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WOMEN AND GIRLS SAFE SPACES

A Guidance Note
based on the Humanitarian response
in Bosnia and Herzegovina



Impressum

WOMEN AND GIRLS SAFE SPACES: A Guidance Note based on the Humanitarian response in Bosnia and Herzegovina

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Please Note:

This guidance note is based mainly on the previously published UNFPA text in the document ‘*Woman and Girls Safe Spaces: Guidance note based on lessons learned from Syrian crises*’. It is considered and updated in accordance with the evidence obtained through the mixed migration humanitarian response in Bosnia and Herzegovina, through which UNFPA has established woman and girls centres (WGCs) in this country.

In the same response programme, UNFPA also established boys and young men centres (BYMCs) and jointly with this guidance note it developed the guidance note ‘*BOYS AND YOUNG MEN SAFE SPACES: A Guidance Note based on the Humanitarian response in Bosnia and Herzegovina*’. These documents have an almost identical structure and the same description of the general approach.

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The list of abbreviations

B&H	Bosnia and Herzegovina
WGC	Women and girls center (synonym for Women and girls safe space)
CMR	Clinical management of rape
GBV	Gender-based violence
NGO	Non-governmental organization
LGBT+	Lesbian, gay, bisexual, trans, questioning, queer, intersex, androgynous/agender/asexual/aromantic
MHPSS	Mental health and psychosocial support
PSS	Psychosocial support
SRH	Sexual and reproductive health
TRC	Temporary reception center
WGC	Women and girls center

1. Introduction

1.1. Mixed migration humanitarian response in Bosnia and Herzegovina

Since 2017, Bosnia and Herzegovina (BiH), as one of the countries on the mixed migration routes through the Western Balkans, has been a transit country for the migrant population. Families, pregnant women, single women and girls from three continents and many different countries (e.g., Iran, Afghanistan, Pakistan, Iraq, Syria, Nepal, Nigeria, Morocco, Burundi, Cuba, etc.) have arrived in and transited through Bosnia and Herzegovina. Their different cultural, racial, ethnic, religious, socioeconomic and sexual orientation as well as educational backgrounds combined with the different harmful experiences they endured on their journey have caused different needs among these women and girls.

Many of them intended to cross borders in order to reach EU countries and therefore their difficult journey did not end in Bosnia and Herzegovina. Moreover, after each unsuccessful attempt they became more vulnerable after facing emotional difficulties, physical injury and administrative, legal and other challenges.

UNFPA has been a part of a mixed migration humanitarian response in Bosnia and Herzegovina since 2018. In order to respond adequately to the needs of women and adolescent girls (aged 15+), UNFPA established safe spaces, known locally as women and girls centres (WGCs).

1.2. Who are women and girls 'on the move'

Women and girls 'on the move' comprise a female population of migrants and refugees. They left their countries of origin for various interconnected reasons that made them vulnerable (e.g., conflict, poverty, experiencing violence or discrimination). Some of them are still children and some travel alone.

By running away from the situation in their countries they began a more difficult journey, one that has had a strong and harmful impact on their physical and mental health. Well documented evidence gathered over the course of the humanitarian response shows that women (especially single women) and girls are

"The journey seemed never ending. I walked all the way from my country to Bosnia and Herzegovina. In my country military service is mandatory for all men and women and it is unlimited, meaning once they start they could be in the military forever. The women get married quickly and give birth to children so that they would not have to join the military. It is like a prison. I just couldn't be there anymore." (Nurah aged 38)

"I am coming from a very poor country where women usually can't even afford to be educated. Instead of going to school or spending time with my peers, I became a mother even though I wanted to pursue a career, higher education and become independent." (Estella aged 22)

Box 1.
Quotes from women on the move

recognised as the most vulnerable categories when it comes to different forms of gender-based violence (GBV), especially sexual abuse and exploitation.

1.3. What are women and girls centres (WGCs)

As safe spaces, WGCs are formal or informal places where women and girls feel physically and emotionally safe. In the present context, the term 'safe' refers to the absence of excessive stress, violence (or fear of violence) and abuse and represents a safe environment for coping and working on issues related to trauma. It is a space where women and girls feel comfortable and enjoy the freedom to express themselves without fear of judgment or harm. These are suitable places where competent professionals ensure that women and girls feel safe and protected and where they can get professional help and support, particularly in cases of gender-based violence (GBV) and issues related to sexual and reproductive health (SRH).

WGCs have been used for decades in humanitarian programming, while they were known as safe spaces, women centres, women community centres or listening and counselling centres, women's friendly spaces or women's learning and resource centres, etc. WGCs are not just shelters or one-stop centres.¹ On the contrary, they are centres with well-planned realistic and measurable activities designed to protect, empower and provide the necessary assistance.

Always established with the relevant involvement of national and local authorities, WGCs can function according to two main operative models:

1. independent/separate safe centres in a particular country and selected community, for example, safe spaces in the Syrian response;²

2. centres within a more extensive response mechanism (e.g., camps for the population affected by certain crises), which is the case in Bosnia and Herzegovina where WGCs have been established within temporary reception centres (TRCs) officially led by the Ministry of Security of Bosnia and Herzegovina.

¹ See, for example, *Sexual and Gender-Based Violence Sub-Working Group, UNFPA, Women and Girls Safe Spaces, Syrian Crisis response in Jordan* (2014).

² For more detail see UNFPA, *Woman and Girls Safe Spaces: Guidance note based on lessons learned from Syrian crises* (2014). Available at www.unfpa.org/sites/default/files/resource-pdf/woman%20space%20E.pdf

1.4. How to utilise this document

This guidance note is based mainly on previously published UNFPA text in the document 'Woman and Girls Safe Spaces: Guidance note based on lessons learned from Syrian crises'. It was developed using the extensive evidence collected through the successful implementation of the mixed migration humanitarian response programme in Bosnia and Herzegovina. The latter establish WGCs in this country by working directly with more than 7,000 women and girls over the last three years (2018–2022). The results of a desk review related to best practice in this arena are also included.

The purpose of the document is to provide an overview of safe spaces and the key principles and guidelines that should be followed when establishing such spaces in emergency response. Different reasons (e.g., different needs and backgrounds of the target population, the political situation, available resources, etc.) disable the possibility of creating universally applicable guidelines that should be followed strictly when establishing a WGC. However, this guidance removes the need to start such important work from 'zero'. This document offers the evidence-based perspectives of two humanitarian responses, namely Syria and Bosnia and Herzegovina. In addition, together with this document, there is also a detailed document on the establishment of boys and young men centres (BYMCs)³ and this allows the reader to draw relevant comparisons.

Based on experiences of UNFPA, this document provides a set of tools and resources aimed at facilitating the efforts of the responsible authorities, respective institutions, communities and frontline service providers in protecting and empowering women and girl refugees and migrants. Hence, this document should prove helpful to state institutions involved in making the gradual transition from the current response in Bosnia and Herzegovina but should be also helpful in establishing safe spaces in responses similar to the current one in Bosnia and Herzegovina.

³ UNFPA, *BOYS AND YOUNG MEN SAFE SPACES: A Guidance Note based on the Humanitarian response in Bosnia and Herzegovina* (2022).

⁴ Please see Annex 1 for relevant quotes from women and girls in WGCs in Bosnia and Herzegovina concerning each of the listed purposes of the WGCs.

2. Why women and girls centres (WGCs) are needed

The identified needs of women and girls 'on the move' and the chosen operative model determine the key objectives of WGCs. The purpose of these safe spaces in the Syrian response, for example, was slightly different from the purpose of WGCs in Bosnia and Herzegovina (see Box 2).

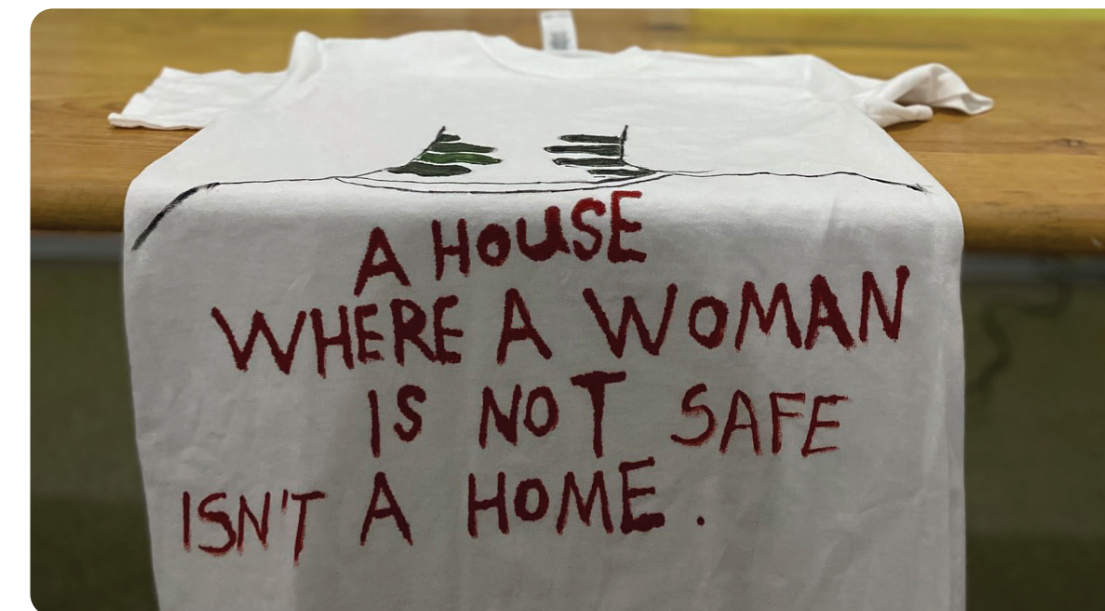
Box 2. Purpose of WGCs

Purpose of WGCs in the Syrian response

1. Socialise and rebuild their social networks
2. Receive social support
3. Acquire contextually relevant skills
4. Create access to safe and non-stigmatising multi-sectorial GBV response services (psychosocial and medical)

