

Strengthening the Coping Capacities of conflict affected GBV survivors in
Juba, South Sudan



TRAINING MANUAL
HUMAN RIGHTS & GENDER BASED VIOLENCE
2017



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CHAPTER 1

1. Aim: To help participants state, define and appreciate human rights.

2. Objectives: Participants will be able to:

- Clearly state the fundamental basic human rights;
- Question societal views regarding these rights and the role they play in South Sudan society; and
- Discuss the how they can claim these rights.

1.0 Definition of human rights

Human rights are entitlements that all people have by virtue of being human beings. Human rights are universal legal guarantees protecting individuals and groups against actions which interfere with fundamental freedoms and human dignity. Human rights law obliges Governments to do some things and prevents them from doing others. Some of the most important characteristics of human rights are the following:

1. We Are All Born Free & Equal. We are all born free. We all have our own thoughts and ideas. We should all be treated in the same way.

2. Don't Discriminate. These rights belong to everybody, whatever our differences.

3. The Right to Life. We all have the right to life, and to live in freedom and safety.

4. No Slavery. Nobody has any right to make us a slave. We cannot make anyone our slave.

5. No Torture. Nobody has any right to hurt us or to torture us.

6. You Have Rights No Matter Where You Go. I am a person just like you!

7. We're all equal Before the Law. The law is the same for everyone. It must treat us all fairly.

8. Your Human Rights Are Protected by Law. We can all ask for the law to help us when we are not treated fairly.

9. No Unfair Detainment. Nobody has the right to put us in prison without good reason and keep us there, or to send us away from our country.

10. The Right to Trial. If we are put on trial this should be in public. The people who try us should not let anyone tell them what to do.

11. We're Always Innocent Till Proven Guilty. Nobody should be blamed for doing something until it is proven. When people say we did a bad thing we have the right to show it is not true.

12. The Right to Privacy. Nobody should try to harm our good name. Nobody has the right to come into our home, open our letters, or bother us or our family without a good reason.

13. Freedom to Move. We all have the right to go where we want in our own country and to travel as we wish.

14. The Right to Seek a Safe Place to Live. If we are frightened of being badly treated in our own country, we all have the right to run away to another country to be safe.

15. Right to a Nationality. We all have the right to belong to a country.

International cooperation in promoting and encouraging respect for the human rights and fundamental freedoms of all is one of the purposes of the United Nations, as outlined in Article 1 of its Charter which states that: *"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood"*. Thus, since the founding of the Organization in 1945, human rights have been the business of every Member State, every constituent body, every programme and agency, and every staff member of the United Nations. These same rights are enshrined in the South Sudan constitution which was promulgated in 2011.

Task; The instructor to ask participants to list the various rights that they are aware of:

16. Marriage and Family. Every grown-up has the right to marry and have a family if they want to. Men and women have the same rights when they are married, and when they are separated.

17. The Right to Your Own Things. Everyone has the right to own things or share them. Nobody should take our things from us without a good reason.

18. Freedom of Thought. We all have the right to believe in what we want to believe, to have a religion, or to change it if we want.

19. Freedom of Expression. We all have the right to make up our own minds, to think what we like, to say what we think, and to share our ideas with other people.

20. The Right to Public Assembly. We all have the right to meet our friends and to work together in peace to defend our rights. Nobody can make us join a group if we don't want to.

- 21. The Right to Democracy.** We all have the right to take part in the government of our country. Every grown-up should be allowed to choose their own leaders.
- 22. Social Security.** We all have the right to affordable housing, medicine, education, and childcare, enough money to live on and medical help if we are ill or old.
- 23. Workers' Rights.** Every grown-up has the right to do a job, to a fair wage for their work, and to join a trade union.
- 24. The Right to Play.** We all have the right to rest from work and to relax.
- 25. Food and Shelter for All.** We all have the right to a good life. Mothers and children, people who are old, unemployed or disabled, and all people have the right to be cared for.
- 26. The Right to Education.** Education is a right. Primary school should be free. We should learn about the United Nations and how to get on with others. Our parents can choose what we learn.
- 27. Copyright.** Copyright is a special law that protects one's own artistic creations and writings; others cannot make copies without permission. We all have the right to our own way of life and to enjoy the good things that art, science and learning bring.
- 28. A Fair and Free World.** There must be proper order so we can all enjoy rights and freedoms in our own country and all over the world.
- 29. Responsibility.** We have a duty to other people, and we should protect their rights and freedoms.
- 30. No One Can Take Away Your Human Rights.**

CHAPTER 2

1. Aim: To help participants clarify their personal beliefs about the roles of women and men.

2. Objectives: Participants will be able to:

- Clearly state their opinions on various statements about women's and men's roles;
- Question societal views regarding the roles of women and men in society; and
- Discuss the difference between sex and gender
- Discuss the major health and sexual reproductive rights that they are aware of.

