

GUIDANCE ON FEMALE-FRIENDLY SPACES (FFS)¹ _ NEPAL EARTHQUAKE RESPONSE (v.1)

Why do females need special support in emergencies?

GBV increases in emergencies because of the displacement of communities, absence of law and order, lack of adequate basic support services, breakdown of social support networks, and so on. As a result, females of all ages and stages need protection, support, and access to services in emergencies. Women and girls from marginalized and disadvantaged communities are also increasingly vulnerable and require protection.

What is a female-friendly space?

A female-friendly space (FFS) is a place where females can go to at any time to feel safe and empowered and have access to information, education, recreational activities, support and services. These are often integrated spaces offering a range of services including resources, information, social networks, etc. FFS are safe spaces for women and girls in the community, culturally-appropriate and tailored to the context. FFS model can also be known as Women friendly spaces (WFS) yet the concept of FFS is inclusive of female of all ages and stages.

FFS can be used for various activities such as: individual or group counseling, awareness-raising, skills-building, NFI distribution, recreational activities. Information on critical issues can be shared in these spaces such as where/how to access humanitarian services and information on reproductive health, legal rights, childcare, and prevention and response to GBV. FFS are also safe spaces that promote women’s protection and empowerment and therefore help mitigate risk of GBV. They may also include sleeping space for females – or be converted to sleeping areas in the evenings.

In the context of the aftermath of the Nepal earthquake, the Department of Women and Children has requested 10 FFS in each of the affected districts. In order to ensure greater coverage, each FFS needs to include a roving team to be able to reach other VDCs. The roving team should include transportation (by whatever means available/appropriate) and a Roving Case Manager.

What are the guiding principles of an FFS?

- Leadership and empowerment of women and girls
- Women and girls engaged in all aspects of the space
- Safe and accessible
- Integrated in community and contextually-relevant
- Inclusive - all women and girls consulted – especially marginalized
- Coordination for multi-sectoral support and services – and referral
- Needs-based – with ongoing assessments and adjustments as needs change

¹ Adapted from UNFPA Female Friendly Spaces guidelines, in consultation and with inputs from the GBV subcluster members

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- Outreach to communities to encourage women and girls to participate – and activities organized in communities
- Feedback mechanisms in place for women and girls – and for community
- Safe and ethical data collection and management
- Sustainability of FFS – including transition and exit strategy

What services and support can be provided in an FFS?

Other sectors and clusters can channel services for females in these spaces – for example:

- Health: basic health care services and support, access to additional health information, distribution of health commodities, referral to health facilities as needed – with particular focus on sexual and reproductive health
- Psychosocial: psychosocial support and psychosocial first aid - trauma related to the earthquake and GBV-specific PSS/PFA
- Food: targeted distributions of food for females – particularly female-headed households and marginalized groups of females – for safety concerns and to avoid exploitation or harassment
- NFIs: access to Dignity kits and other essential NFIs such as clothing, blankets, family kits, etc.
- Nutrition: services, support, and information for mothers, safe space for breastfeeding
- Early recovery: access to livelihood and cash for work opportunities
- Child protection: align with CFS (Child Friendly Space) – FFS is a child-friendly environment
- Legal
- Basic training: literacy and other educational activities
- Group activities and awareness: Sport, music, drama, story-telling, etc.
- Livelihoods: vocational training, group lending, etc.

How can FFS be used for GBV prevention and response?

FFS are for all females – not just GBV survivors- although these are spaces where survivors would feel comfortable presenting themselves and accessing services and support. It is discouraged to provide community FFS targeted only to survivors as it will stigmatized them further, rather Integrate survivors and vulnerable women into FFS programmes and activities. FFS presents a safer venue to seek support in a more discrete manner and to avoid stigma. For GBV survivors, FFS offer direct access for referral, counseling and other GBV specific prevention and response programs. FFS can support GBV survivors through:

1. Referral pathways to access multi-sectoral support
2. Case management
3. Group activities: training, counselling, discussions, information-sharing, awareness-raising
4. Access to socio-economic support
5. Shelter and safe sleeping space for vulnerable females
6. Outreach activities: creation of women’s protection teams, etc.

What types of FFS are there?

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FFS are often most effective when they are close to health services and organized in conjunction with child-friendly spaces or any common space where women may gather (nutrition/breastfeeding space, maternity space, etc.). They also may be co-located in these spaces. Types will vary depending on the needs and existing services in each area.

1. Separate tent – likely adjacent to CFS: including space for group activities + small rooms for counselling + sleeping area
2. Shared tent: can be co-located with CFS or maternity or nutrition: including shared space for group activities that can be converted to sleeping area at night + small rooms for counselling
3. Resource person in other tent: locating resource person (case manager) in tent of other services (maternity, breastfeeding, nutrition, children, etc.) for information and referral
4. Resource person in other tent + sleeping space: same as above including space that can be converted to sleeping area for vulnerable women (and their children)
5. Pre-existing physical structure: assuming existence of appropriate space: including space for group activities + small rooms for counselling + sleeping area + kitchen + bathroom + outdoor space

Who will staff an FFS?

