Module 7

GBV integration in RCCE for PHEs

What is GBV?

"...an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e. gender) differences between males and females." (IASC GBV Guidelines)

The root causes of GBV are gender inequality, abuse of power and a lack of respect to human rights

Examples: rape, intimate partner violence, sexual harrassment, deprivation of resources, etc.

GBV as a Collective Responsibility

*"All humanitarian actors must be aware of the risks of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation…**Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities** for promoting and protecting the rights of affected populations."*

(IASC GBV Guidelines)

GBV PREVENTION

- **What:** interventions to prevent GBV from first occurring

- **How:** address root causes

- **Who:** ALL actors, governments, communities….everyone!

GBV RISK MITIGATION

- **What:** reducing the risk of exposure to GBV

- **How:** address contributing factors

- **Who:** ALL actors, governments, communities, everyone!

GBV RESPONSE

- **What:** interventions to address the consequences of GBV after it has happened

- **How:** through specialized services

- **Who:** GBV, Health and Protection specialists, who have had appropriate training

Non-GBV actors can link survivors of GBV who seek support from them to GBV response services (GBV pocket guide)

Roles and Responsibilities

All actors, including volunteers:
- Avoid creating or exacerbating risks of GBV
- Reduce existing risks
- Understand how to link to existing referral mechanisms for GBV survivors
- Apply your agency/sector's core minimum standards into all activities

GBV specialists/actors:
- Developing referral pathways for GBV services
- Direct service delivery to survivors of GBV
- ➢ Health services such as clinical management of rape
- ➢ Case management
- ➢ Psychosocial support
- ➢ Legal support
- ➢ Economic reintegration

Concretely, this means ensuring humanitarian actors and service delivery…

does not increase the likelihood of GBV or SEA occurring by creating additional or exacerbating existing risks;

seeks to identify and mitigate GBV & SEA risks;

conducts ongoing monitoring of access and barriers to services, particularly those faced by women and girls; and

are equipped to safely and ethically refer survivors of GBV using available GBV referral pathways or know what to do where there is not referral mechanism

GBV and PSEA

- GBV risk mitigation is part of UNICEF and inter-agency PSEA responsibility.

- GBV response services are needed – better reporting of SEA and provision of services to survivors

- PSEA requires additional measures related to accountability e.g. HR, Investigation etc

AGENDA

1. **Understanding when and how women and girls may be excluded** from RCCE consultations, participatory processes and interventions and its implications for GBV

2. **Steps we can take** to ensure women and girls are included in, and not harmed by, RCCE consultations, participatory processes and interventions, and

3. How to **include GBV messages** in RCCE

Risk Communication and Community Engagement (RCCE)

Risk communication and community engagement is a core public health intervention in any disease outbreak and epidemic management process.

One of the most effective ways to halt the spread of the virus is to equip people with the knowledge, skills and behaviours that can help them be better prepared as they protect themselves, their families and their communities.

Part 1

Understanding when and how women and girls may be excluded from RCCE consultations, participatory processes and interventions and its implications for GBV

Women and girls have specific information needs and topics they need addressed…

- May be in charge of hygiene, childcare, other household tasks that may be affected in a PHE
- May be more or less concerned about preventative measures than average
- May play the main role in keeping children safe from disease
- May have livelihood impacted by PHE
- May have information needs related to pregnancy and breastfeeding, menstruation, and other women's health topics
- May have information needs that are taboo to discuss in public and/or mixed company
- May need GBV resources and gender-specific communication about continuation of services, and may need gendered information on accessing other health services (e.g., is there space for breastfeeding?)
- May hear, believe and perpetuate rumors circulating on women-specific channels
- May need additional disability-specific adaptations (large print, audio, sign interpretation)

Not receiving the right information is a GBV risk and can increase the likelihood of GBV!

Women and girls may not know their entitlements related to humanitarian and PHE services, which could…

- increase the risk of SEA
- increase a risk of engaging in survival sex

Any other ideas?

