

# ***Appendices***

*A. Resources*

*B. Sample Manual of Interagency Procedures and Practices*



# Resources

The publications listed are in English; many are also available in French and other languages.

## **KEY MATERIALS—GBV PROGRAMS IN POPULATIONS AFFECTED BY ARMED CONFLICT**

*Clinical Management of Survivors of Rape*, WHO and UNHCR, 2002.

A step-by-step guide to the development of health care protocols for use in refugee and IDP situations.

Publication number: WHO/RHR/02.08

To order:

UNHCR DOS  
94 rue Montbrillant  
Geneva 1202 Switzerland  
E-mail: <HQTS00@unhcr.ch>

Also available through UNHCR offices world wide

Internet download: <www.rhrc.org>

*GBV Tools Manual*, Reproductive Health for Refugees Consortium (in press).

Forms, tools, and instructions for assessment and monitoring/evaluation of GBV programs. Includes situation analysis, prevalence survey, focus groups, sample staff recruitment guides and job descriptions, Incident Report Form, terms and definitions, M&E tracking sheets, and report formats. CD-ROM or hard copy. Publication anticipated December 2002.

To order:

RHRC c/o Women's Commission  
122 East 42<sup>nd</sup> Street  
New York, NY 10168 USA

*Prevention and Response to SGBV in Refugee Situations: Interagency Lessons Learned Conference Proceedings, 27–29 March 2001*, UNHCR, 2001.

Describes multisectoral response, prevention strategies, coordination mechanisms. Includes samples of protocols, guidelines, roles and responsibilities, program ideas, forms.

To order:

UNHCR DOS  
94 rue Montbrillant  
Geneva 1202 Switzerland  
E-mail: <HQTS00@unhcr.ch>

Also available through UNHCR offices world wide

Internet download: <www.rhrc.org>

*Interagency Guidelines for the Prevention and Response of Sexual and Gender-Based Violence Against Refugees, Returnees, and Internally Displaced Persons*, UNHCR (in press).

This updated version of the 1995 Guidelines includes detailed guidance for developing community-based, multi-sectoral, and interagency prevention and response plans. It describes the minimum recommended standards for survivor assistance services and prevention activities. It includes tools to conduct situation analyses, monitoring and evaluation indicators, and a new Incident Report Form recommended for use world wide. CD-ROM or hard copy. Publication anticipated 2003.

To order:  
UNHCR DOS  
94 rue Montbrillant  
Geneva1202 Switzerland  
E-mail: <HQTS00@unhcr.ch>

Also available through UNHCR offices world wide  
Internet download: <www.rhrc.org>

*Sexual Violence Against Refugees: Guidelines on Prevention and Response*, UNHCR, 1995.

First version of UNHCR Guidelines, to be revised and replaced in 2003 (above). Describes forms of sexual violence, risk factors for refugees, guidelines for prevention and response in refugee settings.

To order:  
UNHCR DOS  
94 rue Montbrillant  
Geneva1202 Switzerland  
E-mail: <HQTS00@unhcr.ch>

French version available from UNHCR offices world wide.  
English version is out of print, but remaining copies may be available.  
Internet download: <www.rhrc.org>

*Reproductive Health for Refugees Consortium Web Site*

Annotated bibliography with links to related sites.

<www.rhrc.org/resources>

## **UNITED NATIONS PUBLICATIONS—GBV PROGRAMS AND RELATED TOPICS**

*Action for the Rights of Children (ARC) Resource Packs*, UNHCR and Save the Children–Sweden, 2001.

The ARC Resource Packs cover a range of topics concerning protection of children in refugee settings and include reading, workshop materials, and references. The Exploitation and Abuse Pack looks at risk situations, preventive measures, and how to respond when children are abused or exploited. CD-ROM or hard copy.

To order:  
UNHCR DOS  
94 rue Montbrillant  
Geneva1202 Switzerland  
E-mail: <HQTS00@unhcr.ch>

Also available through UNHCR offices world wide  
Internet download: <www.rhrc.org>

*How-To Guides* (UNHCR)

This series of booklets describes field experiences and lessons learned in RH and GBV programming.

