

## Section 6. Assessment of Existing Multi-sectoral Prevention & Response

*This section contains a series of charts that will allow you to identify the mechanisms that exist and do not exist in your setting to address GBV. This is intended to give you a specific, detailed tabulation of the strengths and weaknesses of GBV programming in your setting so that you can devise and improve your program in a way that complements and/or improves existing activities.*

*The assessment questions are based on the model of multi-sectoral programming. To date, the multi-sectoral model forms the "best practice" for prevention of and response to GBV in refugee, IDP, and post-conflict settings. The underlying principle of the multi-sectoral model recognizes the rights and needs of survivors as pre-eminent, in terms of access to respectful and supportive services, guarantees of confidentiality and safety, and the ability to determine a course of action for addressing the GBV incident. Key characteristics of the multi-sectoral model include the full engagement of the refugee community, interdisciplinary and inter-organizational cooperation, and collaboration and coordination among health, psychosocial, legal, and security sectors.*

*Each of these sectors is charged under the multi-sectoral model with basic responsibilities related to the prevention of and response to GBV. The health sector, for example, should be able to: actively screen clients for GBV in a way that is respectful and supportive; ensure same-sex interviewers for survivors; respond to the immediate health and psychological needs of the survivor and, wherever possible, provide those services free of cost. Health care providers should also be prepared to collect forensic evidence when authorized by the survivor and provide testimony in cases where a survivor chooses to pursue legal action.*

*The psychosocial sector should be able to: provide supportive and ongoing psychological assistance, in which social workers and community services workers have access to professional supervision and support; confidentially collect, document, and analyze client care data, and adjust programming accordingly; offer safe haven for victims who choose to leave an unsafe environment; provide hotlines—in settings where phones exist—to facilitate support and referral; offer income generation and training programs that allow women and girls sustained economic viability; conduct broad-based community education on the prevention of GBV and on the availability of services; and provide early childhood and adolescent education about safe touch, gender, and healthy relationships.*

*The legal sector should work to: review and revise laws that reinforce GBV and gender discrimination; provide free or low-cost legal counseling and representation to survivors; conduct ongoing training to members of the judiciary to apply GBV laws and carry out judicial proceedings privately, respectfully, and safely; institute provisions for monitoring court processes and collecting and analyzing data on cases; and conduct broad-based community education on the existence and content of anti-GBV laws.*

*The security sector should have systems in place that reinforce a zero tolerance policy for all police, military, and peacekeeping staff who contribute to or commit acts of GBV, and that policy should be actively enforced by those in command. The security sector should be trained and prepared to intervene in cases of GBV in a way that acknowledges the severity of GBV and does not further victimize the survivor by: designating private meeting rooms within police stations; providing same-sex police officers to work with survivors; creating specialized units to address various manifestations of GBV, such as sexual violence, domestic violence, and trafficking; offering survivors referrals for collateral assistance; conducting community policing and education programs; instituting ongoing training and supervision of police personnel; and standardizing sex-disaggregated data collection and analysis.*

*A critical responsibility of all the sectors is coordination. Coordination includes strategic planning, gathering data and managing information, mobilizing resources and ensuring accountability, orchestrating a division of labor, negotiating and maintaining a serviceable framework of action, and providing leadership. Coordination also includes: sharing information about GBV incident data; discussion and problem-solving among actors about prevention and response activities; and collaborative monitoring, evaluation, and ongoing program planning and development. As part of coordination, methods should exist for reporting and referrals among and between sectors, and those methods should be continuously monitored and reviewed. Referral networks should focus on providing prompt, confidential, and appropriate services to survivors. And, perhaps most importantly, regular meetings should be convened involving representatives of the various sectors tasked with GBV responsibilities. A designated "lead agency"—which ideally would be a ministry or other national body but could also be an international institution or organization, or a local NGO or representative body invested with due authority—would be*

responsible for encouraging participation and facilitating meetings and other methods for coordination and information. The charts below have been designed according to the responsibilities and activities outlined above. It is important to remember that these responsibilities and activities are not exhaustive and will vary in terms of priority for each setting. Some of the questions below are specific to refugee and internally displaced settings, and some responsibilities outlined below may not be possible, for example, in the emergency stage of humanitarian response. Even so, the general topic areas provide a guide for identifying existing protocols, activities, programming, and their gaps. The charts are divided into the four primary sectors involved in addressing GBV: health, psychosocial, legal, and security. Within each sector, responsibilities are categorized according to administration, prevention, and response. Administrative responsibilities are those that are more organizational than activity-specific.