Purpose of WGCs in the response in Bosnia and Herzegovina⁴

1. Make them feel safe and provide services and assistance to survivors of gender-based violence
2. Provide protection through sexual reproductive health services
3. Provide psychosocial support
4. Organise informal education
5. Empower and build competencies
6. Fill their free time with useful activities



Box 3.
A woman aged 18

“We were forced to leave our country six year ago and then I got stuck on the border. All this had driven me to the border of madness at that age. Our situation was very difficult and I felt very depressed.”

While women and girls in the Syrian response had passed a harsh but relatively brief period of migration, those in Bosnia and Herzegovina had to ‘travel’ much further (see Box 3) as irregular migrants who crossed several borders irregularly. Consequently, the probability of their experiencing violence, exploitation and other forms of harmful experiences was much higher (see Box 4). As expected, their level of psychological traumatising as well as the damage to their physical health was different.

On the other hand, because some women and girls from the Syrian response recognised the opportunity to stay and continue their life in their country it was reasonable to establish WGCs in communities as independent centres (the ‘independent/separate’ operative model of WGCs explained earlier). Bosnia and Herzegovina is mostly a transit country for the migrant population and while some women and girls lodge for months others stay for just two to five days in TRCs. WGCs in Syria mostly receive the population of women coming from countries in the Middle East where they have faced similar discouraging issues. Where they, for example, have limited space to meet and public spaces are often largely inhabited by men.

For many girls in the developing world, the opportunity to move freely in the community becomes limited at the onset of puberty. Parents often keep their

daughters inside the house, protected from any contact with males. This unofficial restriction on female mobility tends to persist throughout life. While not necessarily codified in a specific way there are functional curfews for women in many parts of the world, be it in an urban park in a Western country or in an impoverished community in the developing world.

Women and girls in Syrian safe spaces reported that being strangers in host countries and perceived as using community resources to which they are not entitled makes them particularly vulnerable. Traditionally, women’s responsibilities include taking care of children, cooking, carrying out household chores and generally looking after the family. While these roles can change during a crisis, where women may find themselves working or becoming the breadwinner, they remain responsible for the household nevertheless.

In the context of Bosnia and Herzegovina, besides women and girls who faced the issues described above, there is also a population with completely different backgrounds and needs (see Box 5). Nevertheless, longer migration trips put them all at risk from violence, mostly GBV and exploitation. Survivors suffer harsh consequences in terms of their sexual and reproductive health, including forced and unwanted pregnancy, unsafe abortions and the resulting deaths, traumatic fistula and greatly increased risk of contracting sexually transmitted infections and HIV.

Information collected during the response through WGCs indicates that many women on the move have no choice but to provide sexual services to ensure the minimum resources for existence.

Box 4.
The facts

Their situation is worsened by their lack of trust in official institutions and their lack of ability to obtain informal assistance (absence of social contacts, deep language barriers, etc.). Namely, while some of them have experienced or witnessed discrimination or violence by the official authorities directly, the migrant population is generally exposed to hate incidents in communities.⁵ Because of their lack of family support, trusted guardians, economic resources and other resistance factors many additional factors of vulnerability are evident among women and girls who travel alone.

WGCs in Bosnia and Herzegovina were for some women and girls their only resilience resources (see Box 6). At the same time, the collected evidence suggests that many women and girls were protected and empowered to take responsibility for their future lives. The positive impact of WGCs came from the Syrian humanitarian response and many others⁶ and there is strong evidence to suggest that the UNFPA WGCs have helped to reduce the risks and prevent further harm during an acute emergency response.

The following chapter provides more detail on how the above-mentioned issues have been addressed through WGCs in Bosnia and Herzegovina, focusing on the activities and services provided.



⁵ Gacanica L, *Monitoring hate speech in Bosna and Herzegovina* (CIN, 2022). Available at www.reportingdiversity.org/wp-content/uploads/2022/07/Monitoring-Report-on-Hate-Speech.pdf

⁶ See also DFID, Briefing paper: *Violence against Women and Girls in Humanitarian Emergencies* (2013). Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/271932/VAWG-humanitarian-emergencies.pdf



While women from Cuba usually have high education most of those from Afghanistan have primary education or less. However, all of them are involved in informal education sessions in WGCs.

Box 5.
The facts from WGCs



“I never expected the existence of a psychologist, someone who really understands and whose goal is to solve problems. The existence of you and the whole group made it much easier to bear the conditions of the camp and I am very grateful for that.”
(Leyla, aged 18)

“My time passes faster, it's fun and I don't think about problems. I especially like to come because the entire team is always smiling and respecting, so are all the girls who visit. Everyone is positive and happy. I haven't had the opportunity to see that so often in my country.”
(Maryam, aged 24)

Box 6.
Reflections on the WGCs
by women

3. Responding to ‘the needs’ through WGCs

3.1. General consideration

In order to achieve a desirable impact, WGCs provide a range of activities that can be grouped into the following categories:

- 1) empowerment,
- 2) protection and
- 3) assistance.

Activities at WGCs are adapted and applied in accordance with the identified needs of the women and girls as well as other relevant circumstances.

All activities and services should be planned and implemented taking into account the results from the process of consultation with the women and girls. This implies much more than just consultative meetings. Rather, it means a continuous process of collecting information. This includes direct feedback from the women and girls disaggregated according to the relevant categories. It allows for a ‘tailor-made’ approach to addressing their needs, including the required prioritisation.

In the context of WGCs in Bosnia and Herzegovina, the disproportion between the extent of the application of different activities is evident (see, Illustration 1). While empowerment and protection activities predominate, assistance services require significantly less effort. Ideally, services should reflect the range of needs, experiences, ages and comfort levels of those persons accessing the safe space as well as the organisational expertise and capacity.

3.2. Empowerment activities

Empowerment activities refer to different groups of activities that are based on the specific needs of women and girls on the move, with the overall goal to empower them for their future life and with special focus on GBV and SRH. In order to maximise the impact of the intervention the competent staff members take into account the three perspectives of the purpose of the empowerment activities, as displayed below in Illustration 2. Through the perspective ‘Now, in the WGC’ staff members create a safe and supportive environment for the women and girls. It allows for a ‘dipper dive’ into their past or the ‘Looking back’ perspective that includes their background and life experience. Finally, both of the above-mentioned perspectives ‘feed’ into the third one or the ‘Look forward’ perspective that targets positive plans for the future of the women and girls.

Illustration 1.
Types of activities at WGCs



Illustration 2.

The purpose of empowerment activities at WGCs

'Now, in the WGC' perspective

- > Create a supportive environment for women and girls in which they feel free to share their thoughts and attitudes, express their concerns (and expect feedback), share experiences (and expect support to overcome negative effects), and discuss plans for the future (and expect advice).
- > Inform and encourage them to participate in relevant protection and assistance activities, with a special focus on GBV and SRH.

'Looking back' perspective

- > Strengthen women and girls survivors of violence (especially GBV) and help them to recover through empowerment activities.
- > Empower women and girls who experienced violence and to 'give them back' their senses of responsibility for their lives as well as the ability to make choices and decisions.

'Looking forward' perspective

- > Empower women and girls through awareness-raising, learning, and skills development in the areas which could help them in their lives (taking into account their needs and plans).
- > Improve/maintain their mental and physical health through a combination of different types of activities.

A range of empowerment activities have been applied in WGCs in Bosnia and Herzegovina to achieve the purpose (see Table 1). A detailed description of each particular activity is provided in the related document 'EMPOWERING WOMEN AND GIRLS IN UNFPA SAFE SPACES: Experiences from the Humanitarian response in Bosnia and Herzegovina'.⁷

Table 1.

Groups of empowerment activities applied in WGCs in Bosnia and Herzegovina

'Pure' empowerment activities

1. Creative activities
2. Educational activities
3. Recreational and relaxation activities
4. Peer-to-peer empowerment
5. 'The art of doing nothing'

Empowerment through protection activities

6. Empowering through SRH activities
7. Empowering through GBV activities
8. Empowering through PSS activities

⁷ Please see the related document UNFPA, 'EMPOWERING WOMEN AND GIRLS IN UNFPA SAFE SPACES: Experiences from the Humanitarian response in Bosnia and Herzegovina' (2022).

