1. Coordination

Cross-cutting function

**Minimum Prevention and Response Interventions**

1.1 Establish coordination mechanisms and orient partners
1.2 Advocate and raise funds
1.3 Ensure Sphere Standards are disseminated and adhered to
Background

Effective prevention and response to sexual violence require multisectoral coordinated action among, at a minimum, health and social services actors, legal, human rights, and security sectors and the community. General coordination responsibilities of a multisectoral approach include

• Strategic planning
• Gathering data and managing information
• Mobilising resources and ensuring accountability
• Orchestrating a functional division of labour
• Negotiating and maintaining effective action for both prevention and response
• Providing leadership

Specific coordination activities include

• Sharing information about resources, guidelines, and other materials
• Sharing non-identifying data about sexual violence incidents
• Discussing and problem-solving about prevention and response activities
• Collaborative monitoring and evaluation
• Ongoing programme and policy development.

Establishing a coordination mechanism for sexual violence at the outset of the emergency will help to ensure more responsible and responsive action from the earliest stages of the emergency to the more stable phase and beyond. The overall aim of coordinated action is to provide accessible, prompt, confidential, and appropriate services to survivors/victims according to a basic set of guiding principles and to put in place mechanisms to prevent incidents of sexual violence.

In every humanitarian situation, a number of working groups are created to ensure that the all actors working in a particular sector work in a coordinated fashion and ensure international standards are followed. Since prevention and response to sexual violence involves a number of actors representing various sectors, inter-organisational multisectoral GBV working groups should be created at the local, regional, and national levels, with regular meetings held. The working groups should include multisectoral actors from the community, government, UN, international and national NGOs, donors, and/or others. Active community participation — women and men — should be ensured at all levels of coordination.

A coordinating agency should be designated for GBV programming. A co-coordinating arrangement between two organisations (e.g., UN, international or local NGO) is recommended, and should be established at the earliest stage of the emergency. The coordinating agency(ies) is responsible for encouraging participation in the GBV working group, convening regular meetings, and promoting other methods for coordination and information sharing among all actors. Ideally the coordinating agency(ies) has expertise in GBV programming and can dedicate staff at a senior level to oversee coordination of GBV programmes. Terms of reference for the coordinating agency(ies) should be clearly defined and agreed to by all members of the working group. It should be noted that in an ideal situation, a government body would be the coordinating agency. In the early stages of humanitarian emergencies, however, many governments lack the capacity to quickly and effectively coordinate action on such a wide scale.

Key Actions

In any emergency setting, there is a group of organisations responsible for humanitarian coordination, usually with one organization or individual providing overall coordination and leadership. This coordinating group is responsible for ensuring that the actions described below are carried out.

1. Establish inter-organisational multisectoral GBV working groups at the national, regional, and local levels.

   • Working groups should be made up of GBV focal points (see below) and any other key multisectoral actors from the community, government, UN, international and national NGOs, donors, and others in the setting.

   • Working groups should be inclusive, but must also be small enough to effectively share information, plan, and rapidly implement coordinated action.

   • Working groups should be oriented and orient partners.
• Members should be able to represent their sector’s and/or organization’s activities in prevention and response to sexual violence, and participate as an active member of the working group.
• At the outset of many emergencies, short-term and/or “mission” staff are the majority on the ground and might need to serve as early members in GBV working groups. In these situations, working groups must take care to maximise continuity and information-sharing when short-term staff rotate out and new staff arrive.

2. The national-level GBV working group should select a coordinating agency(ies), preferably two organisations working in a co-coordinating arrangement. The organisations could be UN, international or national NGO, or other representative body invested with due authority.
• Establish clear terms of reference for the coordinating agency(ies) agreed by all working group members
• Terms of reference are endorsed by the leading United Nations authority in the country (e.g. Humanitarian Coordinator, SRSG).

3. The coordinating agency(ies), working in collaboration with the GBV working groups, is responsible for ensuring that the actions described in these Action Sheets are carried out.

4. Working groups at the national, regional, and local levels should establish methods for communication and coordination among and between them. All working groups maintain meeting notes with non-identifying information (i.e. no details about survivors/victims) and distribute copies to all GBV working groups. In general:
• Local GBV working groups discuss details of coordination and implementation, identifying problems and needs, problem-solving, and referring national level/policy issues to the national GBV working group.
• National GBV working group discusses implementation and coordination from a national perspective, providing support, problem-solving, and policy-level action for the local GBV working groups.