In order to complete the charts below, you will need to identify and interview representatives from each of the target areas. Within the health sector, you may wish to interview health facility administrators, doctors, nurses, midwives, traditional birth attendants, and perhaps even health ministry staff. In the psychosocial sector, you may wish to interview social workers and other counselors who may be providing psychological and case management assistance to survivors, teachers, and school administrators. Members of the legal sector might include judges and other officers of the court, legislators, lawyers, representatives of legal advocacy groups, and members of the ministry concerned with justice. The security sector interviews would target police, peacekeeping forces, international and national military, and representatives of the ministry tasked with national security. For the coordination questions, you would seek out the person(s) specifically tasked with addressing GBV (for example, at the national level, a minister of women's affairs, or, within a camp setting, a UNHCR protection officer or gender advisor). If no such person exists, which is often the case, you will want to approach an agency that has taken the lead in promoting GBV prevention and response to investigate what coordination activities are underway. If the persons/agencies you identify are international, be sure to investigate to what extent the capacities of local persons/agencies are being supported as a component of creating sustainable GBV programming.

You may use these charts as a way to guide your questions during the interviews, or you may choose to devise questions in advance that address the issues within the charts and then complete the charts based on your notes from the interviews.

**GBV COORDINATION – ADMINISTRATIVE (THESE REFER TO GBV-SPECIFIC COORDINATION ACTIVITIES)**

In place?		Activity	Comment
Yes	No		
		GBV Coordinator for setting (If an international representative, is there also a local/refugee counterpart?)	
		GBV lead agency for setting	
		GBV focal point for each sector (local/refugee counterparts for each focal point?)	
		GBV focal point for each agency operating in setting (local/refugee counterparts for each focal point?)	
		GBV focal point for local government/camp council	
		Multi-sectoral and inter-agency procedures, protocols, practices, and reporting forms established in writing and agreed upon by all sectors/agencies/persons engaged in providing GBV-related services	
		Directory of organizations providing GBV-related services (maintained and up-to-date?)	
		Written procedures distributed to organizations for multi-sectoral referral and coordination	
		Inter-sectoral coordination meetings held monthly and led by GBV coordinator or lead GBV agency for setting and attended by GBV focal points	
		Factors contributing to GBV identified in coordination meetings (through trend analysis of GBV reports)	
		Inter-sectoral strategies to address contributing factors developed and regularly reviewed and monitored	
		Protocol established and adopted by all sectors of client flow and referrals through sectors	
		Standard documentation of GBV incidents and standard flow of documentation inter/intra-agency	
		Use of GBV incident report information for coordination of prevention and response activities	
		Ethical and safety standards in place for all sectors and for coordination (e.g., privacy and interagency, inter-sectoral confidentiality)	
		Community/refugee/local and national government participation in GBV assessment, program planning, and coordination	
		Periodic (biannual) coordination training to ensure that participating sectors engage in coordination and understand protocols for coordination	

**GBV COORDINATION – PREVENTION**

(THESE REFER TO GENERAL ACTIVITIES THAT IMPROVE COMMUNITY AND NGO SENSITIVITY TO ISSUES OF GENDER AND GBV)

In place?		Activity	Comment
Yes	No		
		Setting-wide (all agencies, all sectors) zero tolerance policy for relief/humanitarian workers who abuse their power, with codes of conduct and reporting mechanisms in place	
		Regular review of setting/camp layout, housing allocations, food/non-food distributions, etc. with a view to increasing access and security of women and reducing risk of GBV	
		Monthly multi-sectoral, multi-agency meetings attended by all relevant agencies with appropriate refugee/ local/government representation and facilitated by GBV coordinator or lead agency. Meeting notes distributed. (As distinguished by meetings for focal points above, these meetings are open to a general audience and are meant to facilitate communication with non-GBV programs and agencies.)	
		Community meetings on GBV issues regularly held for purposes of information-gathering and education	
		Ongoing advocacy to ensure protection activities are occurring in all sectors	
		Ongoing advocacy to ensure gender analysis completed before policies/programs are designed and implemented	
		Beneficiaries involved in all aspects of assessment, and planning and implementing programs	
		In refugee/IDP settings, host community engaged in programming for refugees/IDPs	

