GUIDANCE
GBV One Stop Centers, Somalia

- Updated 2020 -

Introduction:

This guidance is developed to standardize service provision across GBV one stop centers to ensure that GBV survivors are provided services in line with the standards and guidelines of GBV service provision. It is also defining the kind of services and support that is provided by the GBV one stop centers and type of human resources that is required to deliver quality, timely and confidential services to GBV survivors.

Background: Comprehensive and Coordinated Response for GBV Survivors:

Coordinated response models, or "one-stop" services represent a promising model for providing comprehensive care to survivors of gender-based violence, offering medical, legal and psychosocial services either within one location—a hospital or a stand-alone center—or through a referral system that links services. The main aim of the coordinated response model is to increase survivor safety and perpetrator accountability by coordinating and linking core services, including providing immediate to longer term health care, access to police and legal services, and culturally and age appropriate counseling services. GBV one stop centres are becoming an increasingly popular approach for addressing gender-based violence, particularly sexual violence.

The concept of GBV one stop centres for Somalia is different, flexible and simple in application with less emphasis and entirely less capital investment. This is because implementation and location is designed is a way that allows it to affiliate itself most times with existing secondary health facilities in host community locations and in camps sites is more temporary in nature. The major difference between GBV centers in host communities (especially in urban centers) with more stable fixed structures is the capacity for survivors to access most services within and around the location of the centre.

Recently, the number of GBV one stop centres supported by UNFPA and partners have grown to 31 across the three regions of Somalia – Puntland, Somaliland and FGS. This is attributed to the acceptability among women and girls and communities in Somalia and demand to expand services for rape and other GBV related incidents to more remote locations.

Program Description:

Building on similar models of comprehensive care in South Africa, Kenya, Malawi, and Uganda, the GBV one-stop model for coordinated response serves most of the time as a first level entry point and care for the GBV survivor and facilitates links to other services through collaboration with police and justice ministries. It also provided information and support for GBV survivors who are desirous to prosecute and seek redress for rape. GBV one stop centers in Somalia is essentially location adaptive in nature. Its physical location and annexure to health facilities removes the burden of stigmatization for women and girls who may be afraid to be labelled "raped" or "battered". Activities of the GBV one stop centres covers critical spectrum of care and support. It includes prevention, medical treatment and care for physical bruises, Clinical management of rape; Pyscho-social counselling and referrals support for legal assistance and prosecution.

Prevention:

Incorporating vital community outreach and preventive work into GBV one centres is core to the operation of the GBV one stop centres in Somalia. Since they are mostly run by NGOS that are annexed to health facilities, it provides an opportunity to use these NGOs to mobilize women and girls in the host communities and camps that they operate to access services at the GBV one centre. Broadly the prevention programme consists of community education and mobilization activities designed to increase knowledge and change attitudes and behaviour regarding gender among men, women, service providers, leaders, youth, and children. These multi-faceted community mobilization platforms helped bring attention to GBV issues and reduce stigma for women who reported abuse.

Services:

GBV one stop centers in Somalia help survivors of GBV access a comprehensive package of integrated medical, legal, and psychosocial support. They provide direct services which focus primarily on medical services, psychosocial first aid, case management and also refer clients to legal and social services, support groups, and shelters. Services are briefly defined below:

Health/Medical Care for GBV Survivors

Survivors, especially female survivors, living with and/or having experienced violence may need medical treatment for injuries and mental health services as well as sexual reproductive health services, such as sexually transmitted infections (STI) and HIV testing, prenatal care, contraceptive counseling and provision of methods and other relevant treatment for other common health consequences of GBV. For survivors of sexual violence the essential components of medical care - as defined by international protocols - are: documentation and treatment of injuries, collection of forensic evidence, evaluation for STI and HIV/AIDS and preventive care, evaluation for risk of pregnancy, prevention of pregnancy, psychosocial support, counseling and follow-up. (Clinical Management of Rape, 2004, World Health Organization and Addressing violence against women and girls in sexual and reproductive health services: a review of knowledge assets, 2008, UNFPA). Health assistance is the priority for cases involving sexual violence and/or possible bodily injuries. In the case of rape, assistance must be in accordance with the WHO/UNHCR Clinical Management of Rape guidelines and may include emergency contraception and post-exposure prophylaxis for HI

Psychosocial response

Psychosocial support for GBV survivors: services and assistance aimed at addressing the harmful emotional, psychological and social effects of gender-based violence. Psychosocial support seeks to improve a survivor's wellbeing by:

i) Bringing healing to survivors and their families;
ii) Restoring the normalcy and flow of life;
iii) Protecting survivors from the accumulation of distressful and harmful events;
iv) Enhancing the capacity of survivors and families to care for their children; and
v) Enabling survivors and families to be active agents in rebuilding communities and in actualizing optimistic futures.