- Women and girls may not know of available GBV services
- May face reduced access/lack of access to essential GBV services when they are needed
- May be disconnected from GBV services that they had been receiving

And, often, specific practical communication needs

- Literacy levels may be different from men's
- Less likelihood of smartphone ownership
- Digital literacy may be lower than average
- May not be able to access community meetings or participatory activities due to scheduling or permission or due to accessibility
- Less likely to understand colonial language or a language used in local commerce (lingua franca)
- May discuss health topics using different vocabulary from men's
- May get information on women-specific channels
- May trust specific information channels outside majority channels
- May have content preferences that differ entirely from men's
- May prefer to participate in feedback mechanisms entirely differently from how men prefer

Tailoring RCCE approaches to women and girls

Not just a sectorwide and institutional commitment:

The more tailored RCCE interventions are to individual population segments, the more community buy-in, trust and involvement improve, increasing compliance with outbreak control measures.

What happens when we don't specifically target women and girls?

Tailoring RCCE approaches to women and girls: the flipside

Without a gender-inclusive approach, we risk creating interventions that doesn't resonate with (usually) half or more of the population and in which they can't participate. But there's another big risk:

Building trust with communities is both an essential function of RCCE and critical to uptake of public health guidance. If we don't consult with women first to tailor RCCE activities, we risk compromising trust right away by accidentally demonstrating that we don't understand community priorities or culture.

Takeaway: There is *always* time to do a minimum consultation with communities, and to take steps to include women, before providing urgent information and designing activities.

(Suggestion) Tailoring RCCE approaches to women and girls: the flipside

Women and girls are **on the front line of response and prevention in PHEs** given the gender roles that all societies ascribe to them. By excluding women and girls from the RCCE process, we not only close reduce our opportunities for maximum impact and reach, we risk compromising trust and increase risks of GBV.

Building trust with communities is both an essential function of RCCE and critical to uptake of public health guidance. If we don't consult with women and girls first to tailor RCCE activities, we risk compromising trust right away by accidentally demonstrating that we don't understand community priorities or culture.

Takeaway:
- There is *always* time to do a minimum consultation with communities, and to take steps to include women, before providing urgent information and designing activities.
- It is extremely important to consult with women and girls BEFORE a PHE happen - their preferred ways of communication, crafting messages togethers and working with Women's and/or Girl's organizations. (Key Considerations!)

Note on intersectionality

It is the rare context where women and girls are a monolith! We need to consult women and girls who represent diversity in:

- Age
- Disability
- Sexual orientation
- Ethnicity
- Language group(s)
- Location (and urban vs. rural)
- Economic and class status
- Legal status and refugee/IDP status
- Marital status
- Type of household
- Other factors, including any context-specific differentiators

Part 2

Steps we can take to ensure women and girls are included in, and not harmed by, RCCE consultations, participatory processes and interventions

Key areas of RCCE work where we can improve women's inclusion

- Coordination
- Data collection and analysis
- Content and message design
- Capacity bridging
- Community engagement
- Infodemic: rumor management
- Feedback mechanisms
- Monitoring
- Budgeting

Coordination

In coordination with partners, in working groups, and across other coordination platforms:

- Include community-based organizations that represent women's interests and work directly with women, including those with disabilities.
- Include groups that work with different subsets of women, including those with disabilities, those that work with adolescents, parents, etc.
- Coordinate RCCE with AAP and Clusters as they focus on women.
- Think outside the box: Include media organizations relevant to women as applicable. In contexts where women are organized on social media, consider outreach to the leaders of their groups and channels.
- Promote women's leadership within coordination structures.

Data collection and analysis

- Collect sex-, age- and disability-disaggregated data.
- Before conducting surveys or focus groups with women, identify the best terminology and language(s) to use and how to address tricky or sensitive topics in a way that elicits useful information and does not make participants uncomfortable.
- Qualitative data collection: Make sure many diverse women are consulted. Watch for a bias toward women who are available at times and places that most are not, and for a tendency to exclude minority-language speakers.
- Budget to include a wide range of women in monitoring activities (making accommodations for language, distance, disability, etc.).
- Cast a wide net for data validation.

Content/message design

- Key messages developed at the global level are just a starting or reference point.
- Pre-test and adapt key messages with women and girls in the context, but co-create new, locally relevant ones as well.
- Involve women and girls, and those who work directly with them, in the design of localized messages, including those aimed at the general public — are there women's organizations, or a local content or media partner with a focus on women, that can design the content in partnership with expertise offered by UNICEF and other partners?