**GBV COORDINATION – RESPONSE (THESE REFER TO THE RESPONSIBILITIES OF THE GBV COORDINATOR/LEAD AGENCY/SECTOR FOCAL POINTS TO ENSURE APPROPRIATE GBV SERVICES TO SURVIVORS)**

In place?		Activity	Comment
Yes	No		
		Ensure appropriate psychosocial services by conducting advocacy, program development, training, etc.	
		Ensure appropriate health services by conducting advocacy, program development, training, etc.	
		Ensure responsive security system by conducting advocacy, program development, training, etc.	
		Ensure appropriate protection actions by conducting advocacy, program development, training, etc.	
		Assure confidentiality within sectors and across sectors	
		Coordinate solutions for survivor safety needs as appropriate (ration cards, housing, non-food items)	
		Maintain, analyze, and report data generated from service delivery and from other sources. Use data for coordination and program improvement.	

**PSYCHOSOCIAL SECTOR – ADMINISTRATION (THIS REFERS TO THE RESPONSIBILITIES OF EACH PSYCHOSOCIAL AGENCY AS WELL AS TO THE RESPONSIBILITIES OF THE PSYCHOSOCIAL GBV FOCAL POINTS AND INSTITUTIONS/KEY ACTORS OVERSEEING THE DESIGN AND DELIVERY OF PSYCHOSOCIAL SERVICES)**

In place?		Activity	Comment
Yes	No		
		Policy/mandate/protocol for gender-balanced hiring in all psychosocial programs, including for positions of authority and decision-making	
		<p>Policy/mandate/protocols for the provision of counseling, advocacy, and referral for survivors of GBV addressing:</p> <ul style="list-style-type: none"> <li>• sexual assault</li> <li>• harassment</li> <li>• physical assault</li> <li>• domestic violence</li> <li>• survivor of child sex abuse</li> <li>• state violence</li> <li>• other forms of GBV (e.g., FGC, forced marriage, kidnapping, prostitution, etc.)</li> </ul>	
		Psychosocial programs have and maintain directory of organizations providing GBV and collateral services	
		Policy/mandate/protocol for coordination among psychosocial programs	
		Policy/mandate/protocol for information, education, and communication (IEC) related to human rights and GBV	
		Policy/mandate/protocol for women’s empowerment programming	
		Policy/mandate/protocol for male involvement programming	
		Policy/mandate/protocol for survivor response, including intake, counseling, safety planning, and secondary trauma/stress	
		Policy/mandate/protocol for the care and safety of counselors and other service providers	
		Policy/mandate/protocol for record keeping that ensures safety and confidentiality of survivor	

**PSYCHOSOCIAL – PREVENTION (THESE ACTIVITIES ARE THE RESPONSIBILITY OF ALL PSYCHOSOCIAL PROGRAMS)**

In place?		Activity	Comment
Yes	No		
		Practice gender-balanced hiring within psychosocial programs	(comment on number of females and males hired)
		Practice gender equity in positions of authority in psychosocial programs	
		Sensitize all psychosocial workers in setting to GBV	
		Sensitize international, national, and humanitarian aid workers in setting to issues of GBV	
		Provide targeted GBV and human rights training to international, national, and humanitarian workers in setting	(comment on number trained)
		Conduct IEC campaigns to raise awareness of GBV in the setting and promote community action	
		Support community engagement in IEC campaigns (e.g., through religious groups, market groups, men's groups, etc.)	
		For education-related psychosocial programs, incorporate age - appropriate gender awareness into formal and informal curriculum	
		<p>Support/provide empowerment activities:</p> <ul style="list-style-type: none"> <li>• income generating activities</li> <li>• literacy programs</li> <li>• vocational training</li> <li>• civil society-building</li> </ul>	
		<p>Support/facilitate peer groups for:</p> <ul style="list-style-type: none"> <li>• women</li> <li>• adolescents</li> <li>• men</li> </ul>	

