WOMEN AND GIRLS SAFE SPACES

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

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

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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, Cuba, etc.) have arrived in and transited through Bosnia and Herzegovina. Their different cultural, racial, ethnic, religious, socioeconomic and sexual orientations 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)
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. 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 communities;
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.

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Box 2. Purpose of WGCs

Purpose of WGCs in the Syrian response, for example, was slightly different from the purpose of WGCs in 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) that can prove helpful to state institutions involved in making the gradual transition from response services (psychosocial and medical) to follow-up services. Based on experiences of UNFPA, this document offers the evidence-based perspectives of two humanitarian responders, namely Syria and Bosnia and Herzegovina, and this allows the reader to draw relevant comparisons.

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 models (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 key principles and guidelines that should be followed when establishing such spaces.

1.4. How to utilise this document

This guidance note is based mainly on previously published UNFPA text in the document ‘Women and Girls Safe Spaces Guidance note based on lessons learned from Syrian crisis’. 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 its 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.

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Purpose of WGCs in the response to Bosnia and Herzegovina

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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

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

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-sectoral GBV response services (psychosocial and medical)

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While women and girls in the Syrian response had 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. 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 traumatisation 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. Women and girls in Syrian safe spaces reported that being strangers in host communities becomes limited at the onset of puberty. Parents often keep them, for example, have limited space to meet and public spaces are often largely inhabitable 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 unfocal 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 Syria safe spaces reported that being strangers in host communities 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 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. Their situation is worsened by the 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. 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 others 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.

While women from Cuba usually have high education, most of those from Afghanisthan have primary education or less. However, all of them are involved in informal education services in WGCs.
Box 6. Reflections on the WGCs by women

“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)

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.
Purpose of empowerment activities in WGCs

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

<table>
<thead>
<tr>
<th>Pure empowerment activities</th>
<th>Empowerment through protection activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Creative activities</td>
<td>1. Physical violence</td>
</tr>
<tr>
<td>2. Educational activities</td>
<td>2. Psychological/moral abuse</td>
</tr>
<tr>
<td>3. Recreational and relaxation activities</td>
<td>3. Sexual violence, including rape</td>
</tr>
<tr>
<td>4. Peer-to-peer empowerment</td>
<td>4. Child, early or forced marriage</td>
</tr>
<tr>
<td>5. ‘The art of doing nothing’</td>
<td>5. Other forms</td>
</tr>
</tbody>
</table>

Empowerment through protection activities

- Physical violence
- Psychological/moral abuse
- Sexual violence, including rape
- Child, early or forced marriage
- Other forms

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’.5 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; 2) MHPRS 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 recognize 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’. 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. 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). She 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.

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).

Chart 1. Forms of identified GBV cases among women and girls

<table>
<thead>
<tr>
<th>Form of GBV Case</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical violence</td>
<td>30%</td>
</tr>
<tr>
<td>Psychological/moral abuse</td>
<td>16%</td>
</tr>
<tr>
<td>Sexual violence, including rape</td>
<td>23%</td>
</tr>
<tr>
<td>Child, early or forced marriage</td>
<td>10%</td>
</tr>
<tr>
<td>Other forms</td>
<td>12%</td>
</tr>
</tbody>
</table>

GBV prevention encompasses handling ‘other protection cases’ (those individuals most vulnerable to GBV, those with multiple vulnerability factors).


6. GBVIMS – Available at: http://www.protect.org/.

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 implement prevention strategies. 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:

- 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.

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).

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.

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)
The purpose of a facilitator should be towards the women and girls in order to encourage them to behave towards the facilitator expresses respect, tolerance, fairness, empathy, care and focus. This is why it is important that during the implementation of the activities personal or taboo and by providing their own personal experiences facilitators can create a more friendly environment and approach and to engage the participants. It is also important that the facilitator provides clear directions to guide, inspire and help women and girls by setting a good example through their own actions. It is also important that the facilitator should also use their own discretion. Activities need to be harm free and the participation of women and girls needs to be voluntary. Activities the facilitator should also use examples or situations from their own life experiences in order to make the facilitator is the responsibility of the facilitator to protect and provide assistance, with given consent and through the referral system.

