of women, girls, and other vulnerable groups.
- iii) **Communication and Information Sharing** – Encourage all the staff, especially those tasked with community outreach, to:
 - Work with GBV specialists to identify safe, confidential and appropriate systems (such as referral systems) for GBV survivors;
 - Compile key information related to GBV, and incorporate it into community outreach and sub-cluster coordination;

- Develop information-sharing standards that promote confidentiality and ensure the safety and anonymity of survivors;
- Share service information and referral paths;
- Conduct training on issues of gender, GBV, and general women's/human rights. These may include, for example, how to handle and communicate with GBV survivors; how to provide information regarding survivors' rights in an ethical, safe and confidential manner; and options for reporting cases and access to care.

Recommended Actions

Recommended Action	STAGE	
	PRE-DISASTER/ PREPARATION	DISASTER RESPONSE/ RECOVERY
Develop standard operating procedures for each sub-cluster, including on coordination matters, that clearly delineate roles and responsibilities.	X	X
Help and advocate for survivors to obtain quality services.	X	X
Make referrals for needed services.	X	X
Develop protocols for cross-sub-cluster information-sharing that ensures the safe and ethical management of the GBV survivor's data.	X	X
Provide direct services, especially if the survivor needs the psychosocial services provided by institutions that accept GBV survivors. Ensure that GBV survivors, especially in cases of rape, receive sexual violence clinic services as soon as possible, within 72 hours of the incident.	X	X
Even if the survivor is being cared for by the referred institution or service (e.g. receiving medical treatment), the case manager is still responsible for following the progress of the survivor's case.	X	X
Follow up on cases and monitor their progress.	X	X
Double-check safety conditions and basic needs.	X	X
If there are other unaccommodated needs, conduct necessary action planning.	X	X
Implement revised programs/action plans as needed.		X

GBV Checklist

NO	PROGRAM/SERVICE	YES	NO	DESCRIPTION (CURRENT STATUS/FOLLOW-UP)
1.	Is there a secure and confidential data collection mechanism for GBV survivors who are referred for comprehensive services within a certain period?			
2.	Is there an emergency response team that is trained or oriented about the referral system?			
3.	Is there a physical and mental health program that is appropriate to the context of the affected community, developed and implemented within 24 hours of the disaster (including humanitarian/health crises such as pandemics)?			
4.	Are Women- and Child-Friendly Spaces (RRP and RRA) available, especially in post-disaster areas? In the context of a pandemic, have prevention and handling standards been implemented?			
5.	Are there community-based psychosocial activities that involve both women and men (adults and children)?			
6.	Are facilities and health personnel who are trained to detect and handle cases of GBV available?			
7.	Are there officers/service providers who are trained to provide initial psychosocial support to affected communities, as well as to GBV survivors?			
8.	Are free and easily accessible legal services available? For example, services that are affordable, provided with easily understood language, clear procedures, etc.			
9.	Are economic empowerment programs and socio-economic safety nets integrated with GBV standard operating procedures?			

F. Participation

In each stage, always ensure the participation of and collaboration with all stakeholders (including local communities). Using a systematic participatory method, it is important to ensure that women, men, girls, and boys participate equally and actively in assessing, planning, implementing, monitoring, and evaluating programs.

Recommended Actions

Recommended Action	STAGE	
	PRE-DISASTER/ PREPARATION	DISASTER RESPONSE/ RECOVERY
Determine the leader of the affected community who will coordinate the implementation of the program. Clarify and note their name and title, including who will be the camp head.	X	
Ensure that community leaders are always aware of the risk of GBV in their environment, and actively communicate with GBV actors, those in charge of the sub-cluster, and those who are involved in problem-solving and prevention efforts.	X	X
Ensure that community involvement respects the rights of women and vulnerable groups, and that the principle of "do no harm" (do not cause endanger or exacerbate conditions) is always upheld. For example, by including a clause to "commit to NOT inflicting any form of GBV" in work contracts that involve the community.	X	
Ensure the involvement of women, children, and other vulnerable groups in the rehabilitation and reconstruction of social facilities. Any form of community involvement must follow the principle of 50% representation, or at least ensure that women and vulnerable groups are represented through a fair and balanced composition.	X	X
Develop confidential protection mechanisms involving communities, service agencies, women's and children's organizations, and local governments.	X	X

GBV Checklist

NO	PROGRAM/SERVICE	YES	NO	DESCRIPTION (CURRENT STATUS/FOLLOW-UP)
1.	Has a leader who will coordinate the program implementation been selected from the affected community? Clarify and note their name and title, including who will be the camp head.			
2.	Have community leaders paid attention to GBV risks in their environment? For example, by collecting data on vulnerable groups from each temporary/permanent settlement, providing facilities that consider the safety of			

	vulnerable groups, etc.?			
3.	Do work contracts involving the community include a clause to “commit to NOT inflicting any form of GBV”?			
4.	Has the involvement of women and vulnerable groups reached 50%?			
5.	Is there a confidential protection mechanism in place for GBV survivors that involves the community, service agencies, women and children's organizations, and local governments?			