Psychosocial support focuses more broadly on the individual whereas case management focuses on the immediate needs related to the incident of violence. *(Managing Gender-based Violence Programs in Emergencies, 2012, UNFPA).* Psychosocial services for survivors/victims of GBV include the following inter-related types of activities:

1) emotional support to assist with psychological and spiritual recovery and healing from trauma;
2) case management, support, and advocacy to assist survivors in accessing needed services; and
3) support and assistance with social re-integration.

Security and safety response

All service providers should prioritize the safety and security of survivors (and of their families and of workers providing care). Due to the dramatic disruption of the legal system in areas where this SOP applies, security actors such as police, are not included in the referral pathways.

Legal/justice response

Legal responses include providing legal counseling, assistance, and representation for adults and children, when the GBV survivor wishes to press charges against the perpetrator or in cases related to personal status (e.g. custody law issues, divorce, alimony, etc.). Being closely related to the Security/Protection Sector the same considerations on the local context apply. Due to the insecurity and judicial vacuum or uncertainty of the area where these SOPS apply, the legal response in areas where these SOPs are implemented is limited. It is important that service providers present survivors with full and up-to-date information in order for him or her to make a decision on which institutions to access, especially since the systems in place are subject to sudden changes. No automatic referrals to legal institutions should be made.

Staffing

GBV one stop centres is unique in the Somalia humanitarian response because it offers a both clinical management of rape, treatment of physical injuries and psycho-social counselling within one location. It also provides an opportunity to provide other GBV information. A GBV one stop centre has minimum of 8 staff including a community mobilizer and a PSS counsellor. Services providers are mostly NGOs who are on the referral pathways for specific locations where the GBV centres are located and who maintain good collaborative work relationships/and operate a directory of service providers for legal and justice sectors. Separate spaces for counselling are provided and a doctor who is already trained to administer CMR using a survivor centred approach is always available in the health facility and takes immediate referral of a rape survivor requiring treatment. Psycho-social counsellors in the centres are trained case managers who take disclosures and follow the procedures for case management to provide services in a confidentially manner that assures safety and respect of the rights of the survivor.

Guiding Principles and Rights for Working with Individual Survivors

Safety and Security

Ensure the safety of the survivor and family at all times. Remember that s/he may be frightened, and need assurance that s/he is safe. In all types of cases, ensure that s/he is not placed at risk of further harm by the assailant. If necessary, ask for assistance from security, police, village headmen and chiefs or others who can provide security. Maintain awareness of safety and security of people who are helping the survivor, such as family, friends, counsellors, health care workers, etc.

Best Interest of the Child

In all cases concerning a child, the best interest of the child should be the primary consideration. Apply the above principles to children, including their right to participate in decisions that will affect them. A child should be listened to and believed in, and their concerns should be taken seriously. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide and the appropriate procedures should be followed. The WHO Ethical and Safety Recommendations document provides guidance on these issues and offers additional resources that can be consulted.

Do No Harm

If documenting, reporting, monitoring or providing a service to a survivor will have greater risks than benefits, it must be avoided.

Confidentiality

Respect the confidentiality of the survivor and their family at all times. If the survivor gives his/her informed consent, share only relevant information with others for the purpose of helping the survivor, such as referring for services. All written information about survivors must be maintained in secure, locked files. If any reports or statistics are to be made public, only the actors who report data each month will have the authority to release such information. All identifying personal information (name, address, etc.) will be withheld in the reporting, compilation and sharing of data. Encourage other community members and humanitarian actors to respect the confidentiality of the survivor and not gossip about a case which may increase the stigma of the survivor and discourage other survivors from seeking help in future. When relating to children make sure they understand that you have to share the information with their caretakers to ensure the safety and security of the child.

Information

Everyone has the right to information, what services are available, how to reach the services, the potential risks and consequences of accepting additional services and not accepting additional services. Make sure information is given to children in a manner they understand.

Informed Consent

All actors must receive informed consent from the survivor, or legal guardian if the survivor is a minor, prior to any response service or sharing of information. If the survivor cannot read and write an informed consent statement will be read up to the survivor and a verbal consent will be obtained. The survivor should have the option to provide limited consent where they can choose which information is released and which is kept confidential. The objective of informed consent is that the survivor understands what s/he is consenting and agreeing to.

Self-Determination and Child Participation

Offer information about available support services and respect the choice of the survivor concerning which services s/he wishes to access. Maintain a non-judgmental manner; do not judge the person or her/his behaviour or decision. Be patient; do not press for more information if s/he is not ready to speak about it. Ensure that children are participating in the decision making process of services they can access, make sure that children are involved in all decision making processes regarding referral and access to services.

Non-Discrimination and Impartiality

Ensure non-discrimination and impartiality in all interactions with survivors and in all services provision. All actors will provide services without discrimination based on age, sex, religion, clan, ethnicity, wealth, language, nationality, status, political opinion, culture, etc. All actors must be impartial.

Privacy and Survivor's Comfort

Ensure privacy before starting interviews of survivors, this includes child survivors. Avoid requiring him/her to repeat the story in multiple interviews. Only ask survivors relevant questions. Be empathetic. Do not show any disrespect for the individual or her/his culture or family or situation. Where possible conduct interviews and examinations by staff of the same sex as survivor unless there is no other staff available. Survivor's comfort must always be taken into consideration, and interview settings must reflect that.

