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Gender-based Violence Resource Tools

to support implementation of the

Guidelines for GBV Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies

IASC 2005

Establishing

GBV Standard Operating Procedures (SOPs)

***for multisectoral and inter-
organisational prevention and response
to gender-based violence***

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Draft

FOR COMMENT

19 December 2007

PLEASE NOTE: Kindly use the attached *Feedback GBV SOP form* (Excel document) for your comments, feedback, and suggestions. Please return the completed feedback form **BY FRIDAY, 25 JANUARY 2008** to:

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and

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This guide for ***Establishing GBV Standard Operating Procedures (SOPs)*** replaces, and is adapted from UNHCR's Standard Operating Procedures for SGBV Prevention and Response template and accompanying guidance memorandum (No. 62/2006, 28 July 2006).

The guide was developed by GBV technical experts under the auspices of the IASC Sub-Working Group on Gender and Humanitarian Action. www.humanitarianinfo.org/iasc/gender

This SOP guide is one of several resource tools under development. The Gender-based Violence Resource Tools will be a series of guides, training manuals, and other resource and support materials aimed to provide simplified and concrete support to humanitarian country teams. The goal of these materials is to enable humanitarian actors to implement at least the minimum standards for prevention and response to sexual violence in the early stages of an emergency and into more stabilised phases, as described in the *Guidelines for GBV Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (IASC, 2005).

58

59 **A. Summary**

60 Standard Operating Procedures (SOPs) for GBV¹ prevention and response are developed
61 through a collaborative process that includes UN agencies, government and non-
62 governmental organizations, community-based organizations, and representatives of the
63 community affected by the emergency (conflict or disaster).
64

65 The *IASC Guidelines for GBV Interventions* (2005 “GBV Guidelines”) and UNHCR’s *Sexual*
66 *and Gender-based Violence against Refugees, Returnees, and Internally Displaced*
67 *Persons: Guidelines for Prevention and Response* describe the need for coordinated
68 multisectoral and inter-organisational interventions to prevent and respond to gender-based
69 violence. First, a coordinated plan of action must be established by the interagency team to
70 ensure implementation of the minimum prevention and response interventions by all relevant
71 actors. The plan of action should include a plan for developing SOPs. In addition, individual
72 organisations will establish their own internal policy and procedural guidance with regard to
73 their organisations’ GBV activities and programmes.
74

75 Standard operating procedures are specific procedures and agreements among
76 organisations that reflect the plan of action and individual organisation’s roles and
77 responsibilities. As such, SOPs are companion documents that support the GBV plan of
78 action.
79

80 The process described below, using the suggested template starting on page 7, guides the
81 clear delineation of specific roles and responsibilities for GBV prevention and response
82 including agreed upon reporting and referral systems; mechanisms for obtaining survivor
83 consent and permission for information exchange; incident documentation and data analysis;
84 coordination; and monitoring.
85

86 The SOP template provides a framework for addressing ethical and safety considerations
87 and achieving clarity on guiding principles for issues relating to confidentiality, respecting the
88 wishes of the survivor, and acting in the best interests of a child.
89

90 Finally, representatives of all agencies and community groups mentioned in the document
91 show by way of signature that they are in agreement with the contents of the document and
92 that they commit to collaborating and coordinating, as well as revising the document based
93 on evaluation outcomes.
94

95 Agreed upon (and documented) standard procedures for GBV prevention and response
96 actions have proven to be useful in a variety of field settings, and establishing SOPs is now
97 considered a good practice².
98
99

100 **B. How to Develop Standard Operating Procedures**

101 Developing agreed-upon standard operating procedures must be a collaborative process
102 that occurs through a series of consultations with key stakeholders and actors in the setting.

¹ In keeping with the terminology in the IASC GBV Guidelines, “gender-based violence (GBV)” is the term used in this guide. This term can be used interchangeably with the term “sexual and gender-based violence (SGBV)”.

² Further details about developing SOPs (formerly known as protocols or procedures) and early lessons from the field can be found in: *How-To Guide: Monitoring and Evaluating Sexual Gender Violence Programs*. (UNHCR 2000) and *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations* (Vann, Beth. RHRC 2002). Both can be downloaded at <http://www.rhrc.org/resources/gbv/>

GBV Resource Tool: Establishing GBV Standard Operating Procedures

103 With a small, focused group of key stakeholders, an initial SOP can be developed and
104 finalised over a 2-3 week period. It is important, especially in the early stages of an
105 emergency, that SOPs are developed as quickly as possible so that basic survivor/victim
106 care services and essential prevention activities are put into place rapidly. Over time, the
107 SOPs can be expanded and revised.

108

109 Participants in Developing the SOP

110 The development of SOPs for prevention and response to GBV involves all actors
111 responsible for and/or engaged in prevention and response to GBV. At a minimum,
112 development of SOPs should include representatives from:

- 113 ♦ Health, psychosocial, safety/security, and legal/justice/protection sectors (UN
114 agencies, national and international NGOs, community-based organizations, and
115 relevant government authorities when appropriate)
- 116 ♦ Community-based women's organizations
- 117 ♦ Community leaders (women, men, girls, boys)

118

119 Ideally, representatives from other sectors/clusters should also participate in at least some of
120 the discussions for SOP development. These include education, food and nutrition, camp
121 management/shelter/site planning, and water/sanitation.

122

123 Getting Started: Leadership and Coordination

124 The agency(ies) responsible for GBV coordination initiates the process for SOP
125 development, manages the negotiations and revisions for the SOP, and monitors its
126 functioning over time.

127 The GBV Guidelines describe in detail the first steps for establishing coordination and
128 developing a plan of action (Action Sheet 1.1, *Establish Coordination Mechanisms and*
129 *Orient Partners*).

130

131 Responsibility for GBV coordination should be determined by the key actors engaged in
132 GBV interventions, and endorsement by the leading United Nations authority in the country
133 (e.g. Humanitarian Coordinator, SRSG). In countries where the IASC "cluster" approach is
134 in place, a framework for responsibility may exist whereby one specific UN agency is
135 responsible for coordinating prevention and response to GBV.

136

137 Technical and Policy Guidance

138 Section 1.2 in the following SOP template lists essential GBV resource and guideline
139 materials that should guide the process for development of the SOP. The template itself
140 includes some technical guidance and suggestions from those materials and from emerging
141 good practices in field settings. There are, however, some technical, policy, and ethical
142 issues that must be determined based on individual settings. The SOP template is written
143 with the assumption that actors involved in developing SOPs will have access to technical
144 and policy support when determining specific procedures for the setting. One example is the
145 specific procedures for working with child survivors of sexual violence (Section 5.5 in the
146 SOP template). Procedures to be taken will depend on the national laws and policies as well
147 as the skills and abilities of actors available in the setting.

148

149 Process for writing the SOPs

150 Step One: Conduct a coordinated rapid situational analysis, as described in the GBV
151 Guidelines (Action Sheet 2.1, *Conduct a coordinated rapid situational*
152 *analysis*). Actors must first have at least a minimum of information about the
153 relevant needs, issues, available services, and gaps in the setting before
154 designing mechanisms to address identified needs and gaps.

155

GBV Resource Tool: Establishing GBV Standard Operating Procedures

- 156 Step Two: The GBV coordinating agency convenes a core group of 3-4 individuals
157 representing key actors and including both UN and non-UN agencies. This
158 core group will facilitate the SOP development process and keep it moving
159 forward at a realistic but somewhat ambitious and rapid pace, to achieve a
160 final SOP document. The core group should outline a step by step process,
161 including timelines, and identify the actors and stakeholders that should be
162 involved in the various steps.
163
- 164 Step Three: The core group invites other key stakeholders/actors in GBV prevention and
165 response to a meeting or workshop to review and provide input to the core
166 group's draft plan for developing the SOPs.
167
- 168 If it has been not been done previously, first provide orientation and training
169 about GBV issues and the GBV Guidelines (IASC 2005), including key
170 elements of the UNHCR SGBV Guidelines (2003). Key actors must be
171 oriented to the GBV Guidelines (IASC 2005) and aware of their roles and
172 responsibilities. This should have been done as part of emergency
173 preparedness and pre-deployment activities; however, this is often not the
174 case. There is another tool, a companion to this SOP guide that can be used
175 to conduct a session for introduction and orientation to the GBV Guidelines³
176
- 177 Distribute the situational analysis and this SOP guide and template to the
178 actors who will be involved in developing the SOPs. As needed, engage in
179 individual or group discussions to engage actors and encourage active
180 participation.
181
- 182 Step Four: Facilitate a series of meetings to go through the SOP template section by
183 section. ***It is essential that this process is inclusive and transparent. The process of developing the SOP document is an important one for building relationships and buy-in among actors, as well as developing the SOP itself.***
184
185
186
187
- 188 These discussions must be carefully led and facilitated to stay on track and
189 within time limits. If meetings are not carefully managed, some of the key
190 participants are likely to get frustrated and drop out of the process. Some
191 meetings will involve all actors; for example, during discussion of guiding
192 principles, documentation, referral pathways, coordination mechanisms, and
193 monitoring/evaluation. Other meetings will focus on sector specific groups
194 and/or participants involved in specific response actions or prevention
195 activities.
196
- 197 Revise the SOP template after each meeting to reflect decisions made and
198 procedures agreed.
199
- 200 Step Five: When all sections of the SOP are complete, distribute the final draft version to
201 all of the key actors and invite them to one final meeting to go through the
202 final draft and discuss any remaining questions or issues.
203
- 204 Step Six: Finalize the SOPs and mark their completion by inviting key actors and
205 stakeholders to a meeting, reception, or other event where key actors will sign
206 the document on behalf of their agency/organization to indicate their
207 commitment.