G. Monitoring and Evaluation

Evaluation and monitoring must be conducted at every stage, from planning and budgeting to performance measurement and future humanitarian responses improvement. Periodic evaluation aims to continually complete and update data, among others by conducting a more in-depth analysis of: i) the advantages and disadvantages of the program, ii) the results and outputs of the program, including what can be improved, and iii) the responses of the beneficiaries, namely the affected population and GBV survivors. Regular and continuous monitoring ensures that effective programs are maintained, and that the accountability of all stakeholders (including affected populations) is enhanced.


Recommended Actions

Recommended Action	STAGE	
	PRE-DISASTER/ PREPARATION	DISASTER RESPONSE/ RECOVERY
Develop and continually improve reporting and referral methods among relevant parties that can assist in case handling.	X	X
Reach a consensus on the format (form) for data collection and assessment that will be used by the various parties involved in the GBV case referral system.	X	X
Distribute written reports, especially evaluation and monitoring reports, as well as incident data to various parties involved in handling GBV.		X
Document every reported case of GBV. This data, with the survivor's consent, will be submitted to the organization that coordinates GBV and that will be responsible for compiling the data monthly or periodically.		X

GBV Checklist

NO	PROGRAM/SERVICE	YES	NO	DESCRIPTION (CURRENT STATUS/FOLLOW-UP)
1.	Is a GBV case management system in place? This includes cases of rape and domestic violence as forms of GBV that often occur during pandemics.			
2.	Is disaggregated data on the number or percentage of GBV cases that were reported, referred, and received prompt healthcare available? This includes the latest information regarding the safety of affected residents, GBV survivors, and their families during the disaster.			
3.	Is there a framework in place to monitor and evaluate programs for GBV prevention and response?			
4.	Aspects that need to be monitored include, but are not limited to: <ul style="list-style-type: none"> a. The principles within the GBV guidelines are implemented during disasters; b. The training and capacity building needed to prevent GBV and manage survivors during disasters; c. Community involvement in the prevention and management of GBV during disasters; d. The availability of healthcare to handle GBV, following applicable standards/ protocols; e. Psychosocial services for handling GBV that are integrated with disaster/ pandemic management services; f. The availability of security and protection at every facility, including temporary/ permanent housing locations. 			

Annex I: IEC example of PSEA Reporting Flow Chart and List of Focal Points



PERLINDUNGAN DARI EKSPLOITASI & PENYALAHGUNAAN SEKSUAL - PEPS

PRINSIP & ALUR PELAPORAN PEPS

Eksplorasi & Penyalahgunaan Seksual (EPS) oleh pekerja kemanusiaan adalah pelanggaran serius. Program PEPS (Perlindungan dari Eksploitasi & Penyalahgunaan Seksual atau Protection from Sexual Exploitation & Abuse - PSEA) ini dilaksanakan untuk melindungi anggota komunitas & integritas dari kegiatan bantuan kemanusiaan. Laporkan segera semua indikasi pelanggaran EPS.

PRINSIP DASAR PELAPORAN EPS

Kerahasiaan

- Pembatasan akses/penyebaran informasi
- Ciptakan lingkungan untuk keterlibatan para saksi
- Informasi untuk kalangan terbatas

Mudah dijangkau

- Dapat digunakan oleh sebanyak mungkin orang di lokasi kegiatan kemanusiaan
- Akses & dukungan khusus untuk anak, lansia dan orang dengan kebutuhan khusus, dll.
- Masyarakat perlu diberi informasi bagaimana melapor dan didorong untuk melapor bila perlu

Aman

- Pertimbangkan potensi bahaya/resiko kepada semua pihak
- Mencegah percideraan dan bahaya
- Meyakinkan kerahasiaan, perlindungan fisik dan menangani kemungkinan balas dendam
- Adanya ruang aman

Transparan

- Anggota masyarakat mengetahui adanya mekanisme pelaporan EPS, memberi masukan pada pengembangannya, cara menggunakannya dan meyakinkan dipenerapannya.