5. All sector groups (i.e. health, community services, protection, camp management, human rights, legal/judicial, security/police, etc.) define their respective responsibilities regarding prevention and response to sexual violence, and how they will liaise with the GBV working group and the coordinating agency(ies) — using these guidelines as a tool.
• Each sector and each organisation carefully and consciously designates a focal point who will represent the organization and/or sector in taking action for prevention and response to sexual violence (“GBV focal points”).
• Responsibilities of sectoral GBV focal points are described in Action Sheets for each sector. GBV focal points representing sectors actively participate in GBV working groups.

6. Develop a plan of action for coordination, prevention and response to sexual violence. All working group members/participating organisations contribute to the development of the plan of action, and all must commit to active involvement in implementation, monitoring, evaluation, and holding all actors accountable for action.
• The key resources listed at the end of this action sheet include detailed information about how to develop a plan of action.
• The plan should be developed based on information obtained in the situation analysis (see Action Sheet 2.1, Conduct coordinated rapid situation analysis), and with active involvement of women in the community. The plan must include, at a minimum:
  (1) Establishing confidential “entry points” where survivors/victims and the community can seek assistance after an incident of sexual violence and/or make an incident report.
  (2) Confidential referral mechanisms among and between actors/sectors to facilitate multisectoral action as requested by survivors/victims.

7. All actors agree to adhere to a set of guiding principles that minimise harm to the survivor/victim and maximise efficiency of prevention and response interventions. The guiding principles are incorporated into all elements of the plan of action for GBV prevention and response and should include, at a minimum:
• Ensure the physical safety of the survivor/victim and those who help her
• Guarantee confidentiality
• Respect the wishes, the rights, and the dignity of the survivor/victim, and be guided by the best interests of the child
• Ensure non-discrimination

8. Orient all actors to the multisectoral approach and the importance of coordination by distributing key resource and training materials on prevention and response to GBV.

• Ensure relevant materials are distributed to the community. (See Action Sheet 10.1, Inform community about sexual violence and the availability of services.)

• All relevant actors should have copies of these guidelines and be familiar with, at least, Action Sheet 8.3, Provide community-based psychological and social support for survivors/victims. These relevant actors include representatives from sectors/organisations that may interface with sexual violence survivors/victims and/or be engaged in sexual violence prevention but whose responsibilities and actions may not be specifically described in these guidelines.

9. Compile a resource list of organisations, focal points, and services for prevention and response to sexual violence. Distribute to all actors, including the community, and update regularly.

10. Establish a monitoring and evaluation plan. (See Action Sheet 2.2, Monitor and evaluate activities.)

• Include a system for receiving and documenting sexual violence incidents using an agreed-upon incident report form. A sample incident form that could be quickly implemented can be found in UNHCR’s SGBV Guidelines, cited below.

• Ensure the M&E plan allows for compilation of non-identifying incident data, action taken, and outcomes across sectors.

• All actors routinely submit anonymous data to the coordinating agency(ies), which is responsible for collating data and reporting information to all actors.

Key Reference Materials


• These guidelines are accompanied by a CD-ROM which includes a wide variety of resources.

• Includes a chapter describing how to establish reporting and referral system.


• Step by step description of establishing inter-organisational reporting and referral procedures.


• Detailed information in text and annex about establishing multisectoral coordination mechanisms including reporting and referral mechanisms.


Background

Advocacy involves speaking up and drawing attention to an important issue, and directing decision makers towards a solution. Humanitarian advocacy alleviates human suffering by giving a voice to survivors/victims, increasing awareness about the problem, promoting adherence to humanitarian principles and international humanitarian law (IHL), and inspiring humanitarian action.

The humanitarian community is responsible for advocating on behalf of civilian communities for protection from sexual violence. GBV working groups are well positioned to understand the nature and extent of sexual violence, the issues and circumstances that contribute to the problem, and the services that can be and/or are provided in the setting. The GBV working groups have a responsibility to keep humanitarian actors and donors informed and to participate actively in advocacy efforts.

Key Actions

The GBV coordinating agency(ies), along with members of the GBV working groups, is responsible for carrying out the following actions. In some situations, it may be appropriate and necessary to establish a sub-committee for advocacy and fundraising.

1. Participate in the UN consolidated appeal process (CAP) and include comprehensive multisectoral prevention and response to gender-based violence in the CAP document.

2. Advocate for inclusion of sexual violence as a consistent agenda item for discussion in all meetings of sector groups, working groups, management groups, decision-making meetings, donor meetings, and other coordination and planning meetings in the setting.

3. Identify and clarify the nature and extent of sexual violence and services available in the setting by conducting a situation analysis. (See Action Sheet 2.1, Conduct coordinated rapid situation analysis.)

4. Develop an advocacy action plan that details specific activities to be undertaken, the time frame for each activity, and which organisation or partner will be responsible for carrying out an activity.