- *How-To Guide: Building a Team Approach to Prevent and Respond to Sexual Violence in Kigoma-Tanzania*, UNHCR, December 1998.
- *How-To Guide: Crisis Intervention Teams—Responding to Sexual Violence in Ngara, Tanzania*. UNHCR, January 1997.
- *How-To Guide: From Awareness to Action—Eradicating Female Genital Mutilation With Somali Refugees, East Ethiopia*, UNHCR, May 1998.
- *How-To Guide: Monitoring and Evaluation of Sexual Gender Violence Programs, Kigoma and Ngara, Tanzania*, UNHCR,

April 2000.

To order:

UNHCR DOS  
94 rue Montbrillant  
Geneva1202 Switzerland  
E-mail: <HQTS00@unhcr.ch>

Also available through UNHCR offices world wide  
Internet download: <www.rhrc.org>

*Mental Health of Refugees*, WHO/UNHCR, 1996.

Broad guidelines about helping skills and some of the most common mental health needs in refugee populations. Written in simple language, this manual is intended for relief workers, community workers, health workers, teachers, and others; the reader does not need special training in psychology or mental health.

To order:

UNHCR DOS  
94 rue Montbrillant  
Geneva1202 Switzerland  
E-mail: <HQTS00@unhcr.ch>

Also available through UNHCR offices world wide  
Internet download: <www.rhrc.org>

*A Practical Approach to Gender-Based Violence: A Program Guide for Health Care Providers and Managers (pilot edition)*, UNFPA (New York) 2001.

Step-by-step guidance on how RH facilities can begin GBV projects and integrate assessment and treatment of GBV into their services.

To order:

UNFPA  
220 East 42<sup>nd</sup> Street  
New York, NY 10017 USA

*Refugee Children: Guidelines on Protection and Care*, UNHCR, 1994.

This book is for staff in UNHCR and its operational partners. Each chapter discusses a subject from the point of view of children's needs and rights.

To order:

UNHCR DOS  
94 rue Montbrillant  
Geneva1202 Switzerland  
E-mail: <HQTS00@unhcr.ch>

Also available through UNHCR offices world wide

*Reproductive Health During Conflict and Displacement: A Guide for Program Managers*, WHO, 2000.

Guidance and tools for assessment, planning, implementation, and monitoring and evaluation of RH services during the different phases of conflict and displacement. Includes a chapter on GBV.

Publication number WHO/RHR/00.13

To order:

WHO Geneva  
Internet download: <www.who.int>

*Reproductive Health in Refugee Situations: Interagency Field Manual*, UNHCR, 1999.

Developed by an interagency team of RH experts, this manual covers basic and essential reproductive health issues, needs, and program recommendations. Includes a chapter on GBV for health providers.

To order:

UNHCR DOS  
94 rue Montbrillant  
Geneva 1202 Switzerland  
E-mail: <HQTS00@unhcr.ch>

Also available through UNHCR offices world wide

or

RHRC c/o Women's Commission  
122 East 42<sup>nd</sup> Street  
New York, NY 10168 USA  
Internet download: <www.rhrc.org> or <www.ippf.org/resource/refugeehealth/manual/index.htm>

WHO Fact Sheets:

- *Female Genital Mutilation*, Number 241
- *Gender Health and Poverty*, Number 251
- *Violence Against Women*, Number 239
- *Women and STIs*, Number 249

Internet download: <www.who.int/mediacentre/factsheets/en/>

## **RECOMMENDED BOOKS, WEBSITES, MATERIALS**

*Abandoning Female Genital Cutting*, Population Reference Bureau, 2001.

Describes different types of FGC, prevalence and attitudes, and overview of approaches and recommended actions to end FGC.

Internet download: <www.measurecommunication.org>

Pickup, Francine. *Ending Violence Against Women: A Challenge for Development and Humanitarian Work*, Oxfam GB, 2001.

Comprehensive discussion of GBV including prevalence, impact, context, various approaches and strategies for supporting survivors, working with men, challenging attitudes and beliefs, and policy issues.