**PSYCHOSOCIAL – RESPONSE (THESE ARE THE RESPONSIBILITIES FOR PROGRAMS PROVIDING GBV-RELATED SERVICES)**

In place?		Activity	Comment
Yes	No		
		24-hour (on call) services	
		Intake/assessment using standard incident report form	
		Provide supportive counseling and case management for survivor	
		Conduct survivor safety planning	
		Provide referrals: maintain and utilize directory of organizations offering GBV-related services	
		Advocate for the needs of survivor to family members, other agencies/sectors (i.e., health, legal, police)	
		Assist survivor to interact with other sectors as s/he desires by initiating contact, making phone calls, etc.	
		If survivor raped or injured, escort to health services	
		If survivor requests, escort to police/security services	
		If survivor requests, escort to lawyer/legal services	
		Facilitate survivor support groups	
		Provide ongoing supervision to GBV counselors	
		Assure care and safety of counselors and other program employees	
		Facilitate community action to establish "safe houses" or other methods to ensure survivor safety	
		Maintain confidential files	
		Compile and analyze monthly incident reports to use for program improvement	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	

**HEALTH – ADMINISTRATION (THIS REFERS TO THE RESPONSIBILITIES OF EACH HEALTH AGENCY AS WELL AS TO THE RESPONSIBILITIES OF THE HEALTH GBV FOCAL POINTS AND INSTITUTIONS/KEY ACTORS OVERSEEING THE DESIGN AND DELIVERY OF HEALTH SERVICES)**

In place?		Activity	Comment
Yes	No		
		Policy/protocol for medical management of GBV that includes: medical history, examination, forensic evidence, treatment (emergency contraception, STI/HIV prevention/treatment) referral (surgeon, OB-GYN, psychologist, psychiatrist, other), pregnancy counseling, record keeping that ensures confidentiality, and coordination with other sectors and actors	
		Policy/protocol for gender-balanced hiring, including positions of authority and decision-making	
		Protocol for drug supply inventory and maintenance	
		Directory of organizations providing GBV and collateral services maintained and up-to-date	
		GBV sensitization curriculum for health staff available	

**HEALTH – PREVENTION (THESE ACTIVITIES ARE THE RESPONSIBILITY OF ALL HEALTH PROGRAMS)**

In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices	(comment on number of females and males)
		Gender equity in positions of authority and decision-making	
		All health staff receive GBV sensitization training	
		Select staff receive training on medical management of GBV, including ability to screen for GBV	
		Provide training in the community related to health impacts of GBV	(comment on number trained)
		Involve men in reproductive health activities	



**HEALTH – RESPONSE**

**(THESE ARE THE RESPONSIBILITIES OF HEALTH PROGRAMS PROVIDING GBV-RELATED SERVICES, AT MINIMUM AVAILABLE IN ALL HOSPITALS)**

In place?		Activity	Comment
Yes	No		
		24-hour (on call) services with same-sex medical provider (nurse and/or doctor) trained in GBV response	
		In-take/assessment using standard incident report form	
		Survivor safety planning	
		Take medical history	
		Conduct medical exam	
		Collect forensic evidence as appropriate	
		Provide medical treatment	
		Provide referrals using directory of organizations providing GBV and collateral services	
		Schedule follow-up visit	
		Share information with police, community services, protection as appropriate and authorized by survivor	
		Testify in court as appropriate	
		Document actions	
		Maintain confidential files	
		Compile and analyze monthly incident reports to use for program improvement	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	

**SECURITY / POLICE – ADMINISTRATION (THIS REFERS TO THE RESPONSIBILITIES OF INSTITUTIONS/KEY ACTORS OVERSEEING THE PROTECTION OF THE TARGET POPULATION, INCLUDING POLICE, PEACEKEEPING FORCES, LOCAL MILITARY, AND PRIVATE SECURITY PERSONNEL)**