   • Agree on a set of key issues for advocacy, using the situation analysis and other information about sexual violence in emergency settings as guides (see Chapter One). Formulate key issues clearly and concisely. Identify clear and feasible change(s) you are seeking. Some examples might be to advocate for:
     ■ Funding for sexual violence programming
     ■ Increased attention to the issue of sexual violence (and by whom)
     ■ Stronger enforcement of Codes of Conduct related to sexual exploitation and abuse
     ■ Cessation of violence
     ■ Increased protection of civilians
     ■ Adherence to IHL

   • Identify target stakeholders.
     ■ Individuals and/or groups in the community who might directly benefit from the advocacy intervention.
     ■ Organisations that hold similar views on the issues and are sufficiently committed to join in a coalition to fight for the cause. Identify these partners and specific contributions that each can bring to the advocacy effort.
     ■ Decision-making individuals or groups with power or authority to take action to bring about change, such as sector groups, working groups, management groups, decision-making meetings, donor meetings, and other coordination and planning meetings in the setting.

   • Select messages that will be used to address each stakeholder. Tailor messages for different types/groups of stakeholders.

   • Identify methods to be used to communicate advocacy messages to different types or groups of stakeholders. Some examples:
     ■ Inform stakeholders (allies and adversaries) about the issue by distributing the sexual violence situation analysis report, conducting briefings and other information meetings. (See Action Sheet 10.1, Inform community about sexual violence and the availability of services.)
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- Build partnerships/coalitions; mobilise partners to support the cause and take action.
- Dialogue and negotiate with adversaries to the issue.
- Petition and lobby political leaders and policy makers.
- Inform and collaborate with media.
- Develop a central Web page for relevant information, updates, messages, etc.

5. Distribute regular and consistent reports to all stakeholders to keep them informed about the nature and extent of sexual violence and how it is being addressed through humanitarian action. (See Action Sheet 2.2, Monitor and evaluate activities.)

Key Reference Materials

Background

The Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response offer guidance for humanitarian agencies to enhance the effectiveness and quality of relief aid. Its cornerstone, the Humanitarian Charter, describes the core principles that govern humanitarian action and reasserts the right of populations affected by disaster to protection and assistance in a manner that supports their life with dignity.

Hundreds of humanitarian actors, international agencies, NGOs, and donor institutions have committed themselves to the implementation of humanitarian protection and assistance according to Sphere standards. The Sphere Project outlines standards for the following sectors: Water Supply, Sanitation, and Hygiene Promotion; Food Security, Nutrition, and Food Aid; Shelter, Settlement, and Non-Food Items; and Health Services.

Chapter 1 of Sphere describes programming standards essential to providing humanitarian assistance in a manner that supports life with dignity. These include participation, assessment, response, targeting, monitoring, evaluation, and staff competencies and management. In addition, seven cross-cutting issues — children, older people, disabled people, gender, protection, HIV/AIDS, and the environment — with relevance to all sectors have been taken into account.

Within the Sphere standards on health services is “control of non-communicable disease” standard 2: Reproductive health — people have access to the Minimum Initial Service Package (MISP) to respond to their reproductive health needs. Established in 1995 by the interagency working group on reproductive health in refugee situations, the MISP has five components. The second component of the MISP is “steps are taken by health agencies to prevent and manage the consequences of gender-based violence (GBV), in coordination with other relevant sectors, especially protection and community services.” (See Action Sheet 8.1, Ensure women’s access to basic health services.)

Key Actions

1. GBV working groups should disseminate information concerning Sphere Chapter 1 and control of non-communicable diseases standard 2. (See Sheet 1.1, Establish coordination mechanisms and orient partners and Action Sheet 10.1, Inform community about sexual violence and the availability of services.)
   - In consultation with the affected population, develop/adapt a brief set of materials in relevant languages and literacy levels to communicate the information outlined above.
   - Provide access to these informational materials to all stakeholders in the setting to the wider humanitarian community through various means, such as print, CD, Internet, etc.
   - Conduct orientation sessions for all stakeholders in the setting (humanitarian actors, peacekeepers, government officials, community members, etc.) regarding this information.
   - Post relevant information in public view.

2. The GBV working groups should monitor adherence to Sphere standards regarding sexual violence, including sexual abuse and exploitation in the setting. This monitoring should be integrated into sexual violence monitoring and evaluation activities. (See Action Sheet 2.2, Monitor and evaluate activities and Action Sheet 1.1, Establish coordination mechanisms and orient partners.)
• Maintain a roster of all organisations working in the setting that shows which have implemented human resource policies addressing sexual abuse and exploitation.
• Maintain a roster of organisations providing health services that shows which have protocols and trained staff in place for responding to sexual violence.
• Maintain a roster of organisations providing psychosocial services for survivors of sexual violence.

Key Reference Materials