To order: Depends on country. Contact—

Oxfam Publishing  
274 Banbury Road  
Oxford OX2 7DZ UK  
Fax: 44-1865-313925  
E-mail: <publish@oxfam.org.uk>

*Picturing a Life Free of Violence: Media and Communications Strategies to End Violence Against Women*, UNIFEM, 2001.

Booklet to accompany electronic database of successful strategies and media materials created and used around the world. Samples of posters, radio/TV public service announcements, pamphlets, and other materials targeting various types of GBV.

Database:

<www.jhuccp.org/mmc>

To order:

<www.endvaw.org>

*Population Reports: Ending Violence Against Women*, Johns Hopkins University School of Public Health, Series L, Number 11, 1999.

This publication describes intimate partner abuse and sexual coercion world wide and offers specific guidance for health care practitioners and others to assist survivors and develop strategies for prevention.

To order:

Population Information Program  
Johns Hopkins School of Public Health  
111 Market Place, Suite 310  
Baltimore, MD 21202 USA  
Fax: 1-410-659-2645  
E-mail: <PopRepts@jhuccp.org>  
Internet download: <www.jhuccp.org>

Spindel, C., Levy, E., Connor, M. *With an End in Sight: Strategies from the UNIFEM Trust Fund to Eliminate Violence Against Women*, UNIFEM, 2000.

Lessons and good practices from Trust Fund initiatives world wide; the book includes program examples and case studies from five different regions of the world.

To order:

United Nations Development Fund for Women (UNIFEM)  
304 East 45<sup>th</sup> Street, 15<sup>th</sup> Floor  
New York, NY 10017 USA  
Fax: 1-202-906-6705  
E-mail: <unifem@undp.org>  
Website: <www.unifem.undp.org>

Ward, Jeanne. *If Not Now, When? Addressing Gender-Based Violence in Refugee, Internally Displaced, Post-Conflict Settings*, RHRC, 2002.

Describes GBV issues and programs in populations affected by armed conflict in 12 countries. Includes recommendations for policy, research, and programming.

To order:

RHRC c/o Women's Commission  
122 East 42<sup>nd</sup> Street  
New York, NY 10168 USA  
  
Internet download: <www.rhrc.org>

## **TRAINING MANUALS AND RESOURCES**

de Negri, B., Thomas, E., Ilinigumugabo, A., Muvandi, I., and Lewis, G. *Empowering Communities: Participatory Techniques for Community-Based Program Development. Volume 1 (2): Trainer's Manual (Participant's Handbook)*. Nairobi: The Centre for African Family Studies (CAFS), in collaboration with the Johns Hopkins University Center for Communication Programs and the Academy for Educational Development (AED), 1998.

Trainer and participant manuals for participatory methods in developing community-based programs. Includes detailed workshop formats, handouts, exercises, guidance for the trainer.

To order:

AED  
1825 Connecticut Avenue, NW  
Washington, DC 20009 USA

or

Centre for African Family Studies  
Pamstech House, Woodvale Grove, Westlands  
P.O. Box 60054  
Nairobi, Kenya  
<www.cafs.org>

Internet download: <www.aed.org>

Williams, Suzanne. *The Oxfam Gender Training Manual*, Oxfam UK and Ireland, 1994.

Comprehensive training manual, with workshops, exercises, and handouts on a variety of gender topics ranging from basic information to gender analysis for program developing. Workshops for groups of men, women, and mixed groups.

To order:  
Depends on country. Contact—  
Oxfam Publishing  
274 Banbury Road  
Oxford OX2 7DZ UK  
Fax: 44-1865-313925  
E-mail: <publish@oxfam.org.uk>

*Reproductive Health for Refugees Consortium Web Site*

The Reproductive Health for Refugees Consortium Web site includes a GBV bibliography with links to various sites and training resources by sector and topic.

<www.rhrc.org>

Pretty, J., Guijt, I., Thompson, J., Scoones, I. *Participatory Learning and Action: A Trainers Guide*, International Institute for Environment and Development (IIED), 1995.