³ *GBV Resource Tools One: Introduction and Orientation to the GBV Guidelines*. Available for download at: [by December 2007, there will be at least one web site for posting relevant resources and tools cited in this document]

208
209 Step Seven: Disseminate copies of the SOPs among all actors in the humanitarian system.
210 Make sufficient numbers of copies so that all GBV actors have several copies
211 so that they will be used by all relevant staff.
212

213 **Review and revisions**

214 The GBV coordinating agency is responsible for initiating regular reviews and revisions of
215 the SOPs as needed to ensure they remain accurate and complete. It is useful to review the
216 first version of an SOP six to nine months after it is developed and put into practice. After
217 that, reviews are usually needed annually due to changes in funding and presence of
218 organisations, which affect the services available.
219

220 **In an acute emergency**

221 It may not be realistic to develop the entire SOP document according to template quickly
222 enough to meet immediate needs in the crisis phase of an emergency situation. Some
223 sections in the template typically require negotiation and discussion, which may not be
224 possible or appropriate in the early stages of an emergency. The guidance in the IASC GBV
225 Guidelines should be followed in the emergency phase.
226

228 **C. How to Use This Guide**

229 Information, guidance, and recommendations are provided throughout the SOP template.
230

231 Boxed text provides background and other essential information to guide actors as they
232 consider specific actions, interventions, and procedures to be established. These look like
233 this:

234  **Good to Know**

235
236
237 **Blue font** indicates information to be filled in by the interagency team as the SOPs are
238 developed.
239

240 MS Word formatting is used to organize the document and the various headings and sub-
241 headings. It is highly recommended that editing of the Word document be done by someone
242 skilled in using Word formatting so that the formatting can be preserved through the editing
243 process.
244

245 The final SOP document should eliminate all **blue font**; those items should be either filled in
246 or deleted. Interagency teams can choose to delete or to keep some, or all, of the “Good to
247 Know” text boxes.
248

249 Annexes should be filled in, revised, or omitted as needed and based on the individual
250 context.
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**STANDARD OPERATING PROCEDURES FOR
PREVENTION OF AND RESPONSE TO
GENDER-BASED VIOLENCE**

in

[Name of Location]

[Country]

Developed in Collaboration with:

Insert names of all agencies and community organizations involved in developing these SOPs

Date of Review/Revisions:

1st Draft	_____
2nd Draft	_____
Final	_____
1st Revision	_____
2nd Revision	_____

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346 1. Introduction



347 **Good to Know**

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Developing inter-organizational standard operating procedures is a **process** that involves discussions and negotiations with a multi-sectoral working group in each field location. SOPs should be tailored to the situation of the population of concern, whether internally displaced persons, refugees, or returnees living in camps, settlements, villages, or urban areas.

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Gender-based violence (GBV) is a life threatening protection, health, and human rights issue that can have a devastating impact on women and children in particular, as well as families and communities. These Standard Operating Procedures (SOPs) have been developed to facilitate joint action by all actors to prevent and respond to GBV. The prevention of and response to GBV require the establishment of a multi-sectoral working group to enable a collaborative, multi-functional, inter-agency and community based approach.

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1.1. Purposes

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These SOPs, developed by representatives of the organizations listed on the cover, describe clear procedures, roles, and responsibilities for each actor involved in the prevention of and response to GBV.

The SOPs reflect a community and rights-based approach to the problem. They are designed to be used together with established guidelines and other good practice materials related to prevention of and response to GBV.

The SOPs detail the minimum procedures for both prevention and response to GBV, including which organizations and/or community groups will be responsible for actions in the four main response sectors: health, psychosocial, legal/justice and security.

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1.2. Companion guides and key resources

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All parties to these SOPs have copies of the following guidelines and use them to guide further development of GBV prevention and response actions. The guidance in these documents has been used to develop these SOPs.

Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies. Geneva, Inter-Agency Standing Committee, 2005.

http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp (also available in Arabic, Bahasa, French, Spanish, Portuguese, and other languages)

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Sexual and gender-based violence against refugees, returnees, and internally displaced persons: guidelines for prevention and response. Geneva, United Nations High Commissioner for Refugees, 2003.

<http://www.unhcr.org/protect/PROTECTION/3f696bcc4.pdf>

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WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. Geneva, World Health Organization, 2007. http://www.who.int/gender/documents/EthicsSafety_web.pdf (also available in other languages)

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Additionally, for health/medical providers:

Clinical management of survivors of rape: developing protocols for use with refugees and internally displaced persons, revised ed. Geneva, World Health Organization/United Nations High Commissioner for Refugees, 2004.
http://www.who.int/reproductive-health/publications/clinical_mngt_rapesurvivors/clinical_mngt_rapesurvivors.pdf (also available in Arabic and French)

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1.3. Scope of these SOPs

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These SOPs describe the roles, responsibilities, guiding principles, and procedures for prevention of and response to any form of gender-based violence affecting the community(ies) described in Section 2 below. Although there is special emphasis on sexual violence, actions are not to be limited to only sexual violence.

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Initial versions of these SOPs, in the early stage of the emergency situation in this setting, are focused on putting into place the minimum prevention and response interventions as described in the IASC GBV Guidelines.

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After the initial crisis, these SOPs will be updated and expanded to reflect more comprehensive prevention and response interventions.

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NOTE: Throughout this document, the female voice is used (“her”, “she”) solely for simplicity and ease of reading. The entire document should be taken to apply to any survivor/victim of GBV - women, girls, men, or boys.

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422

ACRONYMS USED

To be filled in when SOP is completed

423 **2. Setting and Persons of Concern**

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425  **Good to Know**

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427 These SOPs might pertain to one specific field site, camp, village, or urban setting. Or,
428 several field sites within a region might be included in one SOP document.

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432 These SOPs have been developed for use in the following settings:

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434 **2.1. Persons of concern**

435 *(specify refugees/IDPs/returnees/conflict or disaster-affected; country of origin)*

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442 **2.2. Location of persons of concern**

443 *(specify name of camp(s), settlement(s), village(s), town(s), city(ies))*

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449 **2.3. Type of setting**

450 *(e.g., urban, settlement, camp, etc.)*

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3. Definitions and Terms

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Good to Know

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Adoption by the IASC of the definitions and terms in Section 3.1 can be taken to mean that most/all humanitarian organizations also endorse these definitions, as nearly all such organizations are represented on the IASC.

For Section 3.2, case definitions, please see Annex 3.

467

3.1. General terms

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The following definitions and terms used in this setting are those established by the Inter Agency Standing Committee (IASC) in the *Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies*. (IASC 2005).

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Actor(s) refers to individuals, groups, organisations, and institutions involved in preventing and responding to gender-based violence. Actors may be refugees/internally displaced persons, local populations, employees, or volunteers of UN agencies, NGOs, host government institutions, donors, and other members of the international community.

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Community is the term used in these guidelines to refer to the population affected by the emergency. In individual settings, the “community” may be referred to as refugees, internally displaced persons, disaster-affected, or another term.

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Coordinating agencies are the organisations (usually two working in a co-chairing arrangement) that take the lead in chairing GBV working groups and ensuring that the minimum prevention and response interventions are put in place. The coordinating agencies are selected by the GBV working group and endorsed by the leading United Nations entity in the country (i.e. Humanitarian Coordinator, SRSG).

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Gender-based Violence is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many — but not all — forms of GBV are illegal and criminal acts in national laws and policies.

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Around the world, GBV has a greater impact on women and girls than on men and boys. The term “gender-based violence” is often used interchangeably with the term “violence against women.” The term “gender-based violence” highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.

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The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include:

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- Sexual violence, including sexual exploitation/abuse and forced prostitution
- Domestic violence
- Trafficking
- Forced/early marriage

- 507 • Harmful traditional practices such as female genital mutilation, honour killings, widow
508 inheritance, and others
509

510 **3.2. GBV case definitions for this setting**

511 List here the case definitions that will be used. Please see Annex 3 for suggested case
512 definitions and discussion of the issues to consider in any setting.

513

514 .

