

## Guidance for Safe Houses for GBV survivors in Myanmar: *Child Protection integration minimum standards*

This brief guidance is primarily aimed at providing guidance for Safe Houses staff on Child Protection (CP) considerations in Emergencies for Gender-Based Violence (GBV) survivors and their children. The guidance is not intended to be an exhaustive guidance for the delivery of safe houses services, as it is expected that partners who manage safe houses have already adopted Standards of Practice of which they strictly adhere to.<sup>1</sup> The purpose of this guidance is to support and guide safe houses staff to integrate CP principles into their daily work and into the management of safe houses. Please note that this guidance covers adults GBV survivors 18 years and older, and it is not intended to cover underage children and adolescents survivors of GBV under 18 years.

### Objectives

In the current humanitarian context in Myanmar, Safe Houses<sup>2</sup> for GBV survivors are amongst the most important gateways through which women survivors of GBV can access support. Safe houses are intended to provide survivors of GBV, in particular Intimate Partner Violence (IPV) and domestic violence, who have concerns over safety, and have nowhere safe to go. As many survivors have responsibilities for childcare, absence of childcare or temporary child dedicated friendly spaces, can be a barrier for survivors to access these Safe Houses. In addition, children can experience and/or witness physical and emotional maltreatment at home, and thus might also experience trauma or distress. It is therefore critical that Safe Houses include CP minimum standards and inform their daily work and management of Safe Houses.<sup>3</sup>

### Child Protection Considerations

#### Preparation and staffing

- If a GBV survivors enters the Safe Houses with one or more children, it is imperative that a CP officer and/or a CP focal point is also available to understand the child's vulnerability risks, including dangers and injuries, physical and emotional maltreatment, and/or if the child itself has experienced GBV.<sup>4</sup>
- Basic items for survivors and their children (CP kits) should be available.
- Provide training to staff on child protection:
  - Nominate two people from staff to have additional CP training and to be the focal point within the Safe House.
  - Ensure all Safe Houses have the contact of a CP focal point who can be made available should a child enter the Safe House with their parents; CP Agencies and Case Management organizations operating in the location close to the Safe House. Contact numbers should be stored in the safe house for use in the event a child comes in with his/her mother.
- All Safe House Staff should be trained on child-friendly communication and facilitation skills; core Minimum Standards for Child Protection in Humanitarian Action; Psychological First Aid; identification and referral of children with additional protection MHPSS needs and concerns.<sup>5</sup>
- Designated CP Focal Points trained on gender-and age- appropriate communication with children, including children with disabilities should be available either in the Safe Houses or in a CP organization operating in an area close to the Safe Houses.

<sup>1</sup> Please also see the GBV Minimum Standards (2019) for more detailed information.

<sup>2</sup> For the purpose of the present document, the term Safe House will be used, however, the same guidance applies to Safe Shelters.

<sup>3</sup> Please see the Minimum Standards for Child Protection in Humanitarian Action (2019) for more detailed information.

<sup>4</sup> Please note that as per the UNFPA Internal Guidelines, entry to Safe Houses for children of adult survivors is: for female children under 18; and for male children 10 years old or below. For child survivors, if s/he does not have no guardian or parental consent and requires accommodation and case management services, they will be accommodated at the safe houses until such time that referral can be made to child protection services.

<sup>5</sup> The CP AoR can support as needed with capacity building on CP Minimum Standards.

- Safe Houses should have the contact of CP focal points and Agencies that provide positive parenting sessions and psychosocial support. Based on need and funding, it is also good practice to have available parenting sessions for survivors to ensure they are fully supported in their caregiving and in their relationship with their child.
- Staff should sign and be trained into the organization's Code of Conduct (CoC) and child safeguarding policy on Prevention of Sexual Exploitation and Abuse.

#### **Assistance to children and adolescents**

- Basic and planned activities for children should promote (a) protection, well-being and learning, and b) delivered in safe, inclusive, contextually and gender and age-appropriate approaches.
- Children should be provided appropriate assistance, which include a Child Friendly corner, where children can play and have a sense of normalcy. CP focal points should be present to support children and facilitate the activities.
- Child Friendly corners should include activities such as arts, crafts, sports and physical activity.
- Safe Houses should also consider deliberate and tailored activities for older children and adolescents when they accompany their mothers, such as sexual and reproductive health education, mental health awareness, life skills training. When appropriate activities are not available, Staff should have the list of organizations providing appropriate services to older children and adolescents.
- A plan for the transportation of the child to and from school should be considered. This would be determined on a case-by-case basis.

#### **Inclusion**

- The Safe House should also be made accessible and inclusive for children experiencing disabilities. Activities with them should be tailored to meet the distinctive needs and capacities of every child. Safe Houses with no experience in inclusion should actively seek the support of specialized organizations.<sup>6</sup>

#### **Confidentiality**

- An area for confidential private discussions between children and caregivers and Safe House Staff should be identified. It is recommended to create a safe and private room, where children and caregivers feel comfortable and not in danger. Please note that it is imperative that the Staff is adequately trained to not cause further harm when discussing with children and caregivers.

#### **Referrals**

- Safe House's Staff should be aware of types and signs of abuse and other health and protection concerns, and they should know where and how to refer vulnerable children to case management for further assessment and care. In the majority of cases, children who enter the shelter will have "witnessed or experienced abuse" and require support from CP case manager. The CP case manager will oversee referrals.
- However, it is required that service mappings and referral pathways are available at the Safe House for emergency needs, such as health life-saving services.

For additional support, please contact CP AoR Coordinator (Krissie Hayes: [krhayes@unicef.org](mailto:krhayes@unicef.org)) and GBV AoR Coordinator (Kibrom Girmay: [kgirmay@unfpa.org](mailto:kgirmay@unfpa.org))

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<sup>6</sup> The CP & GBV AoR will also actively facilitate capacity building trainings as needed.