One of a series of training guides and materials on the various aspects and applications of participatory learning and action methodologies for development. This book is a comprehensive trainer's guide with workshop details, handouts, and guidance for the trainer.

To order:  
Earthprint  
P.O. Box 119  
Stevenage, Hertfordshire SG14TP UK  
Fax: 44-1438-748844  
E-mail: <orders@earthprint.com>  
Website: <www.earthprint.com>  
IIED, other publications and information: <www.iied.org>

*Sample Draft  
Manual of Interagency  
Procedures and Practices*



# SAMPLE — DRAFT

*for adaptation by GBV interagency teams in specific settings*

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## MANUAL OF INTERAGENCY PROCEDURES & PRACTICES:

Support to Refugee Communities for  
Prevention & Response to GBV  
in [*name of field office or suboffice area*]

[*country*]

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Developed in collaboration:

*[list all NGOs, IOs, government ministries, and so forth involved in  
the development of this manual in the setting]*

*First Draft for review and discussion: [date]*

*Final First Version: [date]*

*Review/Revisions: [dates in future when revisions are made]*

## INTRODUCTION

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Prevention and response to gender-based violence (GBV) requires a cooperative team effort from many groups and organizations. The procedures that follow were developed by representatives from the organizations [*listed on the cover*], in a collaborative effort to establish clear systems, roles, and responsibilities for each individual, group, agency, and organization involved in the prevention of and response to GBV affecting the refugee camps and refugee affected areas in the region of [*country*].

These procedures can also serve as teaching tools for anyone involved in prevention and response efforts. International and national staff rotate in and out of a country. This manual has been developed to ensure that the procedures and systems remain in place within the organizations even after individuals have left the region.

## DEFINITION OF GENDER-BASED VIOLENCE\*

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GBV is physical, mental, or social abuse (including sexual violence) that is attempted or threatened, with some type of force (such as violence, threats, coercion, manipulation, deception, cultural expectations, weapons, or economic circumstances) and is directed against a person because of his or her gender or gender roles and expectations in a society or culture. In circumstances of GBV, a person has no choice to refuse or pursue other options without severe social, physical, or psychological consequences. Forms of GBV include sexual violence, sexual abuse, sexual harassment, sexual exploitation, early or forced marriage, discrimination, denial (such as education, food, freedom), and female genital mutilation. Not all forms of GBV are considered criminal acts in all countries.

## GUIDING PRINCIPLES

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All actors agree to the following principles as guides for their behavior, intervention, and assistance. All actors agree to arrange appropriate training and refresher training for all staff, as well as accountability measures for staff to use these guiding principles in their work.

### Confidentiality

At all times, the confidentiality of the survivor(s) and their families will be respected. This means that information will be shared only with others who need to know in order to provide assistance and intervention, as requested and agreed to by the survivor. All written information with identifying details will be maintained in secure, locked files. If any reports or statistics are to be made public, only one responsible officer in the organization will have the authority to release such information and any identifying information (e.g., name, address) will be removed.

### Respect

The actions and responses of all actors will be guided by respect for the wishes, the rights, and the dignity of the survivor. For example, actors will—

- Conduct interviews in private settings;
- Conduct interviews and examinations by staff of the same sex as the survivor (e.g., woman survivor to woman interviewer) unless no other staff is available;
- Be a good listener;
- Maintain a nonjudgmental manner concerning the survivor and her or his behavior;
- Be patient; when possible, do not press for more information if the survivor is not ready to speak about the incident;
- Ask only relevant questions;
- Do not discuss the survivor's prior sexual history;
- Avoid asking the survivor to repeat the story in multiple interviews;
- Do not laugh or show any disrespect for the survivor and her or his culture, family, or situation.

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\*Summarized from definitions in UNHCR guidelines and the United Nations Declaration on the Elimination of Violence Against Women.

## Security and Safety

All actors will ensure the safety of the survivor, at all times. Remember that the survivor may be frightened and need assurance that she or he is safe. In all cases, ensure that the survivor is not placed at risk of further harm by the assailant. If necessary, ask for assistance from camp security, police, field officers, protection officers, or others.