515 4. Guiding Principles



516 **Good to Know**

517 The two sets of guiding principles provided here are considered best practice for all actors in
518 humanitarian and emergency settings. It is important that all actors agree and understand
519 how these principles will be put into action in the setting.
520

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All actors agree to adhere to all of the following guiding principles:

524 **4.1. Guiding principles for all actions**

- 525 **4.1.1.** Understand and adhere to the ethical and safety recommendations in the
526 *WHO Ethical and Safety Recommendations for Researching, Documenting*
527 *and Monitoring Sexual Violence in Emergencies* (WHO 2007).
528
529 **4.1.2.** Extend the fullest cooperation and assistance to each other in preventing and
530 responding to GBV. This includes sharing situation analysis and assessment
531 information to avoid duplication and maximise a shared understanding of the
532 situation.
533 **4.1.3.** Establish and maintain carefully coordinated multisectoral and inter-
534 organisational interventions for GBV prevention and response.
535 **4.1.4.** Engage the community fully in understanding and promoting gender equality
536 and power relations that protect and respect the rights of women and girls.
537 **4.1.5.** Ensure equal and active participation by women and men, girls and boys in
538 assessing, planning, implementing, monitoring, and evaluating programmes
539 through the systematic use of participatory methods.
540 **4.1.6.** Integrate and mainstream GBV interventions into all programmes and all
541 sectors.
542 **4.1.7.** Ensure accountability at all levels.
543 **4.1.8.** All staff and volunteers involved in prevention of and response to GBV,
544 including interpreters, should understand and sign a Code of Conduct or a
545 similar document setting out the same standards of conduct (see Annex 1).

546 **4.2. Guiding principles for working with individual survivors/victims**

- 547 **4.2.1.** Ensure the safety of the victim/survivor and her family at all times.
548 **4.2.2.** Respect the confidentiality of the affected person(s) and their families at all
549 times.
550 ♦ If the survivor/victim gives her informed and specific consent, share only
551 pertinent and relevant information with others for the purpose of helping
552 the survivor, such as referring for services
553 ♦ All written information about survivors/victims must be maintained in
554 secure, locked files.
555 **4.2.3.** Respect the wishes, choices, rights, and dignity of the victim/survivor.
556 ♦ Conduct interviews in private settings

Template: Standard Operating Procedures for GBV Prevention and Response

- 557 ♦ For female victims/survivors, always try to conduct interviews and
558 examinations with female staff, including translators. For male
559 victims/survivors able to indicate preferences, it is best to ask if he prefers
560 a man or a woman to conduct the interview. In the case of small children,
561 female staff are usually the best choice.
- 562 ♦ Be respectful, maintain a non-judgmental manner. Do not laugh or show
563 any disrespect for the individual or her culture, family, or situation.
- 564 ♦ Be patient; do not press for more information if the victim/survivor is not
565 ready to speak about her experience.
- 566 ♦ Ask only relevant questions. (For example, the status of the virginity of the
567 victim/survivor is not relevant and should not be discussed.)
- 568 ♦ Avoid requiring the victim/survivor to repeat the story in multiple interviews
- 569 **4.2.4.** Ensure non-discrimination in all interactions with survivors/victims and in all
570 service provision.
- 571 **4.2.5.** Apply the above principles to children, including their right to participate in
572 decisions that will affect them. If a decision is taken on behalf of the child, the
573 best interests of the child shall be the overriding guide and the appropriate
574 procedures should be followed. It is important to note that these kinds of
575 issues involving children are complex and there are no simple answers. The
576 WHO Ethical and Safety Recommendations document (see page 10)
577 provides some guidance on these issues and offers additional resources that
578 can be consulted.

579 5. Reporting and Referral Mechanisms

580 Good to Know

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Establish a clear reporting and referral system in each setting so that survivors of and/or witnesses to an incident know to whom they should report and what sort of assistance they can expect to receive from the health, legal, psycho-social, security, and other sectors.

Survivors/victims are more likely to come forward to seek help and report a GBV incident in a place that they perceive is safe, private, confidential, accessible, and services are trustworthy. Ask women and girls what place this might be. Seek advice from the community about where and with which organisation(s) the “entry point(s)” for GBV response services should be located.

Illustrate the “entry points” and simple information about reporting and referrals in the local language(s) and/or as a pictorial presentation and disseminate these to the community so that as many people as possible are aware of where to go for help and what to expect.

596 5.1. Disclosure and reporting

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613

614

A survivor has the freedom and the right to disclose an incident to anyone. She may disclose her experience to a trusted family member or friend. She may seek help from a trusted individual or organization in the community. She might choose to seek some form of legal protection and/or redress by making an official “report” to a UN agency, police, or other local authorities.

Anyone the survivor tells about her experience has a responsibility to give honest and complete information about services available, to encourage her to seek help, and to accompany her and support her through the process whenever possible.

The suggested entry points to the helping system for survivors/victims seeking help are the health and/or psychosocial service providers (national, international, and/or community-based actors). Entry points will be accessible, safe, private, confidential, and trustworthy.

The suggested reporting and referral pathway for GBV response is illustrated on page 15 and referrals, information sharing, and consent are described in sections 5.3 – 5.7 below. Documentation issues are discussed in Section 8.

615 5.1.1. Certain types of sexual exploitation and abuse

616

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625

Incidents of sexual exploitation involving humanitarian workers must be reported according to the *UN Secretary General’s Bulletin on Sexual Exploitation and Abuse*, 2003. Protocols and procedures have been established⁴ for receiving reports of suspected sexual exploitation and abuse (SEA) perpetrated by humanitarian staff, and investigating reports. See Annex 1 for details. [Insert the local plan in Annex 1.](#)

⁴ IASC GBV Guidelines Action Sheets 4.1 – 4.4 describe the minimum interventions and how to set them up.

626

5.1.2. Mandatory reporting of certain types of GBV

627



Good to Know

628

629

630

631

632

633

634

There may be mandatory reporting laws and/or policies in the setting that require certain individuals or professionals to report certain types of GBV cases. Reporting requirements of this nature can create a dilemma for humanitarian actors because of the potential for conflict with the guiding principles - respect for confidentiality, respect for autonomy and the need to protect the vulnerable. Given the very real risks that can arise, developing these SOPs must include at least the following:

635

636

637

638

- ◆ Obtain information about, and understand, any mandatory reporting requirements, including reporting mechanisms and investigation procedures. This includes reporting suspected sexual exploitation or abuse perpetrated by a humanitarian worker or peacekeeper (see section 5.1.1).
- ◆ Formulate a strategy for addressing any issues relating to mandatory reporting that could conceivably arise.
- ◆ Inform survivors/victims about your duty to report certain incidents in accordance with laws or policies. This must be included as part of the consent process described in section 5.3. (At minimum, this must include explaining the reporting mechanism to the survivor/victim and what they can expect after the report is made.

639

640

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650

651

[Insert information here about relevant mandatory reporting laws, policies, or other requirements AND the strategy you will use for informing affected survivors/victims, making the required report, and following up and supporting the survivor/victim.](#)

652

5.2. Reporting and referral pathway

653

654

655

656

The following page is an illustration of the agreed “entry points” for receiving reports of GBV incidents and the referral pathway. This is only summary information; details and procedures are described in Section 6, Responsibilities for Survivor/Victim Assistance (Response).

657
658 *Revise as needed and indicate names of community groups/agencies in blue boxes.*
659

660
661 **DISCLOSURE AND SEEKING HELP (REPORTING):**

662 **Victim/Survivor tells someone about the incident**

663 *Accompany the victim/survivor to the **health post/psychosocial partner/police** based on what s/he*
664 *(the survivor) wishes.*

665 **OR**

666 **Victim/Survivor refer herself/himself**

667 *to one of the service providers below*
668
669

670 **IMMEDIATE RESPONSE**

671 **The service provider must:**

- 672
- 673 • provide a safe, caring environment and respect the confidentiality and wishes of the survivor;
 - 674 • ascertain the immediate needs of the survivor
 - 675 • give honest and clear information on GBV related services available
 - 676 • as agreed and requested by survivor, obtain informed consent and make referrals;
 - 677 accompany the survivor to assist her in accessing services

Medical/Health care (entry point):

Psychosocial support (entry point):

678
679
680
681
682
683

AND IF THE SURVIVOR WANTS TO PURSUE POLICE/LEGAL ACTION

OR IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS

Safety/Security:

Legal/Justice:

684
685
686
687
688
689
690
691
692

- 685 • Refer and accompany victim/survivor to police/security (family, friend, or staff)
- 686 *Insert short summary of police procedures, including any requirement for medical forms. For*
687 *example:*
 - 688 • *Police take victim's statement and issue the medical form to be completed*
 - 689 • *Victim/Survivor takes form to health post for completion*
 - 690 • *Victim/Survivor returns completed form to police*
 - 691 • *Police conduct investigation, arrest alleged assailant, and file charges with the court*

694 **FOLLOW-UP AND OTHER SERVICES**

695 based on victim's/survivor's choices **can** include:

696
697
698 **HEALTH**

PSYCHOSOCIAL

SAFETY/SECURITY

LEGAL/JUSTICE

699
700 Details about these providers and services available are described in section 6, below

701

702 **5.3. Consent and information sharing**

703  **Good to Know**

704 Information about GBV incidents is extremely sensitive and confidential. Sharing any
705 information about a GBV incident can have serious and potentially life threatening
706 consequences for the survivor and those helping her. The *WHO ethical and safety*
707 *recommendations for researching, documenting and monitoring sexual violence in*
708 *emergencies* (2007) describe specific and concrete actions that must be taken when seeking
709 a survivor's informed consent to share information about her situation. When developing this
710 section of the SOPs, actors should become familiar with the relevant WHO
711 recommendations (including the section about children) and incorporate these into the
712 SOPs. Anyone using these SOPs and working directly with, interviewing, and/or gathering
713 information from survivors must be familiar with the WHO recommendations.