3.3. Protection activities

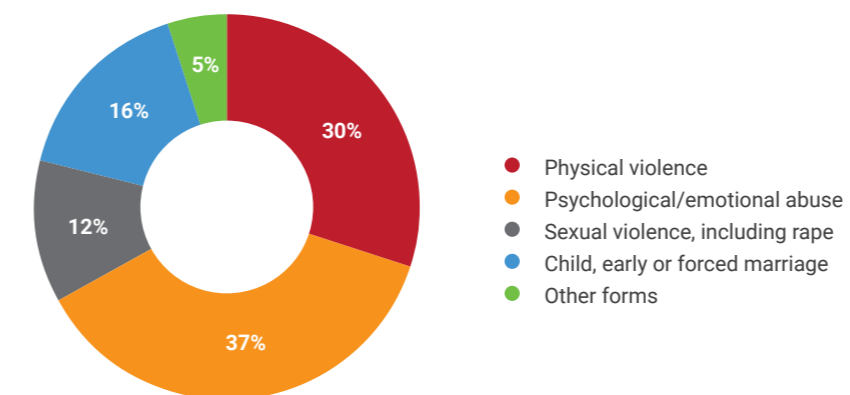
In the broadest sense, protection activities imply "all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law, namely human rights law, international humanitarian law and refugee law."⁸ However, three groups of protection activities are implemented within the affirmed mandate of WGCs in Bosnia and Herzegovina: 1) GBV prevention and support to survivors,⁹ 2) MHPSS with the focus on survivors and 3) SRH related activities.

3.3.1. Gender-based violence (GBV) prevention and support for survivors

GBV is caused by gender inequality and the abuse of power and does not recognise age or gender and therefore anyone can experience it. There are many reasons why survivors do not report violence in general (e.g., they view it as trivial, do not trust the authorities, blame themselves for what happened, fear being deported and social stigma), while the indicators of GBV are not always visible. Consequently, the number of identified cases is usually just the 'tip of the iceberg'.

Chart 1.

Forms of identified GBV cases among women and girls



Although a certain number of girls and women stay longer at TRCs in Bosnia and Herzegovina, the challenge of identifying GBV was far greater for those who stayed for a relatively short period. According to GBV Management Information System (GBVIMS) analysis, the identified cases of GBV indicate that the survivors faced different forms of violence (see Chart 1).

Having a clear referral pathway that articulates services specific to the needs of both adult and child survivors can prove extremely beneficial. All WGC staff have to complete training on GBV identification as well as understand the case management procedure for identified cases.¹⁰ However, it is critical to have a person in the team who is in charge of managing the case of a survivor of GBV (usually a GBV officer or GBV case manager). She¹¹ leads the case in accordance with the relevant procedure and in the best interests of the survivor (see Box 7). This usually implies a good level of coordination and cooperation with the competent authorities and organisations.

⁸ UNHCR, *Handbook for the Protection of Internally Displaced Persons*, (2010) p 7.

⁹ Prevention of GBV encompasses handling 'other protection cases' (those individuals most vulnerable to GBV, those with multiple vulnerability factors).

¹⁰ See for example IASC, *How to support a survivor of gender-based violence when there is no GBV actor in your area* (2022).

¹¹ It is necessary to have a woman in the position of GBV manager (or officer) because of the sensitive nature of the issues that must be addressed. See more detail on this in subsection 5.3 Staffing: Roles and capacity development.

GBV case managers in WGCs in Bosnia and Herzegovina work at the individual and group level, not only to identify potential cases and run the referral mechanism but also to raise awareness and prevent GBV. In both cases, they provide psychosocial support to the survivors of GBV.

There is also a set of activities designed for the purpose of preventing GBV by focusing on cases that have the potential to become GBV cases (also called 'protection cases' or 'cases at risk'). At least the following three approaches should be applied in order to protect women and girls of concern:

Box 7.

Good practice from Bosnia and Herzegovina

Since 2020, all WGCs in Bosnia and Herzegovina have been using GBVMIS (GBV Management Information System) with the aim of harmonising data collection on GBV, to provide a simple method that GBV project managers can use to collect, store and analyse GBV related data and to enable the safe and ethical sharing of reported GBV incidence data.

> **Reduce the risk** of GBV by implementing GBV prevention mitigation strategies from the pre-emergency to recovery stages of a humanitarian action.

> **Promote resilience** by strengthening both national and community based systems aimed at the prevention and mitigation of GBV and by enabling access to specialised care and support for the survivors and those at risk of GBV.

> **Aid the recovery** of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.¹²

In addition to GBV and protection cases, women and girls in WGCs are provided with different educational sessions and individual consultations regarding GBV prevention, identification, reporting, etc. According to the feedback from attendees, these sessions have had a significant impact (see Box 8).



¹² GBV Guidelines, *Guidelines for integrating gender-based violence interventions in humanitarian action* (2022).

“The Centre has given me a different perspective on life and my possibilities. I am now aware that women can be respected, educated as well as have the right to speak and choose. This is a place where I can just chill, have tea and relax.”
(Diane, aged 16)

Box 8.

A young woman aged 16

3.3.2. Mental health and psychosocial support (MHPSS)

In general, MHPSS activities aim to treat and prevent psychiatric illnesses such as depression, anxiety and post-traumatic stress disorder. MHPSS is versatile since it supports one's psychological well-being, overcoming daily struggles and issues and reducing psychological pain and stress.¹³

Box 9.

Types of PSS related activities at WGCs

- > **Psychological first aid/support**
- > **Individual psychological support**
- > **Group psychological support**
- > **Group PSS education and discussions**
- > **PSS during crisis interventions**

Since the first contact with a survivor of violence is very often established by the GBV case manager, she is the one who provides the first psychological support or psychological support in a crisis situation. After this the survivor is referred to other needed services either within the WGC or to another agency, depending on the service provider. Some women and girls seek psychological support on their own, while others are identified as being in need of psychological support during different sessions. Although women and girls involved in MHPSS activities are usually willing to follow their individual plans the unpredictability of the length of their stay creates serious challenges that should be addressed as soon as possible.

Besides classical MHPSS activities, psychosocial support (PSS) is also provided through various activities at the WGCs (see Box 9).¹⁴ Although a PSS expert is in charge of designing PSS activities at the group level, all staff members can be involved in their implementation. It is critical to follow the principles explained below to be successful.¹⁵

“In the past, whenever I would talk about my emotions I'd say I was followed by a feeling of fear and insecurity. When I talk about my emotions now, however, I am followed by hope and peace.”

- Afghani girl, in BiH



¹³ Government of the Netherlands, *What is mental health and psychosocial support (MHPSS)?* (2019). Available at www.government.nl/topics/mhpss

¹⁴ See, for example, UNICEF (MENA), *Psychosocial Play and Activity Book for Children and Youth Exposed to Difficult Circumstances* (2002), pp. 40-41. Available at www.unfpa.org/sites/default/files/resource-pdf/woman%20space%20E.pdf and in the UNICEF, *Facilitator's Manual for Psychosocial Support Activities* (2019). Available at <https://reliefweb.int/report/south-sudan/facilitator-s-manual-psycho-social-support-activities-child-friendly-spaces>

¹⁵ See also UNRWA, *Psychosocial support recreational activities resource guide* (2017). Available at www.unrwa.org/sites/default/files/content/resources/recreational_activities_resource_guide.pdf.



each other in the same manner. The facilitator also needs to acknowledge such behaviour and to concentrate on the positive aspects whilst avoiding criticism. During the implementation of the activities, it is important that the facilitator encourages the participants to speak and pays close attention to each individual and respects their opinion.

> **Take action on behalf of the participants.** Facilitators should always pay attention to any alarming behaviour, such as psychological issues, or any other behaviour that could endanger the well-being of the participants. In such cases it is the responsibility of the facilitator to protect and provide assistance, with given consent and through the referral system.

3.3.3. Preventing SRH issues and supporting those affected

In general, there are four essential groups of SRH activities at WGCs in Bosnia and Herzegovina: 1) regular weekly visits by a gynaecologist to hold educational and preventive sessions on relevant topics (e.g., girls' health, pregnancy, sexually transmitted diseases or family planning consultations); 2) identification of those who are in need of an individual consultation with a doctor or the provision of the same through the WGC or a competent health centre, 3) identification of those who need a medical examination and organisation of the same and 4) monitoring the person in case of further need.

Sexual reproductive health (SRH) sessions must be adapted to the phase of the physical and psychosocial development of girls and young women. This usually requires organising separate age appropriate sessions. Additionally, the cultural values and traditions of the women and girls play a significant role in the implementation of SRH activities.

Support for those affected by SRH issues is provided in cooperation with the relevant medical institutions (clinics/hospitals). However, identifying those in need of this type of support may not be an easy job. Besides the above-mentioned sessions, other empowerment activities play an important role in encouraging women and girls to report SRH issues.