Maintain awareness of the safety and security of people who are helping the survivor, such as family, friends, community service or GBV workers, and health care workers.

## INITIAL REPORTS

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The survivor has the freedom and the right to report an incident to anyone, for example, to—

- Leaders in the community (e.g., camp committee, block or zone leaders, religious leaders, women's group leaders);
- UNHCR, health, community services, GBV, or other NGO staff;
- Police or security in and around the camp;
- Anyone whom the survivor believes can be of assistance.

The person who receives the initial report will attend to the survivor's needs and problems as identified by the survivor. The person will consider appropriate referrals including health care, counseling, security, and legal needs and will escort the survivor to the health center, women's center, UNHCR, and/or police.

## ROLES AND RESPONSIBILITIES

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The following general descriptions are of roles and responsibilities in GBV prevention and response. Each organization should have detailed protocols, procedures, and policies that provide more specific guidance to staff and volunteers. All actors agree to abide by the guidelines and recommended standards for prevention and response to GBV. They are described in books and other materials, published and provided by UNHCR.

Each organization or group is responsible for ensuring appropriate training for staff and volunteers so that they are able to perform their roles and responsibilities properly.

## Refugee Community

The refugee community leads the efforts to respond to and prevent GBV. Many refugee groups and organizations are involved in prevention and awareness raising among refugees in order to encourage changes in attitudes and behavior (e.g., religious, youth, women's, and men's groups, and school programs). The refugee community responds to GBV incidents by providing emotional support and referrals for survivors and by holding perpetrators accountable for their actions.

Within the refugee community, the following two groups have specific responsibilities in GBV response.

### *Camp Committee*

- Sets the example for the community for attitude and behavior by supporting and protecting survivors and ensuring appropriate and fair consequences for the perpetrator;
- Hears and adjudicates GBV cases only as authorized; refers certain types [*to be established and agreed in individual country setting*] of GBV cases to the police and protection officer in compliance with national law;
- Respects the human rights of all parties when applying traditional law and judgment.

### *Women's Groups*

Through a network of trained volunteers, the women's organization receives reports from survivors (at the women's center or through community members) and provides emotional support, referrals, and advocacy. The group is also responsible for ensuring around-the-clock availability of these services.

## Lead Organization [*specify*]

The [*lead organization*] supports the refugee community by leading the coordination of all GBV activities in each camp; it—

- Facilitates the establishment of safe and confidential space in women's centers for survivors of GBV to report and seek help;
- May provide counseling, assistance, and advocacy for survivors [*if the country has a special GBV program*];
- Facilitates community-based prevention activities, including awareness raising and the establishment of men's groups to prevent GBV;
- Acts as the clearinghouse for all multisectoral data concerning GBV cases;
- Collects, compiles, and distributes reports of incident data, case outcomes, and anecdotal information about GBV occurring in the camps.

## Psychosocial Programs

Such programs include community services, psychological counseling services, socialization, skill training, and income-generation programs. They provide direct psychosocial support and social reintegration for survivors and also serve a preventive function by targeting and assisting the most vulnerable refugees.

## Health Post or Health Center

This health facility is responsible for medical examination, treatment, follow-up care, emotional support, and referrals. Health staff also provide medical documentation of injuries, which is required for legal proceedings.

## UNHCR Protection

The protection officer oversees coordination of all GBV activity related to security and protection. He or she monitors the progress of all legal cases in the police and court system; provides support, advice, and assistance to refugee victims, witnesses, and the accused if he or she is a refugee; provides training with refugee camp committees to build their capacity to respond to GBV cases appropriately and in compliance with human rights standards; and provides training and information for refugees about relevant national and international laws.

## UNHCR Health or Reproductive Health

The health coordinator provides training, resource materials, support, and assistance to health implementing partners; oversees and supports effective and efficient referral systems between different levels of health care; monitors health data (including data on GBV cases seen at the health facilities), treatments provided, and health outcomes; and participates in awareness-raising and prevention activities.

## UNHCR Field Officers/Assistants

Field officers and assistants monitor issues and problems in the community; assist with security issues; provide administrative solutions to GBV issues; and participate in awareness-raising activities in the camps.