714 In many cases, survivors do NOT wish to pursue security or police action and do not wish to
715 inform the relevant UN agency with a mandate for protection, despite ongoing protection and
716 security risks. These are very challenging situations for humanitarian actors who are
717 concerned with protection issues for the individual as well as the wider community. There
718 are no easy answers to these issues although there is guidance in the key guidelines and
719 documents that are companions to this SOP guide (see page 10). Developing these SOPs
720 must involve discussion about how these kinds of issues will be handled, emphasizing the
721 guiding principles and balancing serious protection and security issues.

722

723 The victim/survivor should be given honest and complete information about possible
724 referrals for services. If she agrees and requests referrals, she must give her informed
725 consent before any information is shared with others. She must be made aware of any risks
726 or implications of sharing information about her situation. She has the right to place
727 limitations on the type(s) of information to be shared, and to specify which organisations can
728 and cannot be given the information.

729 ***The survivor must also understand and consent to the sharing of non-identifying data***
730 ***about her case for data collection and security monitoring purposes.***

731 Children must be consulted and given all the information needed to make an informed
732 decision using child-friendly techniques that encourage them to express themselves. Their
733 ability to provide consent on the use of the information and the credibility of the information
734 will depend on their age, maturity and ability to express themselves freely. (See also the
735 guiding principles in Section 4.2.).

736 Describe process for obtaining informed consent and the form(s) to be used. Refer to, or
737 include here, information about how any mandatory reporting requirements will be managed
738 (see Section 5.1.2. Include copies of consent form(s) in Annex 4.

739

740

741 **5.4. Immediate response actions and referrals**

742 The person who receives the initial disclosure (report) of a GBV incident from a survivor will
743 act in accordance with the referral mechanism illustrated above on page 18.

744

745 A victim/survivor has the freedom to choose whether to seek assistance, what type(s) of
746 assistance, and from which organisations.

747

748 Health assistance is the priority for cases involving sexual violence and/or possible bodily
749 injuries. In the case of rape, assistance may include emergency contraceptives and post-
750 exposure prophylaxis, when available.

751

752 Service providers will inform the victim/survivor of what assistance they can offer and clearly
753 relate what cannot be provided or any limitations to services, to avoid creating false
754 expectations.

755

756 All service providers in the referral network must be knowledgeable about the services
757 provided by any actor to whom they refer a victim/survivor.

758

759 Discuss and agree on methods and procedures for giving non-identifying and timely
760 information to the local GBV coordinating agencies (described in Section 9.2) about reported
761 GBV incidents. This information is needed to maintain awareness of the security and
762 protection situation in the setting. At the same time, survivors' rights to confidentiality and
763 anonymity must be upheld. This is a difficult dilemma and must be well understood by all
764 parties to these SOPs.

765

766 **5.5. Special procedures for child victims/survivors**

767



Good to Know

768

This section should be developed by actors who are trained to handle the special needs of
769 child survivors of GBV and who are familiar with national laws and policies relating to the
770 protection of children. Procedures to be described in this section should include, at least:

771

◆ Obtaining consent

772

◆ Action to be taken if there are suspicions that the perpetrator is a family or household
773 member

774

◆ Any mandatory reporting laws relevant to acts of GBV with children

775

◆ Referrals to specific organisations skilled in working with child survivors

776

[Describe here procedures for child survivors](#)

777

778 6. Responsibilities for Survivor/Victim Assistance (Response)

779 6.1. Health/medical response



780 **Good to Know**

781 Health care providers will use standard and protocols and practices, in accordance with the
782 standards in the GBV Guidelines (IASC, 2005) and Clinical Management of Rape Guidelines
783 (WHO/UNHCR, 2004). If there is a national protocol that meets these standards and is being
784 used in the setting, provide this information in this section. If not, the health cluster or sector
785 must establish an agreed upon protocol for clinical management of rape/sexual violence as
786 quickly as possible.

787
788 Medical providers ensure confidential, accessible, compassionate, and appropriate medical
789 care for survivors/victims of GBV.

790
791 For sexual violence, health care includes, at least:

- 792 ◆ Examination and history taking
- 793 ◆ Treatment of injuries
- 794 ◆ Prevention of disease, including STIs/HIV
- 795 ◆ Prevention of unwanted pregnancy
- 796 ◆ Collection of minimum forensic evidence
- 797 ◆ Psychological/emotional support
- 798 ◆ Medical documentation
- 799 ◆ Follow up care

800
801 [Include any additional specific information about health care in the setting, including referrals](#)
802 [and transport for hospital care, surgery, etc.](#)

803
804 [Include information about health care available in the setting for other types of GBV cases](#)
805 [\(e.g., domestic violence/intimate partner abuse, FGM, etc.\)](#)

806
807 [List names of medical organizations providing services for GBV survivors/victims in](#)
808 [accordance with agreed protocols. If there are differences or limitations, specify the types of](#)
809 [services provided by each.](#)

810

811 6.2. Psychosocial response

812 Psychosocial services for survivors/victims of GBV include the following inter-related types of
813 activities: 1) emotional support to assist with psychological and spiritual recovery and healing
814 from trauma; 2) case management, support, and advocacy to assist survivors in accessing
815 needed services; and 3) support and assistance with social re-integration.

816

817 6.2.1. Emotional support

818 All actors who may interview or otherwise have direct contact with survivors/victims will be
819 familiar with the guiding principles and be able to put them into practice (section 4.2 above).
820 These actors will also be aware of their responsibility to listen carefully and give information,
821 as described in *Action Sheet 8.3, Provide community-based psychological and social*
822 *support*, in the GBV Guidelines (IASC 2005).

823

824 [List organisations providing emotional/psychological/spiritual support and counselling for](#)
825 [GBV survivors/victims, with brief description of services available. Include information about](#)

826 community-based counselling and support, such as that provided by women's organisations
827 and religious leaders. If there are training programs for these community-based providers,
828 include information about these as well.
829

830 **6.2.2. Case management**

831 Describe case management (often provided by specialized GBV programs) available and
832 names of organisations providing this service.
833

834 **6.2.3. Social re-integration**

835 Describe social re-integration programs targeting survivors/victims of GBV, such as women's
836 centres, skills training programs, income generation and economic empowerment projects,
837 and peer support groups. Include a list of the organisations providing these programs.
838

839
840 As a summary, list psychosocial providers – including women's groups – in a matrix here,
841 indicating which types of services each can provide for GBV survivors/victims:
842
843

844 **6.3. Security and safety response**

Good to Know

845
846
847 Security/Safety concerns may be addressed by camp security personnel, neighbourhood
848 watch teams, police, UN peace keepers and/or the military. These actors need to be
849 identified and have clearly delineated responsibilities.

850 Neighbourhood watch teams or camp security personnel must be trained for their work and
851 understand the limitations of their role (i.e., recognize that they are not a military or police
852 force). Such groups are not allowed to levy fine or punishment and must make referrals as
853 designated by the referral mechanism.

854 All security actors must uphold human rights.

855 All security actors must receive training on prevention of and response to GBV, women's
856 rights, and codes of conduct (prohibition of sexual exploitation and abuse).

857 It is important that security actors understand that many survivors/victims of GBV do not
858 want intervention from security actors. It is also important, however, that security actors
859 maintain awareness of security issues in the setting. The Protection Action Sheets in the
860 GBV Guidelines (IASC 2005) describe actions that should be taken by security actors to
861 monitor GBV-related security issues even in the absence of receiving detailed incident
862 reports.

863 The roles and responsibilities to be listed in this section should include a brief summary of
864 police procedures (including timelines) for receiving complaints, investigating crimes,
865 arresting and detaining alleged perpetrators, and filing charges with the court.

866
867 List security actors here, with specific information about the roles, responsibilities, and/or
868 limitations of each. Include information about how to access security services, in particular
869 the police.
870

871 Include any information about safe shelters; see Action Sheet 7.2 in the GBV Guidelines
872 (IASC 2005).
873

874 If there are police/security training and capacity building activities, include information here
875 about the organisations providing and coordinating those activities.
876

877 **6.4. Legal/justice response**

Good to Know

878
879 Legal/Justice actors can include protection officers; legal aid providers such as paralegals or
880 attorneys; prosecutors, judge, and officers of the court; and traditional justice actors such as
881 elders or community leaders. These actors need to be identified, with roles and
882 responsibilities clearly summarized so that all parties to these SOPs understand.
883

884 The roles and responsibilities to be listed in this section should include a brief summary of
885 the steps involved in national justice and traditional justice (including typical timelines).