INFORMASI MINIMUM PELAPORAN EPS

Nama	1. Nama pelaku & organisasi tempat pelaku bekerja (perlu disebut). 2. Nama pelapor (disebut atau anonim)
Apa	Tindakan EPS
Kapan	Kapan insiden terjadi
Dimana	Lokasi insiden
Bagaimana	Prinsip EPS yang dilanggar

UNTUK PELAPORAN UNFPA, HUBUNGI:

- UNFPA Focal Point: 021. 2980.2300 ext: 339
- <https://web2.unfpa.org/help/hotline.cfm>

SUMBER:
PROSEDUR PELAKSANAAN STANDAR PEPS
DIKEMBANGKAN OLEH:
JEJARING PEPS INDONESIA UNTUK TANGGAP DARURAT DI SULAWESI TENGAH

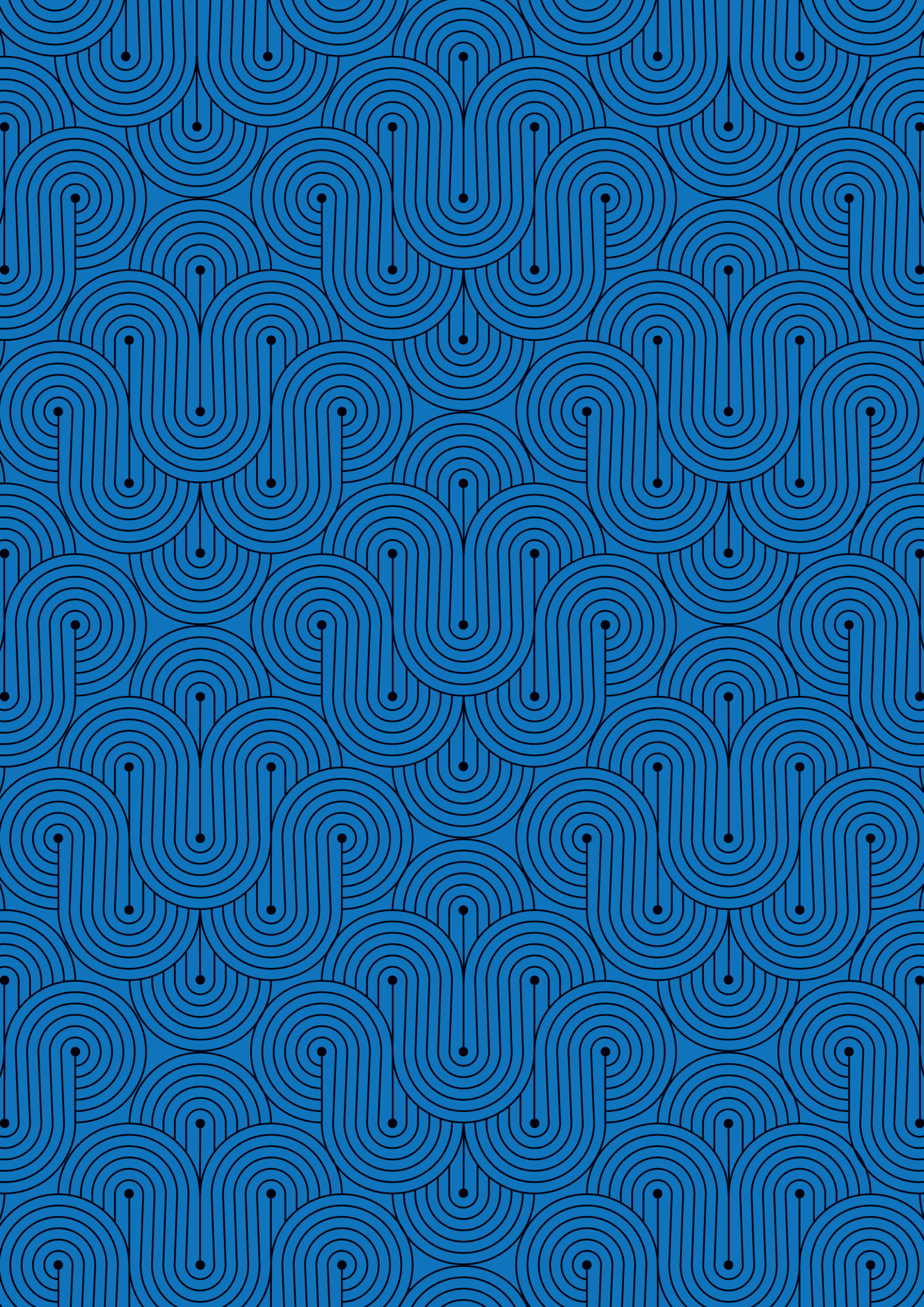
ALUR PELAPORAN PEPS BERBASIS KOMUNITAS

Tingkat Nasional

Tingkat Subnasional

Pelaporan Berbasis Komunitas

Keterangan:
 TRP: Tenda Ramah Perempuan
 CFS: Child Friendly Space
 TRR: Tenda Ramah Remaja
 Tenda Kespro: Tenda Kesehatan Reproduksi





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