## UNHCR Community Services

The community services officer and assistants provide training, resource materials, support, and assistance to psychosocial implementing partners; oversee coordination and development of all psychosocial response and prevention activities; and participate in awareness-raising and prevention activities.

## Police/Security Officers

The police respond to reports of GBV crimes in accordance with national laws and policies and uphold the guiding principles established by the interagency GBV team.

## Judicial System

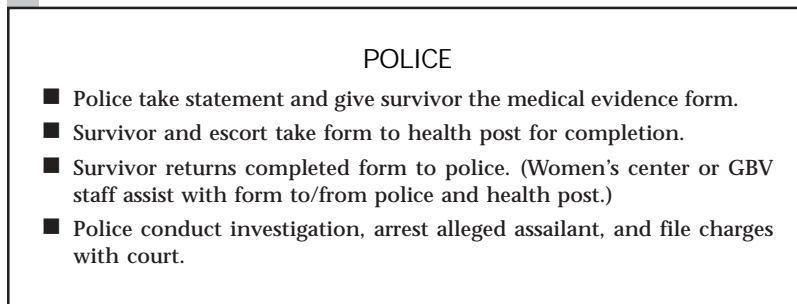
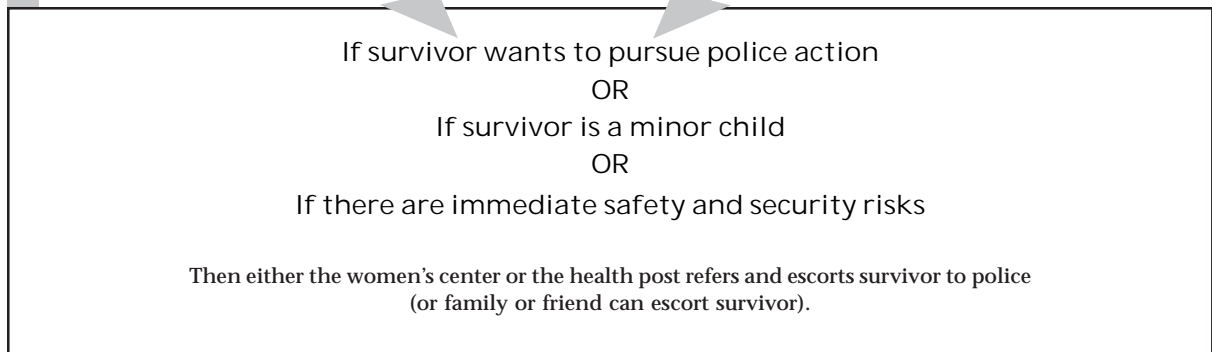
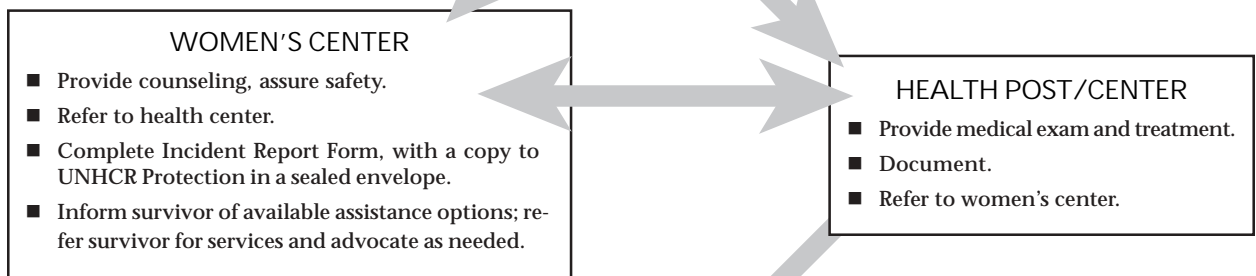
The national court system prosecutes GBV crimes in accordance with national laws and policies, with minimal delays, and upholds the guiding principles established by the interagency team.

## RESPONSE: REPORTING AND REFERRAL SYSTEM

Survivor makes initial report of incident to anyone.  
(Community leaders and/or security may or may not be involved.)