886 **6.4.1. Legal options**

887 Legal actors [*specify, e.g., legal aid counsellors, protection officers, etc.*] will clearly and
888 honestly inform the victim/survivor of the procedures, limitations, pros, and cons of all
889 existing legal options. This includes:

- 890 ◆ giving information about existing security measures that can prevent further harm
891 by the alleged perpetrator;
- 892 ◆ giving information about procedures, timelines, and any inadequacies or
893 problems in national or traditional justice solutions (i.e., justice mechanisms that
894 do not meet international legal standards).
- 895 ◆ informing about available support if formal legal proceedings or remedies through
896 alternative justice systems are initiated. [*Specify here what services are available
897 in this setting; e.g., transportation and accompaniment to court, legal advice and
898 support through the process, etc.*]

899 In the vast majority of cases, referrals will be made to national justice systems (usually by
900 police) only if the victim/survivor has given their informed consent (see Section 5.4 above).
901 If a referral is to be made and if the survivor/victim wishes, a legal counsellor or other
902 support person will accompany her to the relevant authorities. [*Describe the procedure for
903 such referrals; e.g., make a complaint to the police at the local police post, or make a
904 complaint to the local police family support unit.*]

905 Legal actors [*again, specify which actors*] will assess the national justice system for child-
906 friendly procedures. In the absence of established procedures, legal actors will introduce and
907 support innovative practices, such as including social-workers/community psychosocial
908 support workers in sessions in which children are expected to deliver official statements to
909 the police/courts, or advocate that hearings for children should take place in the judge's
910 chambers, in the presence of social-workers.

911
912 List here the organisations that provide legal advice and counselling for survivors/victims;
913 and specify roles and responsibilities.
914

915 **6.4.2. Special procedures for child perpetrators**

Good to Know

916
917 Juvenile offenders must be protected from suffering abuse while they are in prison. This can
918 be achieved by:

- 919
- 920
- 921
- 922
- 923
- 924
- 925
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- 935
- fast-tracking hearings and monitoring the process;
 - assisting with their psycho-social rehabilitation;
 - promoting laws and procedures that ensure proper safeguards for juvenile offenders. Some criminal justice systems are not necessarily guided by the same principles that guide humanitarian actors, and many young offenders often find themselves incarcerated with adults and offered no counselling or rehabilitation;
 - working with partners to promote the creation of national systems and, where those systems exist, supporting juvenile justice authorities and social workers/welfare offices in finding alternative solutions.
 - in the absence of national structures, exploring alternative solutions with the camp committee or judiciary body or elders committee but ensure that the rights of the child are not further violated;
 - informing children accused of GBV-related offences of the legal proceedings and enabling them to express themselves. A child's testimony should be presumed credible until proven otherwise, and as long as his/her age and maturity allow him/her to provide intelligible testimony, with or without communication aids and other assistance.

936 [List here any actions to be taken with regard to child perpetrators, and specify which](#)
937 [organisations will take those actions.](#)

938
939
940

941 **6.4.3. Traditional justice mechanisms**



Good to Know

942 Traditional or alternative dispute-resolution mechanisms exist in many emergency contexts.
943 These mechanisms are, however, a reflection of the socio-cultural norms in the community
944 and often do not protect the rights of women and girls. Attention should be given to such
945 mechanisms by:

- 946
- 947
- 948
- 949
- 950
- 951
- 952
- 953
- 954
- 955
- Actively engaging members of traditional justice systems in discussions and training workshops about human rights and women's and children's rights; and assisting the members to analyse the system from a human rights perspective and working towards introducing changes to improve the standards.
 - Supporting the meaningful participation of women in such systems
 - In collaboration with the national justice system, determining if traditional or alternative forms of dispute resolution are legally acceptable in the host country and determine whether their administration of justice meets national and international standards of protecting the rights of women and girls.

956 [List here interventions to be undertaken with traditional justice mechanisms, and specify which](#)
957 [organisations will do this work.](#)

958

959 7. Responsibilities for Prevention

960 Good to Know

961 Although divided in this SOP into two separate sections, prevention and response are inter-
962 related activities. Many elements of GBV response are also preventive measures. Likewise,
963 well considered prevention activities are linked to response actions.

964
965 Appropriate and effective prevention strategies should be developed by identifying factors
966 that contribute to and influence the type and extent of gender-based violence in the setting.
967 Prevention activities are aimed at potential perpetrators, potential survivors, and those who
968 may assist them. Activities must therefore target the affected community, humanitarian aid
969 staff, host country nationals, and government authorities.

970
971 Prevention includes actions that focus on a range of issues, including:

- 972 ■ Influencing changes in socio-cultural norms through awareness raising and behaviour
973 change strategies
- 974 ■ Empowering women and girls
- 975 ■ Rebuilding family and community structures and support systems
- 976 ■ Designing safe, effective, and accessible services and facilities
- 977 ■ Working with formal and traditional legal systems to ensure that their practices conform
978 to international human rights standards
- 979 ■ Monitoring gender-based violence incident data to identify trends and problem areas

980
981 **All** humanitarian actors are responsible for preventing gender-based violence – not only the
982 parties to these SOPs. Detailed information about preventive measures to be taken by each
983 sector can be found in the GBV Guidelines (IASC 2005). The UNHCR SGBV Guidelines
984 (2003) also contain details about the types of interventions that should be undertaken.

985
986 [The following are suggested actions and must be revised and made more specific to match](#)
987 [actual/planned prevention activities.](#)

988 **7.1. All actors, all services, all facilities**

989 All actors have a responsibility to take action to prevent gender-based violence. All parties
990 to these SOPs will:

- 991 ◆ Ensure all staff in their organisations are aware of GBV issues, these SOPs, and
992 know how and where to refer a survivor/victim for support and assistance and/or
993 to inform appropriate actors about GBV risks and incidents
- 994 ◆ Actively seek equal participation of women/girls in the design and delivery of
995 services and facilities in the setting. This includes regularly seeking input from
996 women/girls about accessibility, safety, and security related to those services and
997 facilities
- 998 ◆ In collaboration with the GBV working group, develop and implement GBV
999 awareness-raising activities among other humanitarian actors, community
1000 groups, and government authorities
- 1001 ◆ Ensure all relevant sectors/actors are aware of and are carrying out their roles
1002 and responsibilities as described in the GBV Guidelines (IASC 2005). [\[specify](#)
1003 [which organisations will do this, using what methods\]](#)

1004 [Specify here how prevention activities, and in particular awareness-raising and behaviour](#)
1005 [change activities, will be developed and coordinated. It is useful to designate a “lead”](#)

1006 organisation or sector for the different kinds of prevention activities that will be undertaken by
1007 all actors.

1008

1009 **7.2. Community leaders**

1010 ♦ Maintain awareness of GBV risks and issues in the setting, communicate those to
1011 security actors and the GBV working group, and engage in problem-solving
1012 discussions to continuously strengthen prevention strategies

1013 ♦ Actively promote respect for human rights and women's rights, including equal
1014 participation of women

1015

1016 Specify here what is meant by "community leaders"; include titles of leaders (chief,
1017 chairperson, etc.) and names of leadership groups (camp committee).

1018

1019 **7.3. Women's groups, men's groups, youth groups, other community groups**

1020 **Good to Know**

1021 In general, community groups are engaged in preventing GBV in a variety of ways, including:

1022 ♦ Through formal and informal networks, maintain awareness of GBV risks and incidents
1023 that may not be reported through the mechanisms in these SOPs (and therefore are not
1024 included in compiled data about reported GBV incidents)

1025 ♦ Share this information with the GBV working group and actively participate in efforts to
1026 strengthen prevention strategies

1027 ♦ In coordination with the GBV working group, conduct awareness-raising and behaviour
1028 change activities to influence changes in socio-cultural norms and promote respect for
1029 human rights and women's rights

1030 In many settings, women's groups and men's groups emerge as important forces in
1031 community-based prevention and response to GBV as they are best able to influence
1032 changes in knowledge, attitudes, and behaviour among their male/female counterparts in the
1033 community. If these groups are present in this setting, they should be described in this
1034 section to clarify their focus, roles, and responsibilities.

1035

1036 Specify names of these groups and roles/responsibilities of each.

1037

1038

1039 **7.4. Health/medical**

1040 ♦ Implement the Minimum Initial Service Package for reproductive health in
1041 emergency situations (MISP)

1042 ♦ Ensure health services are accessible to women and children

1043 ♦ Integrate GBV awareness-raising and behaviour change activities into community
1044 health activities

1045 Specify health/medical actors who are involved in these activities

1046

1047 **7.5. Social services/psychosocial**

1048 In collaboration with community groups and the GBV working group, develop information
1049 campaigns, awareness-raising and behaviour change activities to:

- 1050 ♦ Influence changes in socio-cultural norms
- 1051 ♦ Promote respect for human rights and women rights
- 1052 ♦ Encourage survivors/victims to seek assistance
- 1053 ♦ Promote community acceptance and social re-integration of GBV
1054 survivors/victims

1055 Specify these actors and specific types of activities for each.

1056

1057

1058 **7.6. Security**

- 1059 ♦ Maintain adequate security presence in the setting [specify]
- 1060 ♦ Through formal and informal networks, maintain awareness of protection and
1061 security issues related to GBV
- 1062 ♦ Provide information to the GBV working group about protection and security
1063 issues
- 1064 ♦ Develop and strengthen specific prevention strategies to address evolving
1065 security issues

1066 Specify these actors and the activities for each.

1067

1068

1069 **7.7. Legal justice**

1070

1071  **Good to Know**

1072 The national GBV working group should analyse which international instruments have been
1073 adopted by the country and what reservations, if any, have been made. Based on the
1074 analysis actions could include:

- 1075 ▪ advocating and supporting governments to ratify treaties
- 1076 ▪ reviewing relevant national legislation to consider the extent to which it complies with
1077 international legal principles
- 1078 ▪ establishing partnerships and alliances among humanitarian organizations, human rights
1079 groups, women's groups, lawyer's groups, judges, prosecutors, and others to advocate
1080 for legal reform as needed.