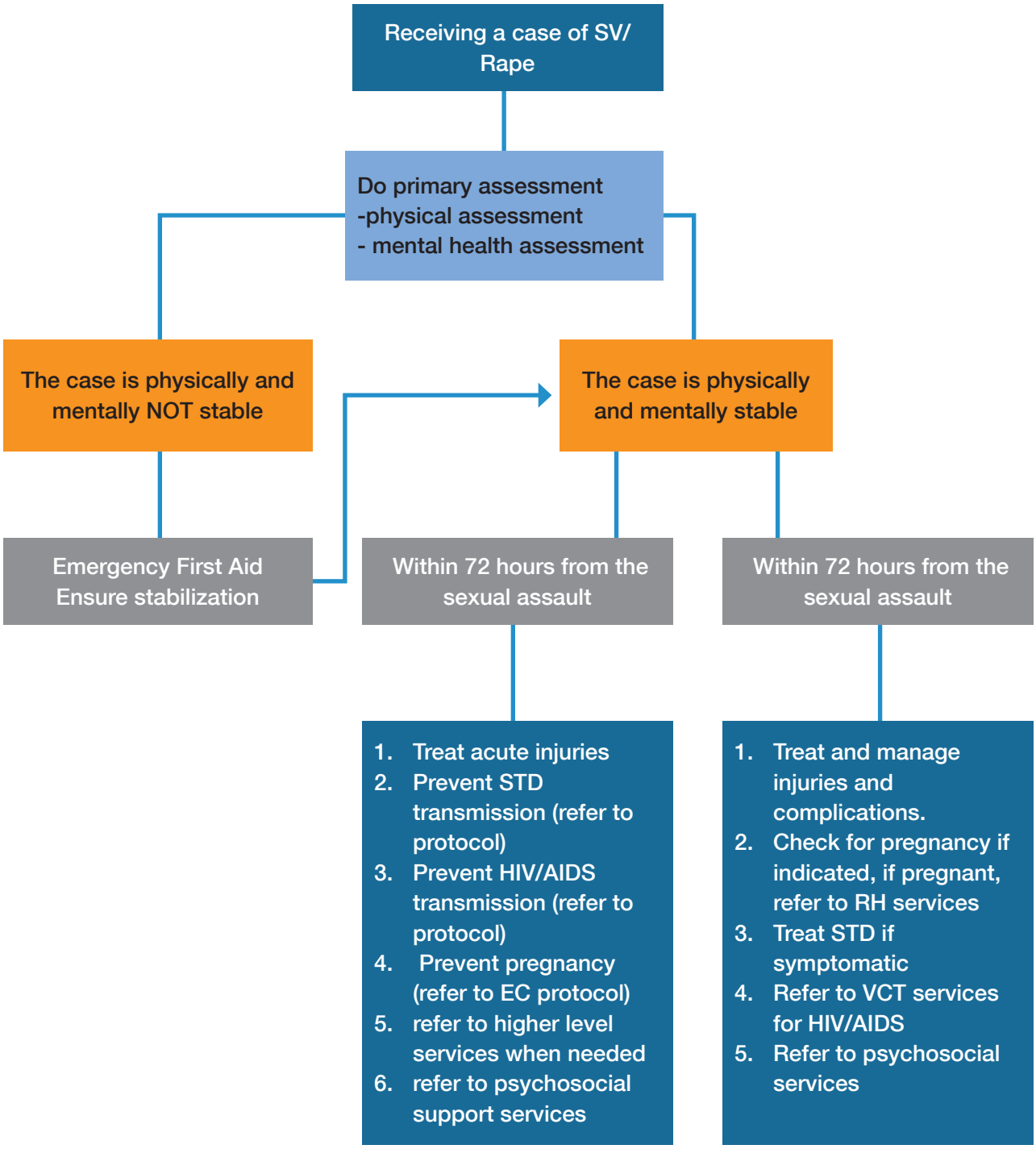
Survivor Centered Approach:

"The survivor-centred approach aims to create a supportive environment in which a GBV survivor's rights are respected, safety is ensured, and the survivor is treated with dignity and respect. The approach helps to promote a survivor's recovery and strengthen her or his ability to identify and express needs and wishes ; it also reinforces the person's capacity to make decisions about possible interventions" *(Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action : Reducing Risk, Promoting Resilience and Aiding Recovery, 2015, IASC)*

Sustainability:

The GBV one stop centre in Somalia is primarily donor funded. Strategic location of most of the centres within health facilities not only improves in safety and security of the GBV survivors to access services but is planned to promote integration within existing secondary facilities in anticipation of an eventual take over by the government. However, protracted emergency of Somalia has dilapidated governments ability to solely fund and manage health facilities and increased donor dependency. The location of the GBV one stop centres also allows the centre to depend on available skilled human resource for CMR which is an important element to ensure access to critical life -saving services for rape survivors.

Flow Chart for Clinical Management of Rape Provision

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