While each FFS will be different – depending on the context, the type of space established, what is available/needed, and relevant partnerships - each space should ideally have the following staff:

- FFS Manager
- Case Manager
- Roving Case Manager
- Psychosocial Support Specialist/Psychosocial First-Aid Specialist
- Outreach/Community Mobilizer
- Child-minder
- Driver/transportation
- Guard
- Cleaner

ALL STAFF WILL:

- Abide by safe and ethical guidelines
- Sign Code of Conduct
- Identify and address or refer for key protection concerns

FFS Manager should:

- Overall supervision and support
- Monitor activities
- Monthly reports
- Diverse schedule of activities and support – based on needs – weekly activity plan shared with community

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- Coordination meetings with other relevant sectors to ensure integration of services
- Provide mechanisms to facilitate sharing of women's and girls' views on broader humanitarian response
- Ensure mechanism for reporting issues – protection, etc.
- Liaise with other clusters/actors for services

Case Manager/Roving Case Manager:

- CM services
- Referral as requested
- Basic counseling
- Accompaniment
- Safety planning
- Outreach

Roving Case Manager:

- CM services in other VDCs
- Referral as requested to FFS and other services
- Basic counseling
- Accompaniment
- Safety planning
- Outreach
- Coordinate with RH Mobile Camp

PSS/PFA:

- PSS and PFA services
- PSS group and individual
- Peer support groups

Community Mobilizer:

- Engage community
- Conduct awareness sessions in communities
- Conduct safety audits and safety mapping
- Establish community-based safety groups
- Support volunteer outreach team - youth

Child-minder:

- Conduct recreational activities for children – or refer to CFS
- Supervise children at FFS – particularly when mothers are engaged in support and services

How will we meet the need of at least 140 FFS?

1. Phase 1 - immediate: Establish at least 1 FFS in each district HQ = 14 FFS (plus roving team for outreach)

2. Phase 2 – after 1 month: Establish 5 additional FFS in each district = 70
3. Phase 3 – after 2 months: Establish 4 additional FFS in each district = 56

How will we prioritize creation of FFS?

1. 1 FFS in District HQ – with roving team for outreach and support
2. Prioritization of other FFS at VDC level to be determined by transparent systematic criteria:
 - Vulnerable women and girls and protection concerns in community – determined by WCO, other national actors, women’s groups, local organizations, etc.
 - Observational assessments
 - Remote/ hard to reach areas
 - Discussions with CCCM and other cluster colleagues
 - Need for services/support
 - Anecdotal evidence of GBV cases
 - Existence of women’s organization as potential partner
 - Ability to establish links to nearby health services

What facilities and equipment are needed in an FFS?

Each FFS must have:

- Enclosed space – closed on all sides
- Space for private discussions
- Outdoor/shaded area
- Proximity to hygiene facilities

Each FS must include:

- Desk and basic office supplies
- Floor mats
- Stools
- Mattresses for sleeping
- First aid box

How to set up an FFS?

1. Consult WCO and DWC – DWC has supervisory role of FFS
2. Coordinate with other CCCM for identification of appropriate space within camp – ensure proximity to hygiene facilities (in consultation with WASH) and ensure surrounding environment is made as safe and secure as possible
3. Align with any existing SRH services, CFS, maternity tent, etc.
4. Ensure lead agency who will provide overall supervision and management of FFS operations

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5. Collaborate with local partners including local women’s groups, community groups
6. Ensure that all GBV service providers are engaged/aware
7. Assign FFS roles – starting with FFS Manager and Case Manager
8. Outreach to communities by Roving Case Manager
9. Procure and place tent and required materials
10. Disseminate information on FFS to women and girls in community
11. Orient other actors working with women and girls to refer to FFS
12. Ensure availability of interventions

What is the FFS transition and exit strategy?

A phase-out or transition plan that links with broader recovery planning should be developed in close consultation with the community and other stakeholders. Using a bottom-up approach will support ownership and transition of the FFS to the community and/or the local organization.

What is the budget for each FFS?

The following table provides a template for estimating budget costs for FFS:

| Item | Quantity | Cost | Covered by | Comments |
|------------------------------|----------|------|------------|----------|
| Tent | 1 | | | |
| Desk and chair | 1 | | | |
| Basic office supplies | | | | |
| Floor mats | 10 | | | |
| Stools | 20 | | | |
| Mattresses for sleeping | 10 | | | |
| First aid box | 1 | | | |
| FFS Manager | 1 | | | |
| Case Manager | 1 | | | |
| Roving Case Manager | 1 | | | |
| PSS/PFA Specialist | 1 | | | |
| Outreach/Community Mobilizer | 1 | | | |
| Child-minder | 1 | | | |
| Driver/transportation | 1 | | | |
| Guard | 1 | | | |
| Cleaner | 1 | | | |