1081 See Annex 2 for a worksheet that may be useful in assessing the national legal framework.

1082 These kinds of activities are typically undertaken after the initial crisis phase of an
1083 emergency, in more stabilised stages when there is more time and more staff available to
1084 work on these long term issues.

1085

1086 Preventive functions of the legal justice actors include:

1087

Template: Standard Operating Procedures for GBV Prevention and Response

1088 ♦ Apply relevant laws and policies, and adjudicate GBV cases with minimal delays
1089 as described in Section 6.

1090 ♦ List here any actions to be taken to advocate for legal reform if needed, and by
1091 which organisations.

1092 ♦ Include any prevention actions to be taken by traditional justice actors.

1093

1094

1095 **7.8. Other sectors/clusters**

1096  **Good to Know**

1097 The IASC GBV Guidelines describe specific prevention interventions to be undertaken by
1098 Water/Sanitation, Food/Nutrition, Shelter and Site Planning, and Education sectors/clusters.
1099 These interventions should already be underway at the time the SOPs are developed. It
1100 may be useful to include in this section a brief description of these activities and/or a list of
1101 the key organizations engaged in these activities.
1102

1103 8. Documentation, Data, and Monitoring

1104 Good to Know

1105
1106 The GBV coordinating agencies (see section 9, Coordination) are responsible for ensuring
1107 that there is regular compilation and reporting of non-identifying GBV incident data; that this
1108 report is discussed and analysed in the GBV working groups; and that it is disseminated to
1109 key actors, including the community and local authorities.

1110
1111 It is often the case that the data compilation and reporting is done by different organizations
1112 in the different field settings in a country. That is, it may not be realistic or appropriate for
1113 one organization to be responsible for all GBV data compilation in all field settings in the
1114 country. As much as possible, however, data reports in the various sites should be similar to
1115 enable regional and national data comparisons

1116
1117 In keeping with the need for confidentiality, any and all potentially identifying information of
1118 the survivor/victim, her family, and the perpetrator must be removed from any data report.
1119 The *WHO ethical and safety recommendations for researching, documenting and monitoring*
1120 *sexual violence in emergencies* (WHO 2007) is an excellent resource to help develop this
1121 section of the SOP.

1122
1123 Monitoring and evaluating GBV interventions involves more than compiling and monitoring
1124 reported incident data. The interagency team must understand that reported incidents
1125 represent only a small proportion of the actual GBV incidents that may be occurring in the
1126 setting. It is, therefore, essential that the team also find, compile, and monitor qualitative
1127 information about GBV.

1128
1129 The GBV Guidelines (IASC 2005) Action Sheet 2.2 describes monitoring and evaluation and
1130 offers simple indicators for each sector. Annexes include a recommended incident report
1131 form (Annex 3) and a monitoring form for initial GBV prevention and response
1132 implementation (Annex 2).

1133
1134 The UNHCR SGBV Guidelines (2003), Chapter 7, is a comprehensive discussion of GBV
1135 monitoring and evaluation activities.

1136
1137 As of November 2007, there is no agreed upon and recommended tool or template for
1138 compiling and reporting GBV data. UNHCR headquarters is coordinating an interagency
1139 initiative⁵ to pilot a GBV data monitoring system for use in field sites. It is anticipated that
1140 this initiative will result in useful and field-friendly systems for compiling and using GBV
1141 incident data to guide interventions in field sites.

1143 8.1. Documentation of reported incidents

1144 Good to Know

1145
1146 Actors must agree on the use of a standard form for documenting information and collecting
1147 data about reported GBV incidents. A recommended form which is widely used and/or
1148 adapted in field sites is in Annex 3 of the GBV Guidelines (2005). Documenting incidents on
1149 this form is for data collection purposes. The form might also be used as a tool for
1150 information sharing when making referrals for additional services – only when specific

⁵ For updated information about this initiative, contact UNHCR.

1151 incident details are needed (e.g., for health care, psychological support, or possibly
1152 legal/protection services), and only with permission of the survivor.

1153 Filling the incident report form must be done consistently by all who use the form.
1154 Consistent guidance and training should be provided to ensure that all fields are filled in the
1155 same way by all who complete this documentation. Many field sites find it most effective to
1156 limit such documentation to only a few specific organisations (e.g., health, psychosocial, and
1157 protection actors) that are likely to need the information in the form in order to provide
1158 services and give information to the survivor/victim about referrals that may be made.

1159 Consistent data collection on reported GBV incidents also includes documenting the types of
1160 GBV incidents (on the incident report form) using consistent case definitions. It is useful to
1161 assign a sub-committee of the GBV working group to draft a set of case definitions. It is also
1162 important to note that case definitions for the purposes of GBV programming in these SOPs
1163 are not legal terms. In fact, many forms of GBV that require action from humanitarian actors
1164 may not be considered criminal offences in the setting. See also Section 3.2. Annex 3
1165 contains a sample list of case definitions and further discussion of considerations for
1166 choosing case definitions.

1167

1168 [Include a sample of the agreed incident report form and a list of case definitions in Annex 4](#)
1169 [and reference them here.](#)

1170

1171 Persons charged with collecting information from the victim/survivor should be appropriately
1172 trained on how to fill out the forms and should carry out their responsibilities with
1173 compassion, in confidentiality, and with respect for the survivor. Training will include
1174 determining the appropriate case definition for each reported incident of GBV.

1175 Incident report forms contain extremely confidential and sensitive information and may only
1176 be shared with others under certain circumstances (see section 5.3 about consent and
1177 information sharing).

1178 Original completed Incident Report Forms and Consent Forms are maintained in locked files.
1179 In a camp setting, the files must be kept in the office outside the camp.

1180 [Incident Report Forms will be completed by trained staff in the following organisations: \[list\]](#)

1181

1182

1183 **8.2. Data management, reported incidents**

1184 As described above, each reported GBV incident will be documented in a consistent and
1185 timely manner. In accordance with the agreed upon consent procedures in these SOPs
1186 (section 5.3), non-identifying data about these incident reports will be submitted to the
1187 coordinating agencies [\[or other organization; specify\]](#), which are/is responsible for
1188 compilation of a monthly [\[or specify other interval\]](#) report that contains non-identifying data
1189 about reported incidents, action taken, and outcomes across sectors.

1190

1191 The monthly incident data report will be shared with the GBV working group. The group will
1192 compare monthly reports over time and discuss and analyse case outcomes, incident trends,
1193 security issues, and other factors. This information will guide the continuous development of
1194 prevention and response actions.

1195

1196 The data report will highlight the limitations of this data, as it is only information about self-
1197 reported incidents, which represents only a small proportion of actual GBV incidents that
1198 may be occurring in the setting.

1199

1200 The data elements to be included in this report are:

1201 [\[Modify this list:\]](#)

- 1202 • Number of incidents per 10,000 population in total and by type of incident (case
- 1203 definition)
- 1204 • Number or percentage of incidents (by type of incident) by:
 - 1205 ○ Time of day (morning, afternoon, evening, night)
 - 1206 ○ General location (keeping in mind that if location is too specific, it may identify
 - 1207 a survivor)
 - 1208 ○ Survivor age, marital status, other demographic information
 - 1209 ○ Perpetrator relationship to survivor
 - 1210 ○ Number of perpetrators
 - 1211 ○ Perpetrator age, other demographic information
 - 1212 ○ Services received, referrals made, actions pending
 - 1213 ○ Outcomes

1214

1215 [Include the data report format in Annex 4.](#)

1216

1217 **8.3. Qualitative data about GBV risks and unreported incidents**

1218 Each sector will gather and analyse both qualitative about GBV incidents, risks, and trends.
1219 These will be presented and discussed at the GBV working group meeting and provided to
1220 the GBV coordinating bodies.

1221

1222 **8.4. Indicators**

1223 There will be at least one outcome indicator for response and one indicator for prevention
1224 developed, shared, and monitored for each sector (at minimum, health, legal/justice,
1225 psychosocial, and safety/security) and each cross-cutting function (e.g., coordination).
1226 Individual organisations may monitor additional indicators for their own programming and
1227 monitoring purposes. The indicators in this section are for sectors/clusters and functions,
1228 not specific individual organisations.

1229 [List indicators, by sector and by function:](#)

1230

1231

1232 **8.5. GBV monitoring report**

1233 The GBV coordinating agencies produce a written report [[at least quarterly; specify how](#)
1234 [often](#)] that is shared with members of the GBV working groups [[and others \(specify\) –](#)
1235 [carefully consider ethical and safety implications when determining how widely to share this](#)
1236 [information](#)].