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 gynecologist 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) monitor the person in case of further need. When selecting and preparing PSS providers, the facilitator needs to consider the diversity of the population and adapt their actions to the group. 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, nutrition, sexual and reproductive health, and promotes communication and respect for other cultures.

3.3.4. Information and awareness raising

It is always useful to arrange information and awareness raising sessions with women and girls. The safe space can collaborate with other sectors to provide information on range of issues such as water and sanitation or nutrition. The WGCs also provide assistance in crisis situations, mostly in cases of GBV or other violence, which may cause physical and psychosocial strain. 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 and that the will of the GBV officer is respected. 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 and that the will of the GBV officer is respected. 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 range of issues such as water and sanitation, nutrition, sexual and reproductive health, and promotes communication and respect for other cultures.

Model the norms that you want participants to follow in their group interaction. More often than not, the facilitator is seen as a role model by the participants. This is important since some of the topics discussed are sometimes perceived as complex (see Box 10). Bearing in mind the fast changes in the characteristics of the migrant population and the empowerment and GBV officer is to make sure that everything goes according to the previously arranged plan and that the will of the GBV officer is respected. 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 range of issues such as water and sanitation, nutrition, sexual and reproductive health, and promotes communication and respect for other cultures.

3.5. What works for whom and under which circumstances

There is a need to provide assistance at WGCs on a daily basis. These activities are often 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 hospital/policlinic (e.g., for medical examination), police station (e.g., in certain GBV cases), or other type of support (e.g., to 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 and that the will of the GBV officer is respected. 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 range of issues such as water and sanitation, nutrition, sexual and reproductive health, and promotes communication and respect for other cultures.

Reflection of a WGC staff member in Bosnia and Herzegovina

Box 10. Influence of a WGC staff member 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. 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 WGCs 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 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.

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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 other violence, which may cause physical and psychosocial strain. 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 and that the will of the GBV officer is respected. 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 range of issues such as water and sanitation, nutrition, sexual and reproductive health, and promotes communication and respect for other cultures.

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It is always useful to arrange information and awareness raising sessions with women and girls. The safe space can collaborate with other sectors to provide information on range of issues such as water and sanitation, nutrition, sexual and reproductive health, and promotes communication and respect for other cultures.
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 in the TRC or in the country. Activities and services must be evenly accessible to all women and girls, regardless of any category to which they may belong (including disability, LGBT, etc.).

4.2. Survivor centred approach

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 services must be provided in such a way that they are not seen as ‘scheduling’. Obviously, the primarily goal of the women and girls is not to be entertained in a leisurely way but to continue their trip in order to reach their ‘destination country’. Consequently, their priorities and activities are focused on establishing social bonds that will become stronger over time.

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 out to three important universal principles:

- **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 (like a weekly schedule), working in a WGC sometimes requires more ‘reshuffling’ than ‘scheduling’. Obviously, the primarily goal of the women and girls is not to be entertained in a space but to continue their trip in order to reach their ‘destination country’. Consequently, their priorities and activities are focused on establishing social bonds that will become stronger over time.

- **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 in 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 and will help establish social bonds that will become stronger over time.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaccompanied girls (also known as unaccompanied minors)</td>
<td>Girls who have been separated from both parents and other relatives and are not being cared for by an adult by, law or custom, is responsible for so doing.</td>
</tr>
<tr>
<td>Separated girls</td>
<td>Girls separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives and are not being cared for by an adult. Includes children accompa- nied by other adult family members.</td>
</tr>
<tr>
<td>Girls with their family</td>
<td>Girls traveling with their family, with both parents or at least one parent (father, mother, adult sister/brother).</td>
</tr>
<tr>
<td>Women with their family</td>
<td>Women traveling 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.</td>
</tr>
<tr>
<td>Single women</td>
<td>Women aged 18+ who travel without family members. They are usually registered as single on the Alienation of Expres- sed Intent (AIE) (Asylum seeking intention in Bosnia and Herzegovina, popularly called the ‘white paper’).</td>
</tr>
</tbody>
</table>

17. Ibid.
18. Article 40 of the Law on Asylum of Bosnia and Herzegovina, 14th Tajrid of Bosnia and Herzegovina, nos. 11/8 and 16/10.