2.0 Gender

Gender refers to socially constructed identities, attributes and roles for women and men. The term gender is not interchangeable with women. Society's social and cultural meaning for these biological differences results in hierarchical relationships between women and men, and in the distribution of power and rights favouring men and disadvantaging women. This social positioning of women and men is affected by political, economic, cultural, social, religious, ideological and environmental factors, and can be changed by culture, society and community.

Gender constructions are dynamic and fluid; they change over time and can be different in different cultures. As an example of socially learned differences, women's role in most societies has traditionally been to take care of the household and the children, whereas the role of men has been to provide for the family by working outside the home. In most societies, these traditional perceptions of women's and men's roles have changed and are constantly evolving.

Analyzing international law and international human rights law from a gender perspective is important, because gender analysis helps us understand how women and men experience human rights violations differently as well as the influence of differences such as age, class, religion, culture and location. It highlights and explores hierarchical and unequal relations and roles between and among males and females, the unequal value given to women's work, and women's unequal access to power and decision-

making as well as property and resources. Gender mainstreaming or integration helps assess the impact of different laws, policies and programmes on groups of men and women.

Task; participants to list the different roles of men and women in their community and trainer to discuss with them whether these roles are socially constructed or biologically associated.

2.1 Gender mainstreaming

Gender mainstreaming (or integration) is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender parity between men and women in various aspects of life like education and at the work place. Participants to give Gender integration as a strategy and methodology does not in theory mean an emphasis on women's experiences. However, given the socially constructed differences and relations between males and females in most of the world's societies, in practice it often results in a specific focus on women because they are mostly adversely affected by existing gender inequalities.

CHAPTER 3

1. Aim: To help participants state, define reproductive rights.

2. Objectives: Participants will be able to:

- Clearly state the fundamental basic reproductive health rights;
- Question societal views regarding these rights and the role they play in South Sudan society; and
- Discuss the how they can claim these rights.

3.0 Sexual reproductive health and Rights

Reproductive health is defined in the Programme of Action of the International Conference on Population and Development as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes”.

Women’s sexual and reproductive health is related to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education and the prohibition of discrimination.

Violations of women’s sexual and reproductive health rights are frequent. These take many forms, such as denying access to services that only women require, providing poor-quality services, subjecting access to third-party authorization or performing procedures without the woman’s consent, including forced sterilization, forced virginity examinations and forced abortion. Women’s sexual and reproductive health rights are also at risk when they are subjected to female genital mutilation and early marriage.

Violations of women’s sexual and reproductive health rights are often deeply ingrained in societal values pertaining to women’s sexuality. Patriarchal concepts of women’s roles within the family mean that women are often valued according to their ability to reproduce. Early marriage and pregnancy or repeated pregnancies spaced too closely together, often as the result of efforts to produce male offspring because of the preference for sons, have a devastating impact on women’s health with sometimes fatal consequences. Women are also often blamed for infertility, and ostracized and subjected to various human rights violations as a result.

The Convention on the Elimination of All Forms of Discrimination against Women guarantees women equal rights in deciding freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights. It also specifies that women's right to education includes access to specific educational information to help ensure the health and wellbeing of families, including information and advice on family planning. Women's childbearing role can also have an impact on their enjoyment of other rights such as the rights to education and to work.

The Beijing Platform for Action states that the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. The Committee on the Elimination of Discrimination against Women recommends that States should prioritize the "prevention of unwanted pregnancy through family planning and sex education.

The UNSCR 1325 calls for the increased participation of women in leadership of national and international institutions involved in conflict management, as well as the integration of a gender perspective in United Nations peacekeeping operations and national reconstruction and reintegration programmes. The resolution stresses the special responsibility of all parties to conflicts to involve women in peace processes, to respect the rights of women and girls during conflict, and to take specific measures to ensure their protection while at the same time fighting against sexual violence and abuse.

The Government of South Sudan is committed to gender equality and improving the status of all women and girls, including those with disabilities through its commitment to the National Action Plan on UNSCR 1325 which aims to increase the participation of women in crisis prevention, conflict management and post-conflict peace building and to protect them against any form of gender-based violence, and in particular sexual violence, in situations of armed conflict and in times of peace. Special measures have already been taken by the Government to increase the participation of women in leadership and decision-making and an affirmative action provision for 25 percent representation of women is contained in the Transitional Constitution of the Republic of South Sudan, 2011, and the National Gender Policy.