1237

1238 The monitoring report includes quantitative data about reported GBV incidents and case
1239 outcomes as well as qualitative data gathered from GBV working group members. The
1240 report identifies issues, trends, and actions undertaken to address these issues.

1241

1242 [Include the GBV monitoring report format in Annex 4.](#)

1243

1244 9. Coordination

1245 Good to Know

1246 Effective prevention and response to GBV require multisectoral coordinated action among,
1247 at a minimum, health and social services actors, legal, human rights, and security sectors
1248 and the community. General coordination responsibilities of a multisectoral and community-
1249 based approach include:

- 1250 ▪ Strategic planning
- 1251 ▪ Gathering data and managing information
- 1252 ▪ Mobilising resources and ensuring accountability
- 1253 ▪ Orchestrating a functional division of labour
- 1254 ▪ Negotiating and maintaining effective action for both prevention and response
- 1255 ▪ Providing leadership

1256 Specific coordination activities include:

- 1257 ▪ Sharing information about resources, guidelines, and other materials
- 1258 ▪ Sharing non-identifying data about GBV incidents
- 1259 ▪ Discussing and problem-solving about prevention and response activities, including
1260 planning these activities
- 1261 ▪ Collaborative monitoring and evaluation
- 1262 ▪ Ongoing programme and policy development

1263
1264 The text below about coordination mechanisms and working groups is drawn from the IASC
1265 GBV Guidelines. Developing SOPs in this setting must include discussion, clarification, and
1266 agreement about all of these mechanisms.

1267
1268 In the early stages of an emergency, it will be necessary to organize a national coordinating
1269 mechanism and, at least, working groups comprised of the key actors (health, psychosocial,
1270 security/protection) at camp/village/local levels. Working groups can be expanded as the
1271 crisis moves into a more stabilized situation.

1273 9.1. Coordination mechanisms

1274 GBV Working Groups are the coordinating bodies for GBV prevention and response. There
1275 are local (camp or village level), regional (sub-office level), and national (capital level) GBV
1276 working groups, each with specific tasks and responsibilities.

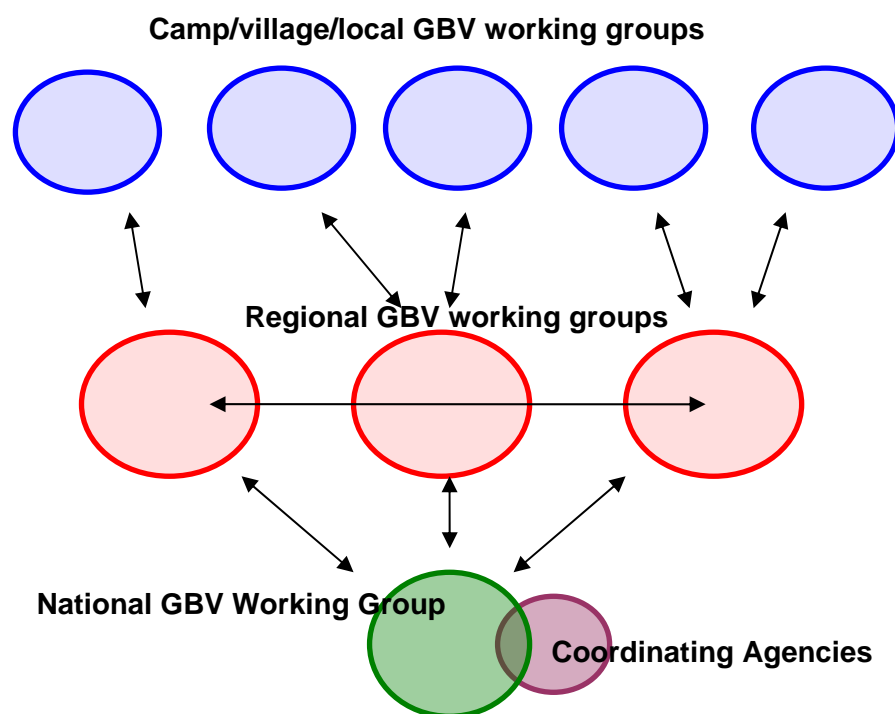
1277
1278 Information is shared at least monthly among and between working groups through
1279 dissemination of meeting minutes. Issues and problems needing action from another
1280 working group are identified in these minutes. The appropriate working group takes action
1281 and provides follow up information.

1282
1283 All clusters (or sectors; i.e. health, community services, protection, camp management,
1284 human rights, legal/judicial, security/police, etc.) define their respective responsibilities
1285 regarding prevention and response to sexual violence, and how they will liaise with the GBV
1286 working group and coordinating agencies in their location.

1287
1288 Each sector carefully and consciously designates a focal point that will represent the
1289 organization and/or sector in taking action for prevention and response to GBV (“GBV focal
1290 points”). All GBV focal points actively participate in GBV working groups in their location.

1291
1292 The following diagram illustrates how the local, regional, and national working groups relate
1293 to one another (arrows indicate communications):

1294
1295
1296
1297
1298
1299
1300
1301
1302
1303
1304



1305 **9.2. Coordinating agencies**

1306 Once GBV working groups are formed, they select a coordinating agency. Coordinating
1307 agencies are selected by working group members and designated at the national,
1308 and local levels. The coordinating agency could be UN, international or national NGO, or
1309 other representative body invested with due authority.

1310
1311 Ideally the coordinating agencies have expertise in GBV programming and can dedicate staff
1312 at a senior level to oversee coordination of GBV programmes. Clear terms of reference for
1313 the coordinating agencies are agreed by all working group members. Terms of reference for
1314 the national coordinating agencies are endorsed by [the leading United Nations authority in
1315 the country (e.g. Humanitarian Coordinator, SRSG).]

1316
1317 The coordinating agencies are responsible for encouraging participation in the GBV working
1318 group, convening regular meetings, and promoting other methods for coordination and
1319 information sharing among all actors.

1320
1321 [List coordinating agencies and contact information here]

1322 National GBV coordinating agencies:

1323

1324 Regional GBV coordinating agencies for this [\[specify\]](#) region:

1325

1326 Local GBV coordinating agencies for this setting:

1327

1328

1329 **9.3. Camp/village/local GBV working group**

1330 The local GBV coordinating agency is [\[name of organization; may be different than the](#)
1331 [national coordinating agencies\]](#)

1332

1333 Meetings will be held monthly [\[or specify how often\]](#).

1334

1335 Participants include all representative GBV actors and sectors, including the displaced
1336 community. At least 50% of the community representatives are women.

1337

1338 This meeting is a forum to share non-identifying incident information as coordinated by the
1339 _____ [\(name of lead/coordinating agency\)](#), analyse overall trends and develop
1340 prevention strategies; and to discuss and resolve specific issues in GBV response and
1341 prevention (including training and awareness-raising needs and wider policy issues), and
1342 coordinate activities as required.

1343

1344 _____ [\(name of lead/coordinating agency.\)](#) will develop the agenda, schedule and
1345 chair the meetings, and distribute minutes to all participants and to the regional and national
1346 GBV working groups. The coordinating agency will follow up with the regional and national
1347 GBV working groups as needed for issues and action points identified by the local GBV
1348 working group.

1349

1350 **9.4. Regional GBV working group**

1351 [\[If regional GBV working groups are in place in this setting, include details here. If not, delete](#)
1352 [this section.\]](#)

1353

1354 The regional GBV working group [\[name of this region\]](#) provides support and problem-solving
1355 for the local GBV working groups in the region. This group reviews and discusses meeting
1356 minutes and GBV data and monitoring reports from local GBV working groups. The group
1357 identifies regional trends, needs, issues, successes; and provides policymaking, technical,
1358 administrative, and logistical assistance to GBV working groups as needed. Wider policy
1359 and other issues are referred to the national GBV working group.

1360

1361 _____ [\(name of lead/coordinating agency\)](#) will develop the agenda, schedule and
1362 chair the meetings, and distribute minutes to all participants, to the local GBV working groups
1363 in the region, to other regional GBV working groups, and to the national GBV working groups.
1364 The coordinating agency will follow up with the local and/or national GBV working groups as
1365 needed for issues and action points.

1366

1367 The [\[name of region\]](#) regional GBV coordinating agency is [\[name of organization; may be](#)
1368 [different than the national coordinating agencies\]](#)

1369

1370 [Include here details of members of this group, where and when it meets.](#)

1371

1372 **9.5. National GBV working group**

1373 National or regional follow up is required to ensure a coherent coordinated response at the
1374 country level. Regional-level meetings could be held at the Sub-office level with reporting at a
1375 national level and participation during the formulation of the Country Operations Plan to ensure
1376 the inclusion of a GBV strategy in the operation protection strategy and programme response.
1377 Such meetings also enable the sharing of experiences and lessons learned among all actors.

1378
1379 The national GBV working group maintains awareness of field level activities through reports
1380 and meeting minutes from local and regional GBV working groups. The national group
1381 discusses implementation and coordination from a national perspective, providing support,
1382 problem-solving, and policy-level action for the local and regional GBV working groups.