WGCs also provide assistance in crisis situations, mostly in cases of GBV or urgent medical examinations, and provide clinical rape management (CRM) services. In these cases, the WGC staff does all the organisation of assistance activities. The signing of contracts with health centres, polyclinics, etc. establishes the ways of working.

3.3.4. Information and awareness raising

It is always useful to arrange information and awareness raising sessions with the women and girls. The safe space can collaborate with other sectors to provide information on a range of issues such as water and sanitation or nutrition, provided that the integrity of the WGC as a space designed for women and girls is not compromised. Different ways can be considered for information sharing. In fact, it is not always the best strategy to organise formal awareness raising sessions; activities can often serve as an entry point for providing information. Topics can include information on available services and how to access them, risk identification and reduction strategies, sexual and reproductive health, women's rights, infant and young child feeding practices, positive coping strategies, life skills and promotion of hygiene.

3.4. Assistance activities

There is a need to provide assistance at WGCs on a daily basis. These activities are always functionally related to the above-mentioned protection activities. Hence, one of the most frequent is assistance during the transport of a woman or girl to a public institution for needed services.

This includes, but it is not limited to, the following:

- hospital/policlinic (e.g., for medical examination),
- police station (e.g., in certain GBV cases),
- safe house (e.g., to support a survivor of GBV).

When accompanying a woman or girl the role of the empowerment and GBV officer is to make sure that everything goes according to the previously arranged plan for the trip and the predetermined obligations. They will, if possible, also act as an interpreter when needed.

3.5. What works for whom and under which circumstances

Bearing in mind the fast changes in the characteristics of the migrant population in TRCs, work adaptability and staff agility are vital for achieving impactful interventions. They have to consider the diversity of the population and adapt the planned activities in accordance, which could sometimes prove to be fairly complex (see Box 10).

Unaccompanied adolescent girls, for example, have been the exception in WGCs since their establishment in Bosnia and Herzegovina; however, this population has increased significantly since the time of writing this document. Probably, this trend will bring new adaptations to WGC programme application.

WGC staff members also have to take into account other criteria that have a significant influence on the needs and capacities of women and girls in terms of their overcoming the challenges they face. Family status is one of them. In that sense, Table 2 shows important categories of women and girls in WGCs in Bosnia and Herzegovina.

“The needs and interests of adolescent girls usually differ from middle age women, so there is a need for activities for both categories. However, along with peer-to-peer support, role models of different ages can serve as mentors. So, WGCs have to create an opportunity for women and girls of different ages to participate in joint activities.”

Box 10.
Reflection of a WGC staff member in Bosnia and Herzegovina

Table 2.
Categories of women and girls in WGCs in Bosnia and Herzegovina

Category	Definition
Unaccompanied girls (also known as unaccompanied minors)	Girls who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for so doing. ¹⁶
Separated girls	Girls separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. ¹⁷
Girls with their family	Girls traveling with their family, with both parents or at least one parent (father, mother, adult sister/brother).
Women with their family	Women travelling with their husband and children or other family members. This also includes women traveling only with their husband, partner, only their children or other family members.
Single women	Woman aged 18+ who travel without family members. They are usually registered as singles on the Attestation of Expressed Intent ¹⁸ (Asylum seeking intention in Bosnia and Herzegovina, popularly called the 'white paper').

¹⁶ International Committee of the Red Cross, *Inter-agency Guiding Principles on unaccompanied and separated children* (2004).

¹⁷ Ibid.

¹⁸ Article 32 of the Law on Asylum of Bosnia and Herzegovina, 'Official Gazette of Bosnia and Herzegovina', nos. 11/6 and 16/16.

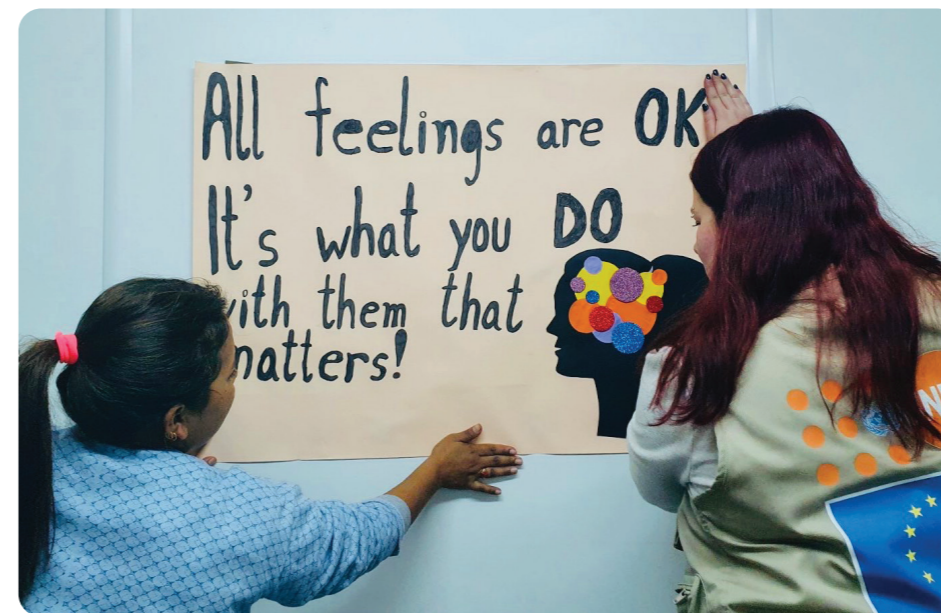
There are also many other differences that must be considered during the design and implementation of activities. Judging from the experiences in Bosnia and Herzegovina, the most important are their literacy level, educational background, cultural differences, traditions, sexual orientation, disabilities, the conflict between different nationalities, their religion, race, etc.

To achieve maximum success it is not enough just to adapt the activities to the specific group with which you are working, because there are also important universal circumstances or conditions that should be created. Experiences from Bosnia and Herzegovina point to three important universal segments.

> **Participatory planning:** The plan of activities and services should be made in accordance with the needs and preferences of the women and girls. Therefore, it should be based on participatory assessments that could be done very quickly and more informally. When implementing services and activities it is necessary to understand the cultural framework from which the women and girls come and to implement activities and services in accordance with these factors.

> **Adaptability:** Although planned activities are always prepared ahead of time via a weekly schedule, working in a WGC sometimes requires more 'rescheduling' than 'scheduling'. Obviously, the primary goal of the women and girls is not to establish themselves in the countries that are mostly on their transition route, such as Bosnia and Herzegovina, but to continue their trip in order to reach their 'destination country'. Consequently, their priorities and activities are focused on their 'personal agenda'.

> **Building trust and social bonds:** Women and girls deserve true and reliable information and they should be informed about their rights and obligations. This includes a clear understanding of what their expectations should be whilst they are at the TRC or in the country. Activities and services must be equally accessible to all women and girls, regardless of any category to which they may belong (including disability, LGBT, etc.). Activities and services must be provided on a timely basis, in accordance with the schedule. When services depend on other organisations at the TRC they must be well coordinated. It is also desirable to inform them about different cultural patterns in the country (but also the region and the world) in order to prepare them for life in multicultural environments. Acting professionally and respecting the needs of the women and girls will help establish social bonds that will become stronger over time.



4. What are the guiding principles for establishing women and girls safe spaces

4.1. Leadership and empowerment of women and girls

A WGC should be women and girl led and offer an inclusive and empowering environment for them. Women and girls should be included in the planning, implementation and monitoring as well as in the evaluation of the space in order to ensure relevance and ownership. There should be regular exchanges with them about how the space is to be run and managed. WGC personnel should include the opinions of the women and girls on the working hours as well as the types of activities that should be held at the centre. They should feel included in the process of creating all of the activities.

Women and girls committees have been established in WGCs in Bosnia and Herzegovina to achieve the above-mentioned aims. Developed terms of reference define the purpose and membership of these committees, their functioning, etc. As a particular innovation, these committees allow women and girls not only to actively participate in the work of the WGC but also to ensure that their voice is heard at the level of the entire TRC (see Box 11). Please see Annex 3 for more detail on women and girls committees.

4.2. Survivor centred

The design of the safe space, the activities and services it offers and the discussions it organises should prioritise the safety and confidentiality of the women and girls accessing the centre. Any case files, documentation of services and client data kept at the centre should be properly secured. The centre should be open to all women and girls and their wishes, choices, rights and dignity should

Box 11.
Women and Girls Committee

“In the UNFPA centre we can share our thoughts. We are heard here and that is everything we want. People told me I am already a strong advocate for women’s rights, of course I want to take every opportunity I get to speak what I think is right.” (Mona aged 16)
“I generally like to come to all activities, but what I like most is that this is the Centre for Women, where women’s rights are being talked about. That helps me build my confidence, it makes me realise that I can use my voice, speak up about those things as well as about topics we’ve never had the chance to talk about before.” (Daria, aged 29)

be respected. They should be provided with information about the services and options available. The staff should be trained extensively in the principle of non-discrimination.¹⁹

UNFPA has established peer support groups for female survivors of GBV (see Box 12). Through group meetings, survivors gather and share their experiences, strengthen their sense of togetherness and mutually motivate each other to break the isolation of GBV survivors through interactive educational sessions and group therapy. The peer support groups are facilitated and assisted by trained UNFPA psychologists and psychotherapists. In addition, women at the peer support groups are encouraged to hold discussions on the risks and how to recognise the warning signs women manifest in challenging circumstances, especially at the moment of trauma reactivation. The peer support groups encourage participants to create a mutual support network, which subsequently transforms the participating GBV survivors from passive recipients of support to active supporters that give assistance to other people with similar life experiences (see Box 13).