3.1 Access to information about sexual and reproductive health

Women's right to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to exercise this right requires attention to their access to information on modern methods of contraception and comprehensive sex education.

Women's lack of information on contraception has a direct impact on their right to decide on the number and spacing of their children, as well as on their right to health. The Committee on the Elimination of Discrimination against Women, in its general recommendation No. 21 (1994), explained that "in order to make an informed decision about safe and reliable contraceptive measures, women must have information about contraceptive measures and their use, and guaranteed access to sex education and family planning services, as provided in article 10 (h) of the Convention." Such information should be scientifically accurate and free from discrimination. While practitioners have a right to conscientious objection, the protection of that right must not infringe on women's right to accurate and objective information on contraception. The European Court of Human Rights, for instance, has held that pharmacists may not refuse to sell contraceptives based on their personal religious beliefs.³² The Committee on the Rights of the Child, in its general comment No. 4 (2003) on adolescent health and development, specified that "States parties should ensure that [adolescents] have access to appropriate information [on sexual and reproductive issues, including family planning, contraception and the prevention of sexually transmitted diseases], regardless of their marital status and whether their parents or guardians consent."

CHAPTER 4

1. Aim: To help participants state the services available in their community and the protection of civilian camps.

2. Objectives: Participants will be able to clearly map where to access which services they need.

4.0 Access to services

Ensuring that women have access to services which are required only by women is a key aspect of eliminating discrimination against women. Guaranteeing the availability, accessibility, quality and acceptability of these services and medicines is central to ensuring women's sexual and reproductive health rights. Access to maternal health, Post Exposure Prophylaxis services in time is particularly crucial to the safety of young and rural women in South Sudan.

The Committee on the Elimination of Discrimination against Women, in its general recommendation No. 24 further specified that "it is discriminatory for a State party to refuse to legally provide for the performance of certain reproductive health services for women", highlighting that "laws that criminalize medical procedures only needed by women and that punish women who undergo those procedures" are barriers to women's access to health care.

The available services for women and girls in Juba POC include humanitarian actors such as IMC and IRC for health services such as maternal health and post exposure medications, IPCA for legal advice and UNPOL for enforcement. In instances where violations occur outside the PoC, women and girls can access services from the national hospitals and courts for redress.

CHAPTER 5

1. **Aim:** To help participants identify different forms of violence against women.
2. **Objectives:** Participants will be able to name different forms of violence against women.

5.0 Violence against women

The Declaration on the Elimination of Violence against Women defines “ violence against women” as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” The Convention on the Elimination of All Forms of Discrimination against Women asserted that violence against women is “violence directed against a woman because she is a woman or affects women disproportionately.”

This violence seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men. The adoption of this general recommendation was a critical precursor to the recognition of this issue at the Vienna World Conference.

Women in all countries, irrespective of status, class, age, caste or religion, experience violence in virtually all spheres of life, whether in the home, at work, on the street, in government institutions, or in times of conflict or crisis. Violence is also present throughout the lifetime of a woman, affecting girls and older women too. Specific groups of women suffering from various forms of discrimination, such as women with disabilities or migrant women, lesbian, bisexual and transgender women are particularly vulnerable to violence. Understanding that violence against women is a manifestation of historically unequal power relations between men and women, a human rights analysis posits that the specific causes of such violence and the factors that increase the risk of its occurrence are grounded in the broader context of systemic gender-based discrimination against women and other forms of subordination. Vulnerability to violence is understood as a condition created by the absence or denial of rights.

Violence against women in the family can take the form of domestic violence or harmful or degrading practices that are violent to and/or subordinate women. Harmful and degrading practices, such as dowry-related violence or so-called honour crimes, also continue, without systematic monitoring, punishment or redress, despite advances in legislation prohibiting them. Other examples of violence in the family are domestic assault (physical, psychological, emotional, financial or sexual violence), marital rape, femicide or gender-motivated killings (domestic murder, ritual killings or killings of women accused of witchcraft, lynching, as well as gender identity- and sexual orientation related or ethnic or indigenous identity-related killings), child marriage, female genital mutilation and sex-selective abortion. Violence against women is also perpetrated or condoned by the State.

This type of violence can include gender-based violence during conflict, disappearance or extrajudicial killings, custodial violence, violence against refugees and internally displaced women, or women from indigenous or minority groups.

CHAPTER 6

1. Aim: To help participants clarify what is gender based violence.

2. Objectives: Participants will be able to:

- State their opinions on various forms of gender based violence in their society;
- Question societal views regarding the various forms of gender based violence in their society.

6.0 Introducing Gender-Based Violence

The IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings defines gender-based violence as "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females."