In place?		Activity	Comment
Yes	No		
		Policy/protocol for UNHCR field security officer to address GBV (for refugee setting)	
		Policy/protocol for national police officers to prevent/respond to GBV	
		Policy/protocol for peacekeeping forces to prevent/respond to GBV	
		Policy/protocol for local military to prevent/respond to GBV	
		Curriculum available for training police, security officers, and community in national laws relevant to GBV	
		Curriculum available for interview and investigative procedures for national GBV crimes (per national law), including: <ul style="list-style-type: none"> <li>• child sexual assault (female and male)</li> <li>• adult sexual assault (female and male)</li> <li>• domestic abuse (partners, parents, children, elderly)</li> </ul>	
		Police posts with private interview space for GBV cases	
		Copies of current statutes on file in police stations/posts	
		Orientation and training for all new officers regarding GBV prevention/response	
		Protocol for confidential record keeping	
		Protocol for coordination with other sectors and actors	
		Directory of organizations providing GBV and collateral services maintained and up-to-date in police posts	

**SECURITY / POLICE – PREVENTION**

In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices in police, peacekeeping forces	(comment on number of females and males)
		Gender equity in positions of authority and decision-making in police, peacekeeping forces	
		Personal codes of conduct enforced for police, peacekeeping forces, local military	
		Reporting mechanisms in place for violations in codes of conduct	
		Security/police participate in site planning to minimize risks (for refugee/IDP settings)	
		Police, peacekeeping forces work with community to identify and solve high-risk situations	
		Ongoing training for police, security officers, and community in national laws relevant to GBV	(comment on number trained)
		Community policing, including patrols in high-risk areas	

**SECURITY / POLICE – RESPONSE**

(THESE ARE THE RESPONSIBILITIES OF POLICE AND OTHER SECURITY FORCES TASKED WITH RESPONDING TO GBV REPORTS)

In place?		Activity	Comment
Yes	No		
		24-hour (on call) services with trained same-sex interviewers available	
		Assessment using standard incident report form	
		Survivor interviewed in private space	
		Survivor safety planning	
		Collect/store evidence	
		Provide referrals using directory of organizations offering GBV and collateral services	
		Escort to health services, as appropriate	
		Investigate alleged crime	
		Arrest perpetrator	
		Record all actions, including follow-up	
		Compile and analyze monthly incident reports	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	

**LEGAL/JUSTICE – ADMINISTRATIVE**

In place?		Activity	Comment
Yes	No		
		Policy/protocol for UNHCR Protection Officer to address GBV (for refugee setting)	
		Policy/protocol for court system to respond to GBV cases (efficiently, privately, etc.)	
		Policy/protocol for GBV evidence collection and storage	
		Policy/protocol for GBV survivor protection, assistance, and advocacy through judicial proceedings	
		Policy/protocol for court's coordination with other sectors	
		Copies of national laws related to GBV made available to all representatives of the court and legal systems	
		Guidelines for traditional courts, including refugee tribunals, for types of GBV cases these courts can and cannot judge; sentencing is appropriate for types of crimes and respects/reinforces human rights of survivors	
		Curriculum for training judges and lawyers in national laws and practice relevant to GBV	

**LEGAL/JUSTICE – PREVENTION**

In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices in judicial system	(comment on number of females and males)
		Gender equity in positions of authority and decision-making in judicial system	
		Human rights education for the community, police, courts, and humanitarian actors (national and international)	(comment on number of females and males trained)

LEGAL/JUSTICE – RESPONSE

In place?		Activity	Comment
Yes	No		
<b>For Lawyers, UNHCR Protection Officers:</b>			
		Assessment using standard incident report form	
		Safety planning for the survivor	
		Provide referrals using directory of organizations providing GBV and collateral services	
		Monitor police action for investigation and arrest of perpetrator	
		Provide legal advice and information to survivors	
		Monitor court proceedings; advocate for survivor as necessary	
		Escort survivor and witnesses to court; advocate for protection as necessary	
		Provide assistance for survivor and witnesses for appearance in court (meals, transport, overnight accommodation, etc.)	
		Ensure perpetrator protection (food, appropriate treatment, etc.) in jail/prison facilities and in community at large	
		Ensure ongoing survivor protection (safe houses, relocation, etc.)	
		Compile and analyze monthly incident reports	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	
<b>National and/or Traditional Court:</b>			
		Conduct legal proceedings with minimal delays	
		Hear survivor and witness testimonies <i>in camera</i> (in private, not in open court)	
		Ensure legal advice and advocacy for survivor, witnesses	
		Ensure appropriate sentencing, compliant with existing laws that respect human rights of women/survivors	