¹⁹ UNFPA, Managing Gender-based Violence Programmes in Emergencies (2008). Available at www.unfpa.org/public/home/publications/pid/10495

Box 12.
Good practice verified by
WGCs in Bosnia and Herze-
govina

GBV peer support groups have been established within WGCs. These are groups of women and girls who have experienced GBV and they are created to ensure relevant peer support. While they share experiences and related thoughts, at first glance it appears that the WGC professionals just facilitate these group sessions. In fact they are using these sessions as an ideal opportunity to gain a deep understanding of the needs of survivors.

Box 13.
Quote

“My mom was married at 7, my sister and I were married at age of 16. I don’t want my daughters to go through the same.” (Perveen, aged 33)

4.3. Safe and accessible

The safe space should be located in an area that is conveniently accessible to the women and girls and ensure both their safety and privacy. The decision on where to locate the safe space should be led by the women and girls themselves. If that is not feasible then they should at the very least be consulted. Accessibility considerations should also include the timing and days that work best for them. If possible, consideration must be given to supporting the cost of transportation to and from the space.

A good practice in Bosnia and Herzegovina is to conduct regular ‘safety audits’. To make possible improvements and minimise the chances of GBV and other types of violence, the safety audit aims to check the surveillance video system, whether separate toilets for different categories of people are present in the TRC (especially for vulnerable persons), accessibility and proximity to key services, the proximity of the TRC and the police to the accommodation units, etc. (see





4.4. Community involvement

When setting up a safe space it is essential to understand the perspectives of all individuals in a TRC and to mobilise community support for the WGC so that women and girls are able to safely participate in all activities. Ultimately, women and girls spaces should not be isolated units but rather an extension of broader community life. Women and girls have an important role to play in ensuring the success of the safe space. Engaging them to make sure that they understand the purpose, location and benefits of the safe space will enable the participation of a larger number of women and girls. Ensuring the involvement of and buy-in of the community in relation to the sustainability of the initiative is also vital for the success of the safe space.

4.5. Coordinated and multi-sectoral

The safe space should take into account the varying needs and experiences of the women and girls. It should deliver services that respond to their life cycle, including issues related to GBV prevention and response.²⁰ The range of possible activities is rather vast and should be decided with the involvement of the women and girls themselves and according to the specific situation. In some cases, a centre may host a range of services ranging from sexual and reproductive health and psychosocial support to legal services whereas at other times some of these services will be available elsewhere. A clear internal and external referral system should be in place and staff and volunteers should be able to activate it safely and confidentially. It would be useful if it were part of the broader GBV coordination network and the standard operational procedure process for an effective referral mechanism.

4.6. Tailored

A WGC should be inviting enough for women and girls to feel welcomed and engaged. It is important to maintain a balance between structured activities and services and times to socialise. Activities and approaches need to be culturally and age appropriate as the needs and interests of a 16 year-old girl are bound to be different from those of a 35 year-old woman. A WGC should also take into account the special needs of women and girls living with disabilities and those

²⁰ YWCA, *Safe Spaces for Women and Girls: A Global Model for Change* (2013). Available at www.worldwyca.org/team/ywca-safe-spaces-for-women-and-girls-guidelines/

who belong to any of the other vulnerable categories (e.g., LGBT).

To ensure the ‘tailored’ principle in WGCs in Bosnia and Herzegovina ‘teen clubs’ and ‘young mothers clubs’ were established. After assessing the needs of adolescent girls, UNFPA established teen club aimed at reaching adolescent girls and providing age appropriate educational and creative activities. Teen Club provides a platform for adolescent girls to share their concerns, express their needs and build peer support networks to help facilitate their personal and social growth in these challenging times (see Box 14). The club often included psychological topics such as depression, anxiety, phobias and relationship with parents, which make it easier for girls to approach and open up to activities. Creative introductory games are organised for different groups (country of origin) along with watching educational films on the topic of GBV, especially those in which girls are exposed to topics ranging from sexual and reproductive health to art and inspirational cards (women who marked history through certain inventions, achievements, ventures and the like) in order to develop a discussion in that direction.

Young mothers’ clubs have been established with the aim of bringing together pregnant women and young mothers and providing a safe space for antenatal and postnatal support. Young Mothers Club activities meet the immediate needs of pregnant, first-time migrant and refugee mothers, expanding their opportunities and skills set. The topics are mostly about raising children (challenges and sharing support as well as experiences between mothers), pregnancy and childbirth, especially in the context of migration, breastfeeding, prenatal preparation (psychological and sometimes referral to SRH specialists), pregnancy in forced marriages, postpartum depression and such like.



“This kind of information is vital for us teenage girls. We need to know our body and how important prevention is!” (Taara, aged 17)

Box 14.
Teen club

“Due to stress, I have no milk. I always thought I should’ve been stronger, that it is my fault.” (Kamaria aged 21)
“Sometimes it’s really hard because babies feel when their mother is sad. The mitigating circumstance is when we come to UNFPA centre and without hesitation show our emotions and say how we really feel. In return we get no condemnation, only support.” (Zuri, aged 22)

Box 15.
Young Mothers’ Club

5. How to establish and run women and girls safe spaces

5.1. Initial assessment

This first step was important for establishing WGCs in this country, because it was important to know if there was a need at all for centres such as these, whether there were places where they could be located, what could be the working hours (to cover the time when women and girls would be active in the camp) and whether the services that a WGC would offer were important and needed by the women and girls. All this was important for the empowerment activities, because it all needed to be established before the WGCs started to work. In other words, if, for example, there were not enough women and girls in the camp then it would be highly probable that the services would not be immediately necessary.

It is important to gather basic information about the needs, preferences, constraints and assets of the women and girls so that they are able to access and participate in programmes. A full assessment may not be possible at the onset of an emergency and yet even when data is not available in a country it is internationally recognised that GBV increases in times of crisis.

An initial assessment helps to determine the feasibility of establishing a safe space. Where possible, questions relating to women and girls safe spaces should be addressed through coordinated, inter-agency assessments within or across clusters and sectors. This can help address gaps, prevent overlap in coverage, develop common inter-agency approaches and standards, coordinate training and capacity development and sharing and collaboration on tools. Moreover, the coordination mechanism might also have mapped the locations for WGCs.

5.1.1. Safety and security

The women and girls and the community should be consulted in order for them to fully understand the security risks within the community and the types of community support systems that existed for women and girls prior to the crisis. This part of the assessment will help to determine the need for such a centre and/or the type of work/resources it may take to engage the community/ensure community buy-in for the initiative. Other questions focused on those groups of women and girls that are most vulnerable as well as their location would provide useful information about security considerations prior to setting up a safe space.

5.1.2. Location

Establishing a safe space does not necessarily mean building a new structure. It means identifying a space that is safe for women and girls to use. This can range from a health centre, to a school, to a community centre, to someone's house or to an open space. Adopting the methodology of safety mapping can help identify where women and girls would be most safe. Women and girls should be involved in mapping their community, marking which times and places are safe and which are not.

In the case of refugee camps, where it might be necessary to identify a safe space before the population arrives consultations can still be held with women



attending services elsewhere in the location/ country, at least to gather some guidance. In all cases, those planning to establish a safe space and a protection and/or GBV coordination group in consultation with women, girls and community leaders should consider the following options when choosing a location for a safe space. While the physical layout of a safe space can be organised in different ways it is important to consider the range of activities planned when selecting the location and preparing the layout.

Some key considerations for the inside structure are as follows:

- a spacious activity room with the capacity to accommodate a minimum of 20 persons,
- a private room for the provision of case management and individual counselling services,
- a structure that is accessible for women and girls with disabilities.

In the example of Bosnia and Herzegovina, at the peak of the humanitarian need it was sometimes not possible to meet all criteria at once. It is important to provide a safe accessible place where women and girls can get all of the necessary support they require and to subsequently work and advocate for a larger space with the possibility of having private rooms for the purpose of providing sensitive services. The most important thing is that the location of the WGC does not in any way expose women and girls to potential security or GBV risks and that it is close to crucial services and security actors.

5.1.3. Time

It is important to determine, together with the women and girls, what time best suits them and to organise activities that will help customise the safe space for them. One way of doing this is to map their time use and workload. This will provide an indication of when women and girls have time to come to the centre. All WGCs in Bosnia and Herzegovina work from 10 a.m. to 6 p.m. In this way, all activities can easily be organised following the schedule of meals in the camp and the time that women and girls spend outside the camp. It is considered that during this period we can reach most of the women and girls and that they can participate in most of the activities that are organised for them at the WGC. However, because violence has no working hours the UNFPA established a 24/7 GBV response mechanism within the humanitarian response in Bosnia and Herzegovina.