Gender-based violence (GBV) is a widespread phenomenon that exists in all societies and contexts around the world, regardless of religion, ethnicity, socio-economic status or level of education. Although forms and prevalence of GBV vary across cultures, countries and regions, GBV is a serious human rights violation and a potentially life-threatening protection issue that disproportionately affects women and children.

The common GBV categories are physical, sexual, economic, psychological/emotional abuse/violence, and harmful practices. Some of the more common examples of GBV include: sexual violence, sexual exploitation and/or abuse (SEA), domestic violence, trafficking, forced and/or early marriage, and other traditional practices that cause harm such as female genital mutilation, honour killings and widow inheritance.

Gender-based violence is a consequence of deep-rooted socio-cultural beliefs and practices that attach specific roles, responsibilities, behaviours, expectations, opportunities and limitations to being a woman and to being a man. These norms create unequal power relationships between men and women that, in the majority of cases, results in the subordination of women, as well as discriminatory and restrictive notions of masculinity and femininity. Socio-cultural norms around the roles and the position of men vis-a-vis women also contribute to a distorted perception of what is considered a violation. Sometimes norms instill a generalized acceptance of some forms of violence. For example, in some contexts rape is considered a major humiliation for the survivor and a minor offence for the perpetrator, and in some

countries marital rape is a criminal offence while in other countries it is not. Likewise, domestic violence is often considered a private matter in which outsiders should not interfere. These societal norms reduce the likelihood of reporting and access to justice for the survivors, as well as lead to a culture of impunity that is, in turn, a contributing factor to the increased likelihood of GBV.

From its theoretical beginnings GBV was synonymous with violence against women and girls, although over time the definition of GBV has been used to highlight certain forms of violence against men and boys. Prevalence rates for sexual violence against men can be more difficult to determine: men and boys may be less inclined to expose what has happened to them due to entrenched gender norms, cultural and religious taboos and ill- equipped services¹.

The term gender-based violence also applies to violence perpetrated against lesbian, gay, bisexual, transgender and intersex persons that is "driven by a desire to punish those seen as defying gender norms.

In emergencies, whether natural disaster or conflict, GBV tends to be more prominent due to a range of factors, including disintegration of state power and control, breakdown of community and household networks, the use of rape as a weapon of war, widespread impunity, pervasive discriminatory cultural norms, and shifting gender roles that arise in situations of increased poverty, insecurity and displacement.

Gender-based violence has serious consequences, including immediate injury and possible long-term physical and psychosocial harm, as well as social and economic consequences and death. Children who witness violence are more likely to have emotional and behavioural problems, perform poorly in school and be at risk of perpetrating or experiencing violence in the future. Indirect impacts on individual and community productivity can lead to increased poverty and undermine potential economic and social development, creating a cycle of underdevelopment, poverty and violence. All of these consequences can have a critical impact on people's food security and nutritional status.

¹UNHCR, Working with Men and Boy Survivors of Sexual Violence and Gender-Based Violence, Need to Know Guidance

CHAPTER 7

1. Aim: To help participants explain and understand sexual exploitation and abuse that they see in the Protection of Civilian camps.

2. Objectives: Participants will be able to:

- State the various forms of sexual exploitation they encounter on a daily basis;
- Discuss the various ways that they can mitigate the sexual exploitation and abuse.

7.0 Protection from Sexual Exploitation and Abuse (PSEA)

Sexual exploitation and abuse (SEA) is a form of GBV and, within the United Nations system, refers to acts committed by aid personnel against affected populations. SEA violates universally recognized human rights. SEA also undermines the relationship of trust between an organization and the people it seeks to serve. SEA represents a failure of the United Nations to protect vulnerable people and jeopardizes the reputation of the United Nations at large.

The United Nations has adopted a zero tolerance policy against sexual exploitation and abuse (SEA). This is outlined in the **2003 Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse (ST/SGB/2003/13)(The SGB)**.⁵ The SGB relates PSEA specifically to the responsibilities of international humanitarian actors to prevent incidents of sexual exploitation and abuse committed by United Nations, non-governmental organization (NGO) and inter-governmental personnel against affected populations. The SGB highlights the responsibility of humanitarian actors to take prompt action when incidents occur. The SGB applies to all United Nations staff and related personnel, to all categories of United Nations peacekeeping personnel, as well as to non-United Nations entities or individuals in a cooperative agreement with the United Nations.

Sexual exploitation and abuse is not to be confused with **sexual harassment**,⁶ which refers to "any unwelcome and unwanted sexual advances, requests for sexual favours, or other unwelcome or unwanted written, verbal or physical conduct of a sexual nature". It is associated with the workplace and occurs between employees.

