



## Guidance on GBV referrals during COVID-19 outbreak<sup>1</sup>

*(as of 6 April 2020)*

### <Objective>

While it is indicated that the risk of GBV increases during the COVID-19 outbreak as in any other health pandemics, the availability of and access to GBV services are likely to be limited because of different factors, including restrictions on movement, closed/reduced working hours of services, fear of infection, diversion of human and financial resources, etc. Because of the rapidly changing situation, the process of GBV case referrals may be challenging or may not be timely. In this context, in order to continue GBV case management services as life-saving intervention as much as possible, GBV Sub-Sector in Myanmar has developed this guidance document to guide partners (especially, non-GBV specialized partners) on how to refer GBV cases to the appropriate GBV case management service providers in safe and timely manners.

### <Guiding Principles for Referrals>

When interacting with and/or referring the survivor, please use a survivor-centered approach by practicing:

- **RESPECT**: all actions you take are guided by respect for the survivor's choices, wishes, rights and dignity
- **SAFETY**: the safety of the survivor is the number one priority
- **CONFIDENTIALITY**: people have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing any information to anyone.
- **NON-DISCRIMINATION**: providing equal and fair treatment to anyone in need of support

For non-GBV specialized actors, your key role in this context is to **provide accurate information**. If health or any other relevant services exist, ***always*** provide information on what is available. In the context of COVID-19 pandemic, service availability may change rapidly. It is suggested to check the basic service availability regularly and confirm that services are operational before providing information. It is important that you share what you know and most importantly, explain what you do not. Then, let the survivor decide if s/he wants to access the available services. Receiving quality medical care within 72 hours of sexual assault incident can prevent transmission of sexually transmitted infections (STIs), and within 120 hours, can prevent unwanted pregnancy.

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<sup>1</sup> This version of the guidance does not contain the names and contact information of the GBV referral focal points to ensure confidentiality, safety and data protection. If you need the contact information for the locations indicated in this document, please kindly contact UNFPA ([taniguchi@unfpa.org](mailto:taniguchi@unfpa.org), [lphyu@unfpa.org](mailto:lphyu@unfpa.org)).



### <Decision Tree>

#### **PREPARE**

Be aware of existing services

A GBV incident is disclosed to you....

#### **By someone else...**

Provide up-to-date and accurate information about any services and support that may be available to the survivor. Encourage the individual to share this information safely and confidentially with the survivor so that they may disclose as willing.

**NOTE: DO NOT seek out GBV survivors.**

#### **By the survivor**

#### **LOOK & LISTEN**

Introduce yourself. Ask how you can help. Practice respect, safety, confidentiality and non-discrimination.

**NOTE: DO NOT seek for details on what happened.**

Is a GBV actor/referral pathway available?

#### **Yes LINK**

Follow the GBV referral pathway to inform the survivor about available GBV services and refer if consent is given by the survivor.

#### **No LINK**

Communicate accurate information about available services.

Does the survivor choose to be linked to a service?

#### **Yes**

If GBV actor is available, refer the case. If not available, communicate the detailed information about the other available resource/service. Do not share or record details of the incident or personal information.

#### **No**

Maintain confidentiality. Explain that the survivor may change his/her mind and seek services at a later time.



### <Other Tips during the Referral Process>

- ✓ Talk to the survivor in a private setting, reassure about safety and confidentiality.
- ✓ Maintain a non-judgmental manner. Do not laugh or show any disrespect to the survivor.
- ✓ Be patient and show empathy at all times. Use healing statements such as; “I am sorry that happened to you”, “It is not your fault”, “You are safe right now”, “I am here to support you”, etc. Do not doubt the survivor and never investigate the situation.
- ✓ Do not ask the survivor detailed questions about the GBV incidents; obtain only minimal information which would allow you to do the referral (name of the survivor, contact details, assistance needed, location).
- ✓ Provide the survivor with information on services that she/he requests or feel they need. For GBV case management providers, briefly explain that these services providers have specialized case workers who will assist survivors in reaching the different types of assistance they need; including psychosocial, medical, legal, financial support among others if needed. Remind survivors of sexual violence that specialized medical assistance is important and should be provided as soon as possible after the incident.
- ✓ Respect the right of survivors to make their own decision. Inform, but do not give advice.
- ✓ Obtain the survivor’s consent for referrals to case management or any other services.
- ✓ If the survivor does not provide consent, you have to respect her/his choice. Do not force help on people, be intrusive or pushy.
- ✓ If the survivor was subjected to rape and is unwilling to be referred to case management service, but willing to seek medical assistance, contact directly the health facility that can help and organize the clinical care.
- ✓ Do not mediate between the survivor and the perpetrator or a third person (e.g. family).
- ✓ Once a GBV referral has been made, do not ask for extra information or contact the survivor directly.

### <Key Contact Information for GBV Referrals>

If you require any support or clarification on the GBV referrals, please contact below focal points for respective locations. They are able to support you in providing guidance, information and clarification.

Location	Township	Name	Organization	Phone	E-mail
National			UNFPA		
			UNFPA		
Rakhine	Central Rakhine		UNFPA		
	Central Rakhine	IRC Hotline	IRC		



	Central Rakhine	MSF Hotline	MSF		
		Legal service hotline	LCM		
		Legal service hotline	Thazin		
	Meybon	RI Hotline	Relief International		
	Northern Rakhine		UNFPA		
Kachin			UNFPA		
			Metta		
Northern Shan			UNFPA		
		IRC hotline	IRC		
		DSW Safe House			
Kayin			UNFPA		
	Hpa An		WON-Kayin		
	Hpa An		WON-Kayin		
	Thandaunggyi		Taungdaunggyi Women Group		
	Hlinebwe		Taw Win Thazin Women Group		
	Myawaddy		Child Care Foundation		
	Hpa An		Ethic Women		
	Kawkareik		Women Empowerment Group		
	Hpa An		Kayin Women Democracy Action Group		
Kayah		Safe house helpline	KNOW/FRC		



### **<Additional Resources>**

- IASC GBV Pocket Guide “How to support survivors of gender-based violence when a GBV actor is not available in your area” (English: [https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV\\_PocketGuide021718.pdf](https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf)) (Myanmar: <https://gbvguidelines.org/wp/wp-content/uploads/2019/10/PG-Burmese.pdf>)
- GBV AoR Helpdesk “GBV Case Management and the COVID-19 Pandemic” (English: [https://drive.google.com/open?id=1nikfXI9DYtea3rG15R-0ua6-aE\\_eCiC2](https://drive.google.com/open?id=1nikfXI9DYtea3rG15R-0ua6-aE_eCiC2)) (Myanmar: [https://drive.google.com/open?id=1a66qmG2HvygT\\_IrJ1jOMW3J5GZs6uhdy](https://drive.google.com/open?id=1a66qmG2HvygT_IrJ1jOMW3J5GZs6uhdy))
- GBVIMS Technical Team summary on “Case Management, GBVIMS/GBVIMS+ and the COVID-19 Pandemic” (English: <https://drive.google.com/open?id=1BgTYdEaqyoVuErVJ7ZKKBN5wNgQm4ShP>)