Capacity bridging

Local women's organizations, women-specific media channels, certain community leaders, and others may be the most trusted sources of information for some women. They may also have the most access to women in the community. Consider building linkages between these actors and RCCE coordination structures so they can help contextualize and package important information and relate it to communities.

Community engagement

- Assess, create and/or convert community engagement platforms that are led and represent women and girls' needs and priorities
- Support the scale-up of these women community-based platforms and their interventions, through training, equipment and leadership tools (community-led action plans, for instance) to increase their role as agents of change.

Rumor management

Tracking rumors is useful for sharing information throughout the response, but the best way to *prevent* rumors is to constantly provide timely, accurate, relevant information to the public and to those working directly with them — even when the message is that **we don't know** the answer yet to a specific question or area of concern (which is quite often the case with a novel disease). Doing so:

Helps habituate communities to look to humanitarian actors for trusted guidance

Builds **trust**, the most essential building block to successful RCCE

Rumors circulating among women may be on taboo topics, particularly when it comes to health. They may need a culturally appropriate private channel to address these topics and specific outreach, and it may be best to use existing trusted sources to deliver rumor-busting messages. Coordinating information with these channels can help you better target your RCCE.

Feedback mechanisms

- **Must be accessible to women.**

Also, they:

- **Should be run by staff trained to handle and refer GBV and PSEA complaints (and other sensitive issues)** — *it's always a good idea to ensure training is reviewed by GBV and PSEA experts, and that general feedback mechanisms are designed closely with SEA-specific complaint mechanisms.*

- **Should be trustworthy to women** – *follow-up is a big part of building trust. It's also important to use women's most trusted and preferred channels and to employ staff that speak the right languages and whom women can trust.*

- **Should widely publicize how and when to report SEA** *among women and other vulnerable groups. Ensuring that women and girls can report SEA requires understanding how women talk about SEA within their community (including what language and specific vocabulary they use), what they expect from aid workers, and how they would feel most comfortable making a complaint. They need to know what will happen after they complain, too.*

- **Offer an opportunity to boost women's voices** *in all phases of the response; consider coordinating a unified approach to feedback collection that focuses on drawing out trends and identifying problems, and a regular, gender-disaggregated report out to coordination bodies.*

Monitoring

- Standard practice of surveys and FGDs aren't always enough to capture women's engagement and attitudes on sensitive topics, especially when they are conducted by an unknown organization.
- Monitoring activities should make accommodations to reach women and girls where they are (e.g., home visits, women's spaces) and provide opportunities for participatory monitoring and/or consult women on options for monitoring tools.
- Share monitoring data out to inform the response.

Part 3

Including GBV messages in RCCE

What to work on with GBV specialists

- Mapping and adapting GBV referral pathways to make them more easily understandable for affected communities
- Integrating messages about the existing GBV services in RCCE through the engagement /participation of the most trusted and preferred community sources and channels
- Understanding/addressing barriers for accessing information and services
- Promoting safe and accessible community feedback mechanisms and help-seeking behavior
- Understanding the different cultural/social norms, power dynamics, influencers, gatekeepers, etc. in the community to help inform GBV messages and activities

GBV ethics for effective RCCE

Don't

❑ Don't attempt to identify or document GBV cases

❑ Don't seek out survivors to interview them

❑ Don't ask communities to share detailed stories about GBV Don't conduct awareness on GBV unless there incidents that have occurred

❑ are support/response services available

❑ Don't share someone's personal experience with others unless s/he gives consent for seeking help

❑ Don't use individual stories (even if names have been changed)

❑ Don't attempt to be a GBV specialist, unless you have been trained extensively

Instead

❑ Know the existing GBV services and referral/help-seeking mechanisms in your context

❑ Raise aware on available GBV services through the engagement/participation of trusted sources and channels, and where applicable link survivors with specialists

❑ Ensure all frontline workers are equipped to refer anyone seeking GBV services to specialists as needed

❑ Consult GBV specialists/service providers about general GBV issues and concerns in the community

❑ Work with GBV specialists when consulting with women and girls about their needs

❑ Make sure GBV support services before talking about them

❑ Create fictional *vignettes* that combine multiple sources of information

Thank you!