CHAPTER 8

1. Aim: To introduce to participants the concept of psychosocial support services.

2. Objectives: Participants will be able to clearly map where to access psychosocial services that they need.

8.0 Introduction to psychosocial support services

A community provides a physical environment and foundation for safety, living, work, education and health-service. But it also furnishes a social and psychological foundation for individuals and families. This function of the community becomes obvious in emergency situations. Psychosocial support adds mental and social dimensions to the traditional concept of humanitarian aid. Our understanding of psychosocial support is built on the knowledge and awareness of the need to provide psychological and social support to people involved in disaster situations.

To meet the needs of people during traumatic experiences, it is essential to create venues where people can meet and share experiences and spiritual life. Psychosocial support is community based. It is not individual psychotherapy. This work is facilitated through the efforts of the affected population and by working with existing programs whenever possible. It is about helping communities to regain their connections, their voice, their wisdom and resources so that they can decide about their future. Through psychosocial support, communities determine their common goals so that they can care for their own people.

8.1 The Objectives of psychosocial work

When entering into an emergency situation it is important to have well-defined objectives. The primary goals of psychosocial work are:

- To assist affected people to attain stable life and integrated functioning
- To restore hope, dignity, mental and social well-being and a sense of normality.

Different groups have different needs at different times. Four dimensions affect the psychosocial aid process:

- Attitudes and approach: the ethics and spirit of psychosocial support.
- Pre-conditions and obstacles that occur in the circumstances of the specific disaster; when, where it is located and the impact of the type of disaster.
- Awareness of a long-term perspective.
- Culturally specific methods of coping in the affected society, including the appropriate timing.

Common signs and signals of an individual's reactions to stress		
Physical	Cognitive	Emotional
"Flight, fight, freeze"; Shock, numbness, Nausea Exhaustion, Muscle tremors, aches Twitches, Chest pain, Rapid heartrate, Headaches, Weak- ness, Fatigue.	Blaming someone, Confusion ,Poor attention Poor decisions, Poor concentration, Memory problems, Hyper-vigilance, Nightmares Intrusive images Poor problem solving Difficulty calculating Poor abstract thinking Difficulty identifying objects or people.	Anxiety, Guilt, Numbing, Grief, Denial, P anic feelings, startle response, Emotional shock, Uncertainty Depression, Apprehension, Intense anger Irritability, Agitation, Loss of emotional control; out- bursts, Euphoria, Obsessiveness.
Relational	Behavioural	Spiritual
Withdrawal from family, co-workers, colleagues Withdrawal from organizations and affiliations Withdrawal from social and faith-based affiliations Isolation Stigma, racism, sexism, media response Secondary injuries from friends, family, social and professional institutions contribute to additional stress.	Change in speech Withdrawal Emotional outbursts Accident proness Potential for violence Suspiciousness Loss or increase of appetite Startle response Alcohol consumption Inability to rest Pacing Change in sexual functioning Periods of crying Proneness to accidents Recklessness Non- specific bodily complaints.	Questions about faith Self-blame Guilt, survivor guilt Anger at God Anger Realization of vulnerability and mortality Withdrawal from faith and religion Concern about hereafter Questions about good and evil Questioning God Comfort in knowing deceased is with God.

8.2 The IASC Psychosocial Intervention Pyramid

Multi-layered supports: In emergencies, people are affected in different ways and require different kinds of supports. A key to organizing mental health and psychosocial support is to develop a layered



system of complementary supports that meets the needs of different groups. This may be illustrated by a pyramid. All layers of the pyramid are important and should ideally be implemented concurrently

Basic services and security: The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services.

An MHPSS response to the need for basic services and security may include:

- Advocating that these services are put in place with responsible actors
- Documenting their impact on mental health and psychosocial well-being
- Influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial well-being.

These basic services should be established in participatory, safe and socially appropriate ways that protect local people's dignity, strengthen local social supports and mobilize community networks.

Community and family supports: The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. In most emergencies, there are significant

disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family supports which include:

- Family tracing and reunification
- Assisted mourning and communal healing ceremonies
- Mass communication on constructive coping methods
- Supportive parenting programmes
- Formal and non-formal educational activities
- Livelihood activities and the activation of social networks, such as through women's groups and youth clubs

Focused, non-specialized supports: The third layer represents the support necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers.

For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

Specialized services: The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning.

This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems require either (a) referral to specialized services if they exist, or (b) initiation of longer-term training and supervision of primary/general health care providers.

References

1. Inter-Agency Standing Committee (IASC). 2015.
2. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.
3. WFP GBV Strategy for South Sudan, November 2016.