

Pilot Program Models and Design

OVER THE COURSE OF PHASE I of the Putting Survivors at the Center project, data was collected on the challenges and barriers preventing survivors from accessing specialized GBV services in the Democratic Republic of Congo (Bukavu), Iraqi Kurdistan (Erbil) and Iraq (Mosul), and South Sudan (Yei River State). Data was also collected on the recommendations for facilitating survivors' access to GBV specialized services. This data is the foundation of the program models that have been developed and will be piloted during Phase II of the project. An overview of these pilot program models is briefly discussed below.

Development Process

Based on research findings from Phase I of the Putting Survivors at the Center (PSAC) project, the GWI and the Women for Women International (WfWI) teams developed a “menu of options”—a sample list of potential pilot program models that respond to the suggested recommendations made by research participants. The menu of options identified three thematic areas that the pilot programs should address:

- 1 The improved immediate handling of GBV disclosures,
- 2 Connecting to and supporting existing GBV specialist services, and
- 3 Strengthening medium and long-term support to GBV survivors.

Six program models were developed that fall under these thematic areas. The pilots will be implemented across six different program sites in three different countries (the DRC, Iraq and Iraqi Kurdistan, and South Sudan) over the course of 12 months (Phase II). While some activities will be piloted in all of the program sites, some will only be piloted in one site.

Pilot Program Models

From these three thematic areas, six program models were developed:

- 1 Psychosocial First Aid (PFA) and Immediate Support for Survivors
- 2 Strengthening Survivor-Centered Care and Gender Equitable Attitudes among GBV Service Providers
- 3 Strengthening Coordination between GBV Specialists and Non-Specialists
- 4 Strengthening Referrals to Specialized Services
- 5 Provision of Psychosocial Support (PSS)
- 6 Provision of Community-based Psychosocial Support

Under each of these models are a set of activities that will be implemented. While Activity 1 is a core activity that will be implemented in all program sites, other activities are highly contextualized and will only be implemented in specific sites. This is to maximize the learning from this program. These are detailed in the table below.

PUTTING SURVIVORS AT THE CENTER

Thematic areas



Improved Immediate Handling of Disclosures

PILOT ACTIVITY

- 1 Psychosocial First Aid (PFA) and Immediate Support for Survivors



Connecting to & Supporting Existing Specialist Services

PILOT ACTIVITIES

- 1 Strengthening Survivor-Centered Care and Gender Equitable Attitudes among GBV Service Providers
- 2 Strengthening Coordination between GBV Specialists and Non-Specialists
- 3 Strengthening Referrals to Specialized Services



Medium to Long-Term Support

PILOT ACTIVITIES

- 1 Provision of Psychosocial Support (PSS)
- 2 Provision of Community-based Psychosocial Support

IRAQ

- 1 Referrals "Plus" trainings for all core WfWI and Partner Frontline staff/Support staff
- 1 Train/support GBV service providers (e.g., healthcare professionals) on data safety/confidentiality in referral pathway
- 3 Support rollout of application/online directory of GBV specialist services
- 1 Recruit PSS specialists to provide targeted support
- 2 Women's empowerment activities led by WfWI Change Agents

SOUTH SUDAN

- 1 Referrals "Plus" trainings for all core WfWI and Partner Frontline staff/Support staff
- 2 Develop or update Standard Operating Procedures with roles & responsibilities of non-GBV specialists
- 2 Conduct internal assessment of function & quality of existing services
- 2 Organize & lead facilitated discussions bringing together specialists & non-GBV specialists
- 3 Raise awareness of services & reduce stigma about accessing services

D.R.C.

- 1 Referrals "Plus" trainings for all core WfWI and Partner Frontline staff/Support staff
- 1 Capacity building for existing specialized services (e.g., health providers on gender attitudes).
- 2 Evaluation and exchange meetings with medical structures and representatives of women/girls living with disability
- 3 Emergency fund for survivors
- 3 Guidelines to support referrals for women with disabilities
- 3 Raise awareness of services & reduce stigma about accessing services