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 specific needs of women and girls on the working hour, as well as the types of activities that should be held at the centre. They should be involved 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 expressed aim 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 approach

The design of the safe space, the activities and services it offers and the discussions it organises should prioritise the safety and well-being of the girls and women 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 at any position, choices, rights and dignity should...
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.

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 recognize 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).

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 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)

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.

“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)

4.4. 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 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 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 responses. The aim of the focus group discussions is to include their perception and to identify from their point of view the risk factors, patterns and causes that make the affected populations more susceptible and vulnerable to violence. WGCs also regularly conduct a ‘Participatory Assessment of the GBV risks and safety factors’, especially when trends or the structure of people in the camp change or when there are any changes that could have an impact on the resilience and safety of the women and girls. The GBV participatory assessment carried out with the target group will help identify the risk factors, patterns and causes that make the affected populations more susceptible and vulnerable to violence. The assessment exercise (Annex 2) includes questions about the special needs of women and girls living with disabilities and those to be different from those of a 35 year-old woman. A WGC should also take into account the varying needs and experiences of young girls and women. It should deliver services that respond to their life cycle, including issues related to GBV prevention and response.

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 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 experiences, express their needs and build peer support networks to help facilitate their personal and social growth. In those challenging situations (Box 14), this club often included provision of larger number of women and girls. Ensuring the involvement of and buy-in of the community to the sustainability of the initiative is also vital for the success of the safe space.

Box 14. Teen club

Young Mothers’ Club

“The kind of information is vital for us teenage girls. We need to know our body and how important prevention is!” (Zuri, aged 22)

“This is what we need. My life changed a lot since I started attending. In the beginning we had no hope, only support.” (Kamaria aged 21)

“They were always available for us, I always thought I should’ve been stronger, that it is my fault.” (Kamaria aged 21)

“I never thought I could see the light after my marriage, no one understood me.” (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)
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 for such centres 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 if 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 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.

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 issues/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. It can range from a health centre, a school, 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 organized in different ways it is important to consider the type of access to services. A structure that is accessible for women and girls with disabilities.

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 would work 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 issues/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.

5.1.3. Time

It is important to determine, together with the women and girls, what time best suits them and organise activities that will help customise the safe space for women and girls. A way of doing this is to map their time use and work in two shifts in order to ensure that the girls and women have access to services. 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 designed and managed in consultation with women, girls and other stakeholders. A formal space established by an international organisation may be the most accessible and appropriate. However, in some cases safe spaces can also be less formal within a community or educational spaces linked to women’s networks. It is important to consider how best to employ a safe space project in the model of implementation. More specifically, it is important to decide on the best model to employ and the actual level of partnership with a local entity, a local or international NGO or through a joint project with a United Nations agency.

When it comes to partnerships 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 centres are also part of the referral pathways and are included when needed. Since nearly all of the organisations present in the field have different scopes of work it is important that all are well 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. When it comes to partnerships, 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 authorities, local NGOs.

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.
5.2. 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 accommo-
dation and support. In Bosnia and Herzegovina, for example, IBGC staff are rec-
ognised 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 Herzegovina institutions, UNFPA succeeded to ensure that pregnant women, single women and adolescent girls are prioritized during accommodation proc-
esses or that GBV survivors can be relocated from point A to point B as assessed.

Although, UNFPA ensured that support to women and girls is available not only in TRCs but also in hospitals, 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 re-
flected 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 relative-
ly small but very agile and well-coordinated teams. The core positions in these

Table 3.

