



Community of Practice in Building Referral Systems for Women Victims of Violence

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Acknowledgments

This document is the outcome of a workshop organised by UNRWA on the 31st of March 2010 on “Community of Practice in building Referral Systems for women victims of violence”. It summarizes and reflects on the presentations and discussions made during the workshop to develop lessons learned based on shared experiences of a Community of Practitioners. UNRWA takes this opportunity to thank participants and especially speakers for their valuable contribution. Annex 1 and 2 include the workshop methodology and the list of speakers and participants.

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FOREWORD BY MARGOT ELLIS, UNRWA DEPUTY COMMISSIONER GENERAL

Achieving gender equality and advancing the rights of women have long been priorities of UNRWA. We achieved gender equality in our schools in the 1960s and opened the Ramallah Women's Training Centre, the first centre for women in the Arab world, in 1962. We now have 65 such women's centres throughout our fields of operation in the West Bank, Gaza, Lebanon, Jordan and Syria. UNRWA's adoption, in 2007, of the Gender Equality Policy constituted a milestone to ensure that Humanitarian objectives and Human Development Goals underpin its work and service delivery. UNRWA's Medium Term Strategy (2010-2015) defines Human Development as: "Enlarging people's choices...by enlarging people's capabilities". UNRWA's Gender Mainstreaming Strategy is an instrument to enlarge Palestine Refugee choices and capabilities enabling the Agency to take into account the specific and strategic needs of women and men, boys and girls in all aspects of service delivery. The Strategy also concretizes UNRWA commitment to equal rights, access and opportunities for women, men, girls and boys.

Gender Based Violence and particularly Violence Against Women is a growing concern in the world. It is identified by experts, activists and practitioners as an obstacle to the achievement of gender justice, of peace and to ending poverty. It limits women's and girls' capacities to be active actors in development and deprives communities and countries of half their human capital. As a response, the United Nations General Assembly adopted in its 61st session (October 2006) Resolution 143 to intensify efforts to eliminate violence against women. The resolution calls and urges, among others, United Nations bodies, entities, funds and programmes to enhance coordination and intensify efforts to end violence against women.

UNRWA has developed pilot interventions to address gender based violence, specifically in Gaza and the West Bank, where the occupation and access restrictions constitute aggravating factors for domestic violence. The Community Mental Health and Equality in Action programmes and the Legal Advice Bureaus are examples of UNRWA's response to the combating violence against women. In 2009 UNRWA took a step further to develop a comprehensive multi-sectoral approach to end violence and initiated the development of referral systems to increase victims' access to services.

The "Community of Practice in building Referral Systems" workshop, reflected in this document, provided UNRWA practitioners with the opportunity to exchange information with global experts, thus enhancing UNRWA's capacity to incorporate best practices in future interventions. It represents yet another milestone in UNRWA's path towards continuous development of its gender interventions.

Introduction

Violence against Women (VAW) is 'an extreme manifestation of pervasive discrimination against women and girls'¹. It is prevalent in all countries, rich and poor, and is an obstacle to reaching many development goals including the Millennium Development Goals. It is a **violation of human rights** and threatens the rights, health, and well-being of women and girls and can only be eliminated by promoting women's equality and empowerment, and ensuring that women's human rights are fulfilled and discrimination addressed. Most women suffer from violence in silence with little or no recourse to justice, care or support.

The United Nations has been to the forefront of addressing VAW, and the UN Security Council has adopted a number of resolutions (see Box 1). The Arab League has adopted the Arab Network for Family Protection whose aim is to eliminate domestic violence.

Similarly, the Arab Women Organisation developed a strategy that "stress[es] the need to protect women from violence and to prevent it through laws, legislation, awareness, training, dissemination of the women's rights, the culture of non-violence, and provision of national data, research and statistics on the phenomenon"(Dec 2009).

In 2008, UN Secretary-General launched the Campaign UNiTE to End Violence against Women, 2008-2015 with the overall objective to raise public awareness and increase the political will and resources for preventing and responding to all forms of violence against women and girls in all parts of the world. UNRWA is committed to

¹ UN Secretary General's Campaign, UNiTE to End Violence against Women, Framework for Action 2008-2015.

working to achieve the outcomes of the UN Framework for Action (see Box 2).

Increasingly studies are showing a link between the Israeli occupation of the West Bank and Gaza and increasing levels of violence within the home². The continuing Israeli occupation of Palestinian land, restrictions on mobility, the ensuing inability of the Palestinian Authority (PA) to provide security, and the failure to reach a just peace between Israel and Palestine, undermines Palestinian rule of law, and the ability of the PA to protect all its citizens.

Box 1. International Instruments addressing VAW (specifically)

1. Convention on the Elimination of Discrimination against Women.
2. Convention on the Elimination of Violence Against Women (1979).
3. Beijing Platform for Action (1995).
4. Millennium Development Goals (2000)
5. UN Resolution 1325 on Women Peace and Security

Two major issues that function as barriers to addressing VAW are a) the silence that surrounds the violence: VAW is tolerated by society, is often perceived as the norm and as a 'private' affair. Fear, shame, stigma and the honour of the woman and her family prevent women from seeking assistance or taking action against perpetrators – husbands, brothers, uncles. b) In most contexts, perpetrators are immune from prosecution due to a combination of weak

² See for example, Clark, Dr