[ \_\_\_\_\_ ] refers and escorts survivor to women's center or health post or survivor refers herself/himself.

(The first organization to receive the survivor should refer her/him to the other organization.)



Follow-up and assistance can include any of the following, *depending on survivor's choices*:

#### COMMUNITY

- Promote community support and acceptance of survivor.
- Assist survivor (and often assailant) to re-integrate into community.

#### PSYCHOSOCIAL PROGRAMS

- May provide material support, such as clothing, food, NFI in extreme cases.
- Monitor survivor's social functioning; provide counseling and assistance.
- Encourage participation in socialization and self-support/income-generation activities.

#### HEALTH POST

- Provide follow-up medical care and treatment, as needed.

#### UNHCR (PROTECTION, FIELD, COMMUNITY SERVICES, HEALTH)

- Follow up and assist with administrative solutions, as needed (e.g., relocation to another camp, resettlement, separation/issue of new ration cards, new housing plot).
- Protection will monitor status of legal proceedings; advocate as needed; provide legal advice to survivor and witnesses; and provide transportation and assistance to refugees at court.

#### POLICE/SECURITY

- Monitor security issues; maintain awareness of safety of survivor, witnesses, and those who are assisting the survivor. Intervene and assist as needed.

#### JUDICIARY

- Conduct legal proceedings, hearings, trial, and sentencing with minimum delays.

### MONITORING AND EVALUATION OF RESPONSE ACTION AND OUTCOMES

#### WEEKLY CAMP-LEVEL GBV ADVISORY BOARD MEETINGS

- Review compiled incident data and case outcomes (nonidentifying information).
- Review, discuss, clarify, and strengthen roles and responsibilities as well as coordination.
- Identify training needs and arrange training as needed.

#### GBV PROGRAM (OR LEAD AGENCY)

- Compile incident data and case outcomes from all camps into one monthly report (nonidentifying information).

#### MONTHLY REGIONAL-LEVEL GBV INTERAGENCY COORDINATION MEETING

- Review compiled report of incident data and case outcomes from all camps.
- Review, discuss, clarify, and strengthen roles and responsibilities.
- Identify, discuss, and resolve problems; review and analyze successes.
- Identify training needs and arrange training as needed.
- Review and revise referral and coordination systems as needed.

#### NATIONAL-LEVEL GBV INTERAGENCY COORDINATION MEETING

- Review GBV incidents reported and case outcomes from field/sub-offices.
- Review and discuss problems identified in field programs.
- Support field level GBV action by solving problems, providing policy-level guidance, advocating for funds, recommending action, and so forth.

## PREVENTION

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Prevention activities include monitoring incidents and outcomes, raising awareness, and encouraging changes in attitudes and behavior.

### All Actors

Maintain understanding of the types and extent of GBV occurring; the causes and contributing factors of GBV; and the attitudes, knowledge, and behavior of the community and staff of organizations that assist the community, by monitoring and analyzing data from all reported incidents and by sharing anecdotal information and observations from refugees and staff.

Identify problems and risks and continuously develop, implement, and review strategies for prevention and methods to improve response.

Participate in awareness-raising activities, training, and community education aimed at encouraging the reporting of GBV and at changing knowledge, attitudes, and behavior about gender and GBV.

### Refugee Community, Psychosocial, and Health NGOs

Coordinate schedules and conduct awareness-raising activities, training, and community education aimed at encouraging the reporting of GBV and at changing knowledge, attitudes, and behavior about gender and GBV.

### UNHCR Protection, Health, Security

Conduct and/or participate in training for the health, security, and legal justice sectors (including refugee camp committees) with the goal of strengthening response action and promoting changes in knowledge, attitude, and behavior about gender and GBV.

## COORDINATION, MONITORING, AND EVALUATION

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Regular meetings and written reports are necessary to have information sharing, coordination, and feedback among all GBV actors.