1383
1384 Meetings will be held [insert time frame; e.g. quarterly].
1385

1386 **9.6. Case management meetings**

1387  **Good to Know**

1388 Typically, case management meetings involve the key GBV/psychosocial actors and health
1389 focal points, including representation from the women's group(s) involved in psychosocial or
1390 health response. It is often necessary and appropriate to invite individuals from security,
1391 protection, education, justice, or others as needed.

1392 The designated case manager usually organizes these meetings, ensures that information
1393 sharing has been authorized by the survivor, and keeps the survivor informed.

1394

1395 A weekly (or stipulate otherwise _____) meeting will be held in each location to review
1396 individual cases reported, action taken, follow up required, and outcomes. The focus is on
1397 addressing any immediate protection problems and coordinating response actions for each
1398 individual case.

1399 In keeping with the guiding principles, individual cases will be discussed in this meeting ONLY
1400 if the survivor/victim has given her informed consent (without limitations) for sharing information
1401 with the organisations participating in the case management meeting. If such consent has not
1402 been given, then the individual case must not be discussed at this meeting. Instead, a
1403 separate smaller meeting must be arranged, comprised only of actors with permission to
1404 receive/share information about a specific survivor.

1405 The information shared at this meeting is strictly confidential and will focus on actions taken
1406 and actions needed. Information sharing must only include relevant information and should not
1407 include personal - and irrelevant - details about the survivor/victim or the incident. All members
1408 of this meeting are responsible for ensuring that the dignity and confidentiality of survivors are
1409 maintained and that information discussed is only that which is needed to resolve problems
1410 and coordinate actions.

1411 Participants will include: [specify which organisations normally attend case management
1412 meetings].
1413

1414 **10. Signature Page for Participating Actors**

1415 *All participating agencies and refugee groups mentioned in the document demonstrate, with*
1416 *a signature, their commitment to the SOPs.*

1417

1418 We, the undersigned, as representatives of our respective organizations, agree and commit to:

- 1419
- abide by the procedures and guidelines contained in this document;
 - fulfil our roles and responsibilities to respond to GBV;
 - provide copies of this document to all incoming staff in our organizations with responsibilities for GBV response to ensure that the procedures will continue beyond the contract term of any individual staff member.
- 1421
- 1422
- 1423

1424

1425

1426

1427

_____ [Organization Name]	_____ Date	_____ Signature
------------------------------	---------------	--------------------

1428

1429

1430

1431

_____ [Organization Name]	_____ Date	_____ Signature
------------------------------	---------------	--------------------

1432

1433

1434

1435

_____ [Organization Name]	_____ Date	_____ Signature
------------------------------	---------------	--------------------

1436

1437

1438

1439

_____ [Organization Name]	_____ Date	_____ Signature
------------------------------	---------------	--------------------

1440

1441

1442

1443

_____ [Organization Name]	_____ Date	_____ Signature
------------------------------	---------------	--------------------

1444

1445

1446

1447

_____ [Organization Name]	_____ Date	_____ Signature
------------------------------	---------------	--------------------

1448

1449

1450

1451

_____ [Organization Name]	_____ Date	_____ Signature
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1452

1453

1454

1455

_____ [Organization Name]	_____ Date	_____ Signature
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1456

1457

1458

1459

_____ [Organization Name]	_____ Date	_____ Signature
------------------------------	---------------	--------------------

1460

1461

1462

1463

_____ [Organization Name]	_____ Date	_____ Signature
------------------------------	---------------	--------------------

1464

1465 **Annex 1. Codes of Conduct & SEA Reports and Investigations**

1466 Include here a sample Code of Conduct prohibiting sexual exploitation and abuse by
1467 humanitarian staff of beneficiaries.

1468
1469 Also insert here the local procedures and protocols for reporting and investigating allegations
1470 of sexual exploitation and abuse perpetrated by humanitarian staff.

1471
1472

1473 **Annex 2. Legal Framework Worksheet**

1474 **NOTE:** This matrix was copied directly from the previous UNHCR SOP template. There has been
 1475 some feedback that this annex is no longer useful and should be deleted. Feedback is welcome (see
 1476 cover page for information about feedback on this SOP document).
 1477

1478 **International Human Rights Instruments Relevant to the Prevention of and Response**
 1479 **to GBV⁶**
 1480

1481 Some supporting international legal instruments have been highlighted below. Through an
 1482 analysis of the corresponding national legislation any gaps should be identified and
 1483 advocacy measures incorporated into the multi-sectoral follow up action plan.

International Laws	Corresponding national legislation
Women have the right to live without discrimination of any kind based on sex. ICCPR 3 • ICESCR 3 • CEDAW 1, 2, 3 • PFA ⁷ 214, 232 • DEVAW 3e	
Everyone has the right to life, liberty, and security of person. UDHR 2 • ICCPR 2:1 • ICESCR 2: 2 • CRC 2 • DEVAW 3a, c	
No one has the right to enslave anyone else. Slavery is a crime. UDHR 4 • ICCPR 8	
Women and children have the right to protection from all forms of traffic for the purposes of prostitution or any other forms of exploitation. CEDAW 6 • CRC 35, 36 • PFA 230n • DEVAW 2b	
Women have the right to live without suffering, torture or any form of cruel, inhuman or degrading treatment or punishment. UDHR 5 • ICCPR 7 • CRC 37 • CAT 12 • DEVAW 3h	
Women have the right to a name and a nationality at birth. You have the right to change your nationality, and marriage shall not affect your nationality. UDHR15:1 • ICCPR 24 • CEDAW 9 • ICERD 5d, iii CRC 7	
Women and men have equal rights to consent to marriage and in their marriage, in their family responsibilities, and at the dissolution of marriage. Both women and men must give their free and full agreement to marriage. The family is entitled to protection by the State. UDHR16 • ICCPR 23 • ICESCR10:1 • CEDAW16: 1a, b, c ICERD 5d, iv • PFA 274e, 277a	
Women and men have equal rights to family-planning services. CEDAW 12:1,14:2b, 16: 1e • PFA 94, 95,106e	
Women and men have the same rights in all matters relating to children. CEDAW 16: 1d, e, f • CRC18.	
Women can acquire, change or retain your nationality and your children's nationality regardless of their husband's nationality. Women have the same rights as a man with respect to the nationality of their children. CEDAW 9:1 and 9: 2	
Children have the right to be protected from sexual exploitation and abuse, including unlawful sexual activity, prostitution and pornography. CRC 34 PFA 230m, 283b, d	
States have an obligation to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children. CRC 24:3	
Regional Instruments: (please specify)	

⁶ Gender Training Kit on Refugee Protection, UNHCR, 2003, pp. 64-68.

⁷ Platform For Action (PFA) UN Fourth World Conference on Women

1484 **Annex 3. Case Definitions (Types of GBV)**

1485 Suggested case definitions – or “types” of GBV – are listed below. An essential good
1486 practice is to agree on a standard set of GBV case definitions, clearly define them, and use
1487 them consistently. It is equally important that anyone filling the Incident Report Form and
1488 selecting the type of GBV be properly trained and supervised.

1489
1490 Case definitions used in field sites normally are NOT the legal definitions used in national
1491 laws and policies. Many forms of GBV may not be considered crimes; and legal definitions
1492 and terms vary greatly across countries and regions.

1493
1494 Compiling and using incident data to guide interventions involves more than simply counting
1495 the number of incidents. Other data elements are needed to more fully understand the types
1496 of incidents that are disclosed and the circumstances in which they occur.

1497
1498 For example, there is no “domestic violence” case definition below. By analysis of total
1499 reported incidents by type of incident AND the survivor’s relationship to the perpetrator, one
1500 would be able to identify domestic violence. And, the problem of domestic violence would be
1501 clear; i.e., whether it involves physical assault or sexual assault or other types of violence.

1502
1503 Another example is that there are no sexual exploitation or sexual abuse case definitions
1504 listed. Again, the numbers of specific types of violence should be analysed along with
1505 relationship to or identify of the perpetrator. This will provide more accurate and complete
1506 information about the nature and extent of the problem.

- 1507
1508
- 1509 1. Physical assault (i.e. hitting, slapping, cutting, shoving – physical violence that is not
1510 sexual in nature)
 - 1511 2. Sexual assault (not including rape, but can include attempted rape or any form of
1512 unwanted sexual contact that does not result in or include penetration)
 - 1513 3. Rape (where penetration occurs; vaginal, anal)
 - 1514 4. Sexual harassment (words, gestures of a sexual nature; no physical contact)
 - 1515 5. Forced marriage (includes 'early marriage')
 - 1516 6. Female genital mutilation/cutting (cutting healthy genital tissue)
 - 1517 7. Other GBV (i.e. economic, psychological, honour killing, widow inheritance, etc.). If
1518 you find that you have large numbers of “other”, you will need to analyse the types of
1519 incidents and probably need to add additional case definitions to capture those
1520 “other” incidents more specifically.

1521

1522 **Annex 4. Forms and Documents Used in this Setting**

1523 Insert here forms, report formats, and other documents used in this setting.

1524

1525 Some examples:

1526

1527 ♦ Consent form

1528 ♦ Release of information form

1529 ♦ Incident Report form

1530 ♦ GBV Case Definitions (types of GBV)

1531 ♦ Monthly incident data report format

1532 ♦ Quarterly monitoring report format

1533