<table>
<thead>
<tr>
<th>Position</th>
<th>Main responsibilities and expected competencies</th>
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<tbody>
<tr>
<td><strong>WGC Coordinator</strong></td>
<td>- Daily supervision of WGC staff and regular evaluation of the implementation of activities, with the aim to improve WGC services.</td>
</tr>
<tr>
<td></td>
<td>- 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.</td>
</tr>
<tr>
<td></td>
<td>- Coordinate activities with other organisations in the TRC. Ensure regular communication and reporting at different levels.</td>
</tr>
<tr>
<td></td>
<td>- Conduct administration-related to staff. Attend community and management meetings.</td>
</tr>
<tr>
<td><strong>Empowerment Officer</strong></td>
<td>- Design and lead the implementation of different empowerment activities, including informal education, sports activities, creative workshops and language classes.</td>
</tr>
<tr>
<td></td>
<td>- Socialise outside of the WGC with the purpose of info-sharing and identifying potential GBV survivors and those at risk.</td>
</tr>
<tr>
<td></td>
<td>- Facilitate meeting the needs of women and girls for prevention, health and protection.</td>
</tr>
<tr>
<td><strong>WGC Case Manager</strong></td>
<td>- Provide GBV education and support to GBV survivors and follow-up on these cases.</td>
</tr>
<tr>
<td></td>
<td>- Lead case management and coordination of GBV cases and provide the protection of health and psychosocial support for survivors.</td>
</tr>
<tr>
<td><strong>PPS Expert</strong></td>
<td>- Act as the focal point for GBV cases (24/7).</td>
</tr>
<tr>
<td></td>
<td>- Organise case conferences, participate at the GBV working group and take responsibility for revising the GBV referral pathways when necessary.</td>
</tr>
<tr>
<td></td>
<td>- Secure the empowerment office when needed.</td>
</tr>
</tbody>
</table>
| **WGC Sexual and Reproduc-
  tive Health Expert**     | - Socialise outside of the WGC with the purpose of identifying potential GBV survivors and those at risk. |
|                           | - Socialise outside of the WGC with the purpose of identifying potential GBV survivors and those at risk. |
|                           | - Process case conferences, participate at the GBV working group and take responsibility for revising the GBV referral pathways when necessary. |

Although the WGCs and BYMCs were relatively close-
ly 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.
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 for this objective?
- 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?
- What are the staff capacities for delivering strong evaluation?
- Is the plan explained to the relevant staff and managers of the WGCs?
- What are the staff capacities for delivering strong monitoring and evaluation?
- Is multisource feedback captured well?
- What are the staff capacities for delivering strong evaluation?

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 to another location or place it on another operational 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, amongst others, an analysis of the need for reliable communication channels, agreed evaluation methods, and safety and security measures. During the process, it is imperative to pay special attention to the needs of the most vulnerable groups, 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 how, 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 processes of the taking over 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’.
- Empower the women and girls as well as the communities to make key decisions about the transition of the WGC, wherever possible.
- Engage the women and girls in implementing the strategy.
- Plan enough time for the handover from international to national key staff.
- Adjust the plan 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, even. This examination was a life change for me.”

Unexpected resource of resilience on ‘my hardest trip’
Marie, 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 recited 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 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. Psychosocial 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 then 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.”
7. References


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 wellcomed and safe. A place where I can share my worries and get comfort. It is a place only for us.”

(A woman 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 woman 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 woman 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 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 encouragement as I’ve received here.” (A woman 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

“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 woman 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 woman 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 woman aged 20 from Afghanistan)

8.2 Annex 2.

Example of Referral Pathway for GBViE cases in Temporarily Reception Centre

IMMEDIATE RESPONSE

CCCM Inform SFA officials!

POLICE 122 AMBULANCE 124 Center for Social Welfare

CASE MANAGEMENT

UNFPA GBV Case Manager

IN CASE OF A CHILD

For GBV service refer to UNFPA GBV Case Manager

IN CASE OF ACCOMPANIED CHILD

Center for Social Welfare

CP Agency

POLICE 122 AMBULANCE 124 Center for Social Welfare

SAFE HOUSE

CCCM Inform SFA officials!

UNFPA WOMEN AND GIRLS CENTER

CCCM

GBV Case Manager

SAFE SPACES
8.3. Annex 3.

Example of Recommendations from a GBV Safety Audit at a TRC

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 in 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.


An example of a Participatory Assessment Exercise

There is need to regularly hold trainings for humanitarian actors on GBV risks, prevention and response with prime focus on a survivor-centred approach;

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- The physical separation of men’s and women’s toilets;
- Better understanding and awareness of the risk of violence by humanitarian personnel.

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 Committee include:

Building the interactive platform and facilitating better communication among the women and Girls 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.

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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.