### Coordination Meetings

#### *Camp-Level GBV Advisory Board Meeting*

Hold regularly scheduled meetings [*biweekly, weekly, or monthly, as agreed*] in each refugee camp. Participants include all representative GBV actors: health, community services/psychosocial programs, GBV [*if there is a separate program*], UNHCR, police/security, refugee leaders and groups. This meeting is a forum to share nonidentifying incident information, discuss and resolve specific issues in GBV response, coordinate activities, and strengthen prevention. In each camp, there will be one GBV focal point who schedules this meeting and ensures distribution of minutes.

#### *Regional-Level GBV Coordination Meeting*

Hold monthly meetings for GBV focal points in health organizations, community services/psychosocial programs, UNHCR (all four key sectors), and the host government's security and court authorities. This meeting includes the distribution and review of reported GBV case data (including outcomes), discussion and resolution of issues, coordination of activities, and general program development in both prevention and response. All actors share nonidentifying information about GBV incidents, follow-up, case outcomes, trends, and causes and contributing factors. Strategies are developed to strengthen and improve prevention and response.

To maximize regular attendance and participation, keep the meeting agenda brief and focused. The lead agency convenes and facilitates the meeting and ensures distribution of minutes.

[*Regional divisions must be established; most countries consider these regional-level meetings to be at the Sub-Office level.*]

#### *National-Level GBV Coordination Meetings*

UNHCR protection and the lead GBV agency organize regular (usually every other month) coordination meetings with leaders from all organizations involved in GBV prevention and response from all regions of the country. This meeting includes coordination of activities, identification and resolution of problems, and ongoing program devel-

opment. Participants discuss compiled incident data and case outcomes, analyze trends, and establish policy-level support for field-level recommendations and actions.

## Outcome Indicators and Reports

Each sector (health, psychosocial, security, and justice) develops and monitors its own specific indicators for prevention and response to GBV, collecting and analyzing data as needed for proper monitoring and program management.

The lead agency compiles monthly GBV statistics from Incident Report Forms. UNHCR protection, field, and police/security provide additional information about case outcomes so that this information can be included in the monthly data summary. Copies of this report are provided to all focal points (camp level and regional level) monthly at coordination meetings and are sent to the national-level coordination group members.

## GLOSSARY

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This glossary defines the terms used to categorize GBV cases in a social services context. They are the terms used by community services, health, and GBV staff for program reports within NGOs and UNHCR. Legal definitions and criminal charges used by the police, judiciary, and other government authorities are not included here.

**Perpetrator or assailant.** The alleged attacker.

**Survivor.** The victim of the GBV incident or crime.

**Incident.** The GBV event.

**Case.** Court case; sometimes used by UNHCR to refer to a survivor.

**Actor.** A staff member of any organization or a community member involved in prevention of and response to GBV.

**Minor or child.** A person under age 18.

## Categories of GBV

*[Insert your terms and definitions here. The RHRC GBV Tools Manual (publication pending) includes specific terms and definitions for use world wide in all settings serving displaced populations. It is recommended that each country program review those terms and include them here.]*

## Non-GBV Cases

Some cases of violence that are not gender based come to GBV workers. It is tempting to call these cases GBV because these people may be at-risk for GBV. These cases should not be categorised as GBV cases, but might be counted separately when describing the program's actions and activities in reports, particularly for the area of prevention. Examples—

- Child abuse (physical or psychological abuse that is not gender based);
- Family disputes, such as arguments over ration cards or nonfood items;
- Domestic arguments and problems (e.g., polygamy-related problems, children with behavior problems);
- Reproductive health problems, such as impotency, infertility, STIs, unwanted pregnancy.

## AGREEMENT AND SIGNATURES

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We, the undersigned, as representatives of our respective organizations, agree to abide by the procedures and guidelines contained in this document. We also agree that copies of this document will be provided to all incoming staff in our organizations who will have roles and responsibilities in GBV prevention and response in this setting. This will help ensure that the procedures will continue beyond the contract term of any individual staff member.

_____ [Organization Name]	_____ Date	_____ Signature
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_____ [Organization Name]	_____ Date	_____ Signature
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_____ [Organization Name]	_____ Date	_____ Signature
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**REPRODUCTIVE HEALTH FOR REFUGEES CONSORTIUM**

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