Furthermore, in Bosnia and Herzegovina in certain crisis situations the WGCs work in two shifts in order to ensure that the girls and women have access to support and assistance. In these situations, the centre works from 8 a.m. to 4 p.m. on the first shift and 3 p.m. to 11 p.m. during the second shift. In this way, the teams have one hour a day to discuss all of the events together, brief each other about the cases that need to be followed up and the urgent actions that need to be taken.

5.1.4. Partnerships

Establishing safe spaces means managing complex and context specific risks. Approaches to safe spaces should be organised and managed in consultation with communities. In some situations, a formal safe space established by an international organisation may be the most accessible and appropriate. However, spaces can also be less formal within a community or educational spaces linked to women's leaders and/or networks. An important consideration in understanding how best to implement a safe space project is the model of implementation. More specifically, it would be useful to decide whether the model will be actualised through partnership with a local institution, a local or international NGO or through a joint project with a United Nations agency.

When it comes to partnership or a relationship between UNFPA/WGC and other organisations there is direct contact with most organisations whose work is also implemented within a TRC (government institutions, other United Nations agencies, international and domestic NGOs, etc.). Police and emergency medical centre are also part of the referral pathways and are included when needed. Since all of the organisations present in the field have different scopes of work it is important that cooperation between them is established through referral systems, which are crucial for ensuring the provision of the necessary services to the people on the move or the inhabitants of the TRC. Besides the named organisations, UNFPA employees also cooperate with the Ministry of Security of Bosnia and Herzegovina, the Service for Foreigner Affairs (employees at the TRCs) and the competent ministries of health, mostly local health centres and hospitals. Partnership with other organisations within the TRCs is something that is practiced on daily basis, either through the referral systems or through oral communication. In the last year, for example, the activities of WGCs have been increasingly connected to local communities. This is achieved primarily through cooperation with local NGOs that organise activities such as organised joint cooking, pilots, etc.

5.2. Advocacy

The positioning of WGCs among stakeholders within the humanitarian response, which is mainly based on advocacy, plays a critical role in many cases. Advocacy needs to result in stakeholder understanding of the importance and relevance of WGCs, but also to build trust in WGC staff who have the best knowledge of the needs of the women and girls.

It is vital to, for example, advocate that the most vulnerable categories of women and girls (e.g., pregnant women and GBV survivors) receive adequate accommodation and support. In Bosnia and Herzegovina, for example, WGC staff are recognised as competent to make recommendations regarding the key priorities of the women and girls in TRCs. For example, with the joint effort with Bosnian and Herzegovinian institutions, UNFPA succeeded to ensure that pregnant women, single women and adolescent girls are prioritized during accommodation processes or that GBV survivors can be relocated from point A to point B if assessed as recommended. In addition, UNFPA ensured that support to women and girls is available not only in TRCs but also in Safe Houses, hospital, police stations, etc.

5.3. Staffing: Roles and capacity development

The organisational structure of a WGC depends on the chosen operating model (independent centre or part of a comprehensive response), which is always reflected in the types of activities that are going to be implemented. For the WGCs model applied in Bosnia and Herzegovina it was appropriate to have relatively small but very agile and well-coordinated teams. The core positions in these teams together with their related responsibilities are listed below in Table 3.

Although the hiring of female staff should be prioritised, the induction of some male staff members as outreach workers can be strategically significant when there is a need to engage with camp leadership structures, the police and men and boys. Significant support can be provided by male staff from, for example, BYMCs (see Box 16).

The selection of staff should be governed by factors such as transparency and their level of skill. When hiring, it is also important to consider who the community and/or the women and girls trust.

Table 3.

Core structure of WGCs in Bosnia and Herzegovina

Position	Main responsibilities and expected competencies
WGC Coordinator	<ul style="list-style-type: none"> > Daily supervision of WGC staff and regular evaluation of the implementation of activities, with the aim to improve WGC services. > Support and advise the team members during the implementation of activities, not only in terms of the relevant procedures but also on the subject matter of the activities. > Coordinate activities with other organisation in the TRC. > Ensure regular communication and reporting at different levels. > Conduct administration related to staff. > Attend community and management meetings.
Empowerment Officer	<ul style="list-style-type: none"> > Design and lead the implementation of different empowerment activities, including informal education, sports activities, creative workshops and language classes. > Socialise outside of the WGC with the purpose of info-sharing and identifying potential GBV survivors and those at risk. > Forward GBV screening/referrals to the GBV officer and follow-up on cases in agreement with the GBV case manager and cooperate with other organisations in the field. > Assume responsibility for the implementation of Women and Girls Committee meetings. > Provide assistance/translation during SRH and PSS sessions and other activities. > Provide assistance (accompany) to women and girls who are referred for an examination at a hospital/health centre (SRH related), to the police, the prosecutor's office and the like.
GBV Case Manager	<ul style="list-style-type: none"> > Provide GBV education and support to GBV survivors and follow-up on these cases. > Lead case management and coordination of GBV cases and ensure the provision of health and psychosocial support for survivors.

Position	Main responsibilities and expected competencies
	<ul style="list-style-type: none"> > Act as the focal point for GBV cases (24/7). > Organise case conferences, participate at the GBV working group and take responsibility for revising the GBV referral pathways when necessary. > Assists the empowerment officers when needed. > Socialise outside of the WGC with the purpose of identifying potential GBV survivors and those at risk. > Cooperate with other organisations in the field.
PSS Expert	<ul style="list-style-type: none"> > Provide psychosocial support to women and girls, focusing on GBV survivors. > Prepare group educational sessions on PSS and provide individual consultations. > Take responsibility for psychological assessment and psycho-diagnosis. > Take responsibility for the first psychological aid in accordance with the identified needs. > Provide psychological assessment and support during the accommodation of women and girls.
WGC Sexual and Reproductive Health Expert (gynaecologist)	<ul style="list-style-type: none"> > Deliver SRH prevention sessions and provide information on health topics. > Provide sessions on family planning. > Visit the accommodation units of women and girls for the purpose of informing them about the available services and to check their health status. > Identify any potential need for individual consultations or additional support by other professionals. > Facilitate meeting the needs of women and girls for preventive care. > Provide medical check-ups and if needed further treatment at the health centre.

Although the WGCs and BYMCs were relatively closely positioned in Bosnia and Herzegovina cooperation between staff members could have been much better than it was. Consequently, some opportunities to share good practice and lessons learned and to explore the potential for joint implementation of the activities was dropped. This lesson will be used to improve the future work of both centres.

Box 16.

Lesson learned from Bosnia and Herzegovina

The following guidelines can prove helpful

- > **All members of staff should be carefully selected and trained in the basics of GBV, communication skills, referral pathways and in the ways to organise group activities. It is advisable to remember that case managers and response officers will need much more in-depth training and constant supervision (UNFPA provides all of this education online prior to staff engagement and work in the field.).**
- > **It would be advisable to implement a system of engaging 'activity specialists' who only visit the WGC for their specific activity and general supervisors who stay throughout the day (In WGCs in Bosnia and Herzegovina, for example a gynaecologist from the local health centre comes once in a week).**
- > **Weekly follow-up visits should be arranged by experienced workers in order to observe the situation and activities, help animators and community members to reflect on what is or is not working and to advise on how to strengthen activities and handle challenges.**
- > **It is critical to recognise that some workers may themselves have been affected by the emergency and would benefit from group discussions (UNFPA in Bosnia and Herzegovina organised supervisions, something akin to 'staff care' through which all staff members could discuss in groups all of the problems they encounter during their work. These support groups are organised once a month.).**
- > **More experienced workers should be brought in to mentor less experienced ones.**
- > **A manager should be appointed for supervision and support.**
- > **A stock of resources such as books and training manuals that enable ongoing learning should be built up.**
- > **All staff should be trained and should sign a code of conduct, including one on the Prevention of Sexual Exploitation and Abuse (PSEA)**

Arrangements should be made for necessary training and capacity building of the staff so that they are able to perform their duties safely effectively and ethically. A comprehensive capacity building programme with provisions for coaching, mentoring and regular supervision should be developed in order to achieve this objective.

5.4. Monitoring and evaluation

Collecting evidence during the work of WGCs is essential for ensuring adequate support for the women and girls. It is also critical for the decision-making within WGCs and for their sustainability, including potential adaptations. A solid evidence base has the potential to inform policy and programme development and to help programme implementers as well as the relevant stakeholders to achieve set goals. As humanitarian contexts are always unpredictable, strong and agile monitoring systems help mitigate the risk of unintentionally causing potential harm and making the wrong decisions. Together with monitoring related processes, evaluations help to ensure reliable evidence on the impact of the intervention. However, an analysis of the available evaluation reports of similar WGCs illustrated the lack of existing quantitative evidence on the impact of WGCs and the underlining need for further research to examine the potential benefits.²¹

In WGCs established in Bosnia and Herzegovina, besides the regular monitoring of the activity implementation, monitoring safety at WGCs is also conducted regularly. A WGC coordinator is in charge of planning and conducting monitoring field visits. Additionally, the project manager, together with relevant experts, conduct regular and ad hoc monitoring visits. To ensure all of the required evidence, professionals at the WGCs use different tools and report to supervisors on a daily, weekly or monthly basis. This is a way, for example, to record the number of GBV, SRH and MHPSS interventions and to adjust the intervention to meet the actual needs of the women and girls; the GBVIMS tool is used for GBV data.

²¹ Stark L, Robinson M.V, Seff I, Gillespie A, Colarelli J and Landis D, "The Effectiveness of Women and Girls Safe Spaces: A Systematic Review of Evidence to Address Violence Against Women and Girls in Humanitarian Contexts" in *Trauma Violence & Abuse* (2021).

To ensure impactful monitoring and evaluation of WGCs, the following questions should be considered:

- Are the monitoring and evaluation plan and the relevant tools designed well?
- Is the plan explained to the relevant staff and managers of the WGCs?
- What are the staff capacities for delivering strong monitoring?
- Is multisource feedback captured well?
- How is the participation of the women and girls in these processes ensured?

5.5. Phase-out

Depending on the decision made regarding the future of the WGC, the 'phase-out' process can be understood twofold:

- (1) Phase-out because of the closure of a WGC in order to relocate it from one place to another or in order to transform it into the new model of operating.
- (2) Phase-out caused by the closure of the programme in the country.

In the case of the first scenario, the most important aspect is to develop a plan for the phase-out implementation. This should be done together with all of the relevant stakeholders (government institutions, partners, local leaders, NGOs, etc.), but also representatives of the women and girls themselves. It implies, among others, the need for reliable communication channels, agreed deadlines and safety and security measures. During the process, it is imperative to pay special attention to the needs of the most vulnerable categories such as, for example, GBV survivors and unaccompanied or separated girls or boys.

In the case of the closure of the programme in the country, the phase-out process should be directed primarily towards 1) the planned and coordinated transition of WGC services to the relevant national institutions and 2) the provision of clear instructions for women and girls on where, when, and how they can receive the relevant support. Services in WGCs will be gradually reduced in such a way that key services will be closed last. At the same time, it is important to follow the process of the taking over of control of critical services by the national institutions. This transfer of responsibility and knowledge depends on different factors and could prove challenging. It is necessary to support the domestic institutions and communities throughout this process, primarily in order for them to gain a



thorough understanding of the needs of women and girls on the move and to make sure that they acquire the relevant knowledge based on good practice and lessons learned.

The following guidelines should also be considered during the phase-out:

- The transitioning of the WGC into community resources, such as community centres.
- Inclusion of budgetary considerations when planning the phase-out.
- Empowering the women and girls as well as the communities to make key decisions about the transition of the WGC, whenever possible.
- Engage the women and girls in implementing the strategy.
- Plan enough time for the handover from international to national partners and provide opportunities for the capacity development of the staff of the safe space and/or local organisation (both institutional and technical training).
- Adapt the plans on the basis of the changing context.



6. Examples from Bosnia and Herzegovina

'Killing the dream' to be a mother – Not this time! Claudia, aged 33 from Cuba

Claudia gave a detailed description of the current situation in her home country. She explained the horrific situation where people cannot be treated or helped medically because there are no meds that can be bought or if there were available they were very expensive.

"When I was younger I had problems with my reproductive organs and I had to have surgery."

She went on to say that she did not have the opportunity to have a check-up with the doctor after the surgery because the situation in Cuba was so bad that medical treatment was almost impossible to afford, even if it was life threatening.

"When I finally had my first check-up the doctor told me that all my reproductive organs have been removed."

That was very upsetting for her so she searched for another doctor who could give her a second opinion. Yet even that doctor had some bad news, saying that although not all of her reproductive organs were removed some were.

"That was all they told me, they didn't give me additional information or a diagnosis."

Saddened, the woman came to terms with the fact that she would not have children. That was until she came to the UNFPA team.

"When a UNFPA social worker told me I can have a consultation with their doctor I took the opportunity to finally get answers."

The doctor working with UNFPA gladly examined the woman, taking all of her

concerns seriously and scheduled an appointment for her as soon as she could.

"During that examination I found out not just that I have all my reproductive organs but that I can have children as well."

The doctor explained that just a part of her ovary had been slightly cut during her surgery, but that it was not serious and there was nothing she should worry about.

"I was very relieved to hear this. As a woman it is not easy to hear that because of someone's mistake you won't be able to have children, ever. This examination was a life changer for me."

Unexpected resource of resilience on 'my hardest trip' Maria, aged 22 from Afghanistan

The young woman started her story by recalling what her life back home was like.

"I was always busy, with housework, helping my family. But I also enjoyed creative work such as knitting flowers."

To the question of whether she missed her home and her daily life, including all the things she loved to do back home, the young woman shook her head.

"I don't miss it because I'm tired already. Everything hurts."

The physical and emotional pain seemed too strong for Maria, who had been on the move for four years.

"What I like most about UNFPA and the team is that I can have regular sessions and talk with a psychologist whenever I am in need. She understands me and helps me understand myself a bit better."

She continued to explain that the psychologist makes her feel relaxed and relieved and the conversations improve her mood significantly.

"These past four days, I've visited on several organisations and I've been offered many services. They were all kind but I prefer to come to the UNFPA team because I find here what I need and activities here are concrete, they are well thought out and they have a bigger meaning."



Teen Club is the place to be Leyla, aged 15 from Syria

At first glance Leyla is a carefree fifteen-year-old who spends time with her peers playing and exploring everything that attracts young people of her age. However, Leyla's life is far from carefree, even from what she remembers of her early life in Syria; she was six when she left Syria with her mother and younger sister. She recalled it in a trembling voice.

"My memory is vague, but I know I did not fully understand what was happening around me and why we were leaving until the moment when the boat in which we were travelling capsized. I will never forget it. It's stuck in my memory forever."

Leyla has spent most of her childhood living in different refugee camps, far from the privileges that her peers enjoy outside the camp's fence. The psychological scars carved by her many journeys continue to be present in Leyla's life. Psychological support is an imperative in providing girls like Leyla with a brighter and healthier future. Our Centre's mental health and psychosocial experts helped Leyla overcome her fears and anxieties and eased her transition from childhood into adolescence.

Today, Leyla is a frequent visitor at the Women and Girls Centre and benefits greatly from the many age appropriate empowerment and psychosocial sessions and educational activities organised for girls within the centre.

"My favourite is the Teen Club, just for us girls, because it is easier for me to ask for advice from a gynaecologist than to come to a group with other women; that would be uncomfortable for me. What I like most is that the UNFPA team do their job with a smile on their face."

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8. Annexes

8.1. Annex 1.

Quotes from Women in Women and Girls Centres (WGCs) in Bosnia and Herzegovina related to the Purpose of these Centres

1. To make them feel safe and provide services and assistance to survivors of GBV

- > "I wouldn't change anything in the WGC. It's a place where I always feel welcomed and safe. A place where I can share my worries and get comfort. It is a place only for us." (A women aged 22 from Cuba)
- > "Here we feel safe and we come to talk about the problems we have in order to free ourselves from the negative thoughts we have." (A women aged 29 from Afghanistan)
- > "If something bad happens to me I know where to go, I know who will help me. Last time when something bad happened to me a UNFPA social worker came to help me after midnight. You will [feel] safe when there is someone who is really here for you." (A women aged 23 from Iran)

2. To provide services for the protection of sexual reproductive health

- > Aside from the creative and empowerment workshops, she said that she would single out in particular the SRH activities where she can learn how certain diseases are transmitted, how they can be prevented and what she can do to in such cases as well as the possibility to see a gynaecologist.

"They saved my life. I've lost a baby and I know if this had happened to me somewhere else I would not have had such support for treatment and support and encouragement like I've received here." (A women aged 24 from Afghanistan)

3. To provide psychosocial support

- > "When I attended the first psychological group at the UNFPA Women and Girls Centre for me it was something completely different and special. The UNFPA psychologists help me navigate my feelings and emotions, which can be overwhelming at times due to the harrowing experiences in my home country and during

movement. Here I found a safe place, filled with support and acceptance." (Soraya, a LGBTQI+ adolescent girl)

- > "Isolation can be very hard, but I thought it was my only option. Now, after seeing the psychologist, I see there are ways out of it, I see I can help myself too." (A woman aged 27 from Burundi)

4. To organise informal education

- > "In the UNFPA centre I got the opportunity to learn foreign languages, especially English, and interact with others. What I value even more is the fact that I can share my culture with the UNFPA team as well. One particular time was when I taught the girls from the UNFPA to team speak my native language, the words that I taught them are still written on a board in the WGC container." (A women aged 27 from Burundi)
- > "I mostly enjoy the feeling of progress that I get through the opportunity to become literate and learn new things. Workshops help us to learn something new and we have never regretted leaving our rooms to come to activities." (A women aged 29 from Afghanistan)
- > "I like the fact that we have educational classes at WGC, because we didn't have the opportunity to study in our country. So, everything we do at WGC enriches us in a way. The UNFPA team helps us see things from a different perspective, think about how other people can react differently to a situation and that what is normal in our country might not be somewhere else." (A women aged 24 from Afghanistan)

5. To empower and build competencies in girls and women

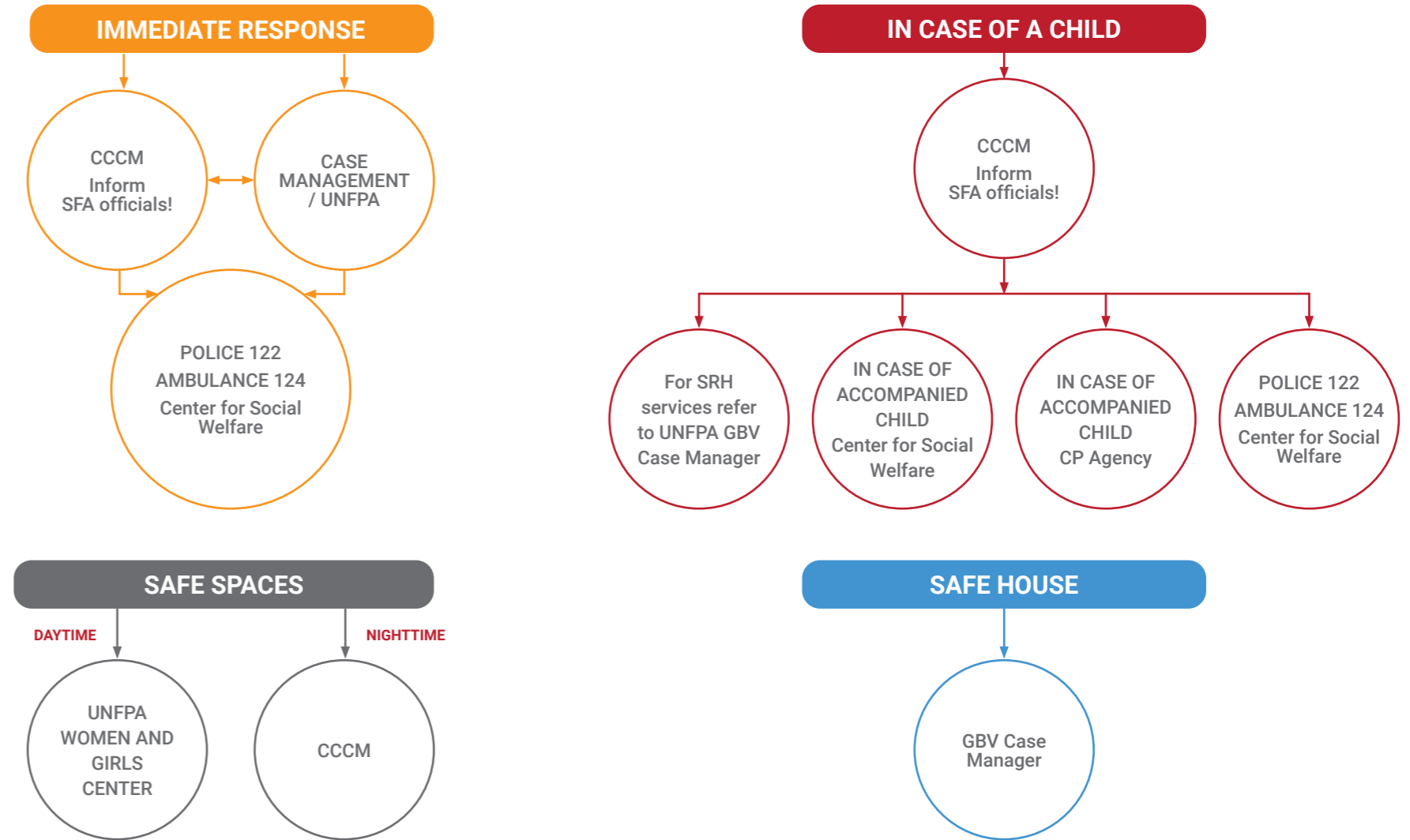
- > "My favourite activity in the WGC is painting. I come almost every day to paint. Before, in Cuba, I never painted and I did not think I have the talent for it. However, together with girls in WGC I discovered its benefits and now I cannot imagine my day without painting. What is even more interesting to me is how beneficial it is when I feel down or my thoughts become depressive. One simple activity like this one can be so stress relieving. Now I have my own technique how to deal with negative thoughts." (A women aged 22 from Cuba)

6. To fill their free time with useful activities

- > "Activities at the Women and Girls Centre are amazing! I enjoy the most group art projects, because then we all relax, have fun together and make new friends." (A women aged 20 from Afghanistan)

8.2. Annex 2.

Example of Referral Pathway for GBViE cases in Temporarily Reception Centre



8.3. Annex 3.

Example of Recommendations from a GBV Safety Audit at a TRC

Recommendations

- > There is need to regularly hold trainings for humanitarian actors on GBV risks, prevention and response with prime focus on a survivor centred approach;
- > Raise awareness with humanitarian agencies and partners on the types of risks associated with GBV, leading to enhanced understanding of referral mechanisms, identification and reporting;
- > Inclusion of women and girls in discussions regarding WASH facilities and overall safety concerns of vulnerable populations;
- > Install locks and handles into doors within wash facilities to increase privacy and security;
- > Place proper gender signs onto wash facilities, especially in the first rows;
- > Switch positions of male and female wash facilities, place male toilets at the back row, remove “Family zone” signs, replace with proper signs indicating gender;
- > Female wash facilities need to be installed with door locks and handles;
- > Install better lighting systems in the zone accommodating UASC;
- > Consider installing video surveillance in the zone accommodating UASC.

Conclusion

Elements that contribute to the safety of residents in TRC Usivak are:

- > Protection services present and available throughout the Center;
- > Good lighting if the Center;
- > The existence of security cameras;
- > A ban of alcohol;
- > Adequate response of organizations to incidents or violence.

Elements that would contribute to additional security and prevention of violence are:

- > Locks and gender relevant signs on wash facilities;
- > Avoid mixing single men with families according to the locations of accommodation units;
- > The physical separation of men’s and women’s toilets;
- > Better understanding and awareness of the risk of violence by humanitarian personnel.

8.4. Annex 4.

An example of a Participatory Assessment Exercise



8.5. Annex 5.

Women and Girls Committee

Women and Girls Committee in TRC Borici

Committee Goals & Responsibilities

The goals, objectives and responsibilities of the Women and Girls 15+ Committee include:

Building the interactive platform and facilitating better communication among the women and Girls 15+ residing in the TRC and the key actors in the TRC in order to highlight the needs and ensure the voices of this vulnerable population are being heard, also to contribute to the decision making by providing their inputs and concerns.

- To jointly assess the risks related to access to essential services in TRCs and safety risks for the population of women and girls.
- To take an active role in the continuous improvement of women community resilience, through community safety and awareness campaigns and activities.
- Ensuring there are sufficient members on the Committee to properly represent the views and aspirations of women accommodated in TRC.
- Offering constructive comments and advocating for potential improvement of conditions inside the TRC and on issues affecting women in TRC.

Population group

- > **Membership Term** (Age, Gender and Diversity Approach)

Women and girls 15+ representatives in the TRC are the ones chosen by the votes of women and girls, either according to the country of origin, or cultural and linguistic background.

> Partners and resources

- UNFPA Women and Girls Center Team
- IOM

> The Women and Girls Committee Meeting

- Ones a month or if needed more often.
- Other relevant organizations will be invited upon the identified need.
- Organizing other meetings with other organizations in the TRC concerned with providing specific services, as required by the situation or the area of discussion.
- Also to contribute to the decision making by providing their inputs and concerns.





Women and Girls Committee in TRC Borici

Context and needs

As part of its formalization, the committee defined its principal objectives as to:

- Act as a bridge between the women and girls community in the TRC and humanitarian organizations.
- Identify protection concerns and disseminate the information among relevant actors depending on the needs that arise.
- Information distribution to raise the awareness of Women and Girls in the TRC and entitlement to essential services.
- Provide feedback on services provided through UNFPA Centres and jointly assess the need for revision or introduction of new activities/assistance
- Empower women to regularly participate in advocating for their rights, discussing problems, giving suggestions and solution in addition to complaints, work together with humanitarian actors on improving services and response

Participation and accountability

- In the UNFPA Women and Girls Center an open voting system will be established to facilitate this membership process.
- UNFPA Empowerment officers in collaboration with the committee representatives will discuss and collectively create their own terms of reference, which include the responsibilities and roles of the committee members.

Results

- Creating an active, participatory, and effective committee that is actively working on raising awareness and ensuring the goals set are being met.
- Supporting positive change related to gender equality among the residents of the TRC.

Distribution of minutes

- Women and Girls' Committee minutes are distributed to IOM CCCM and other key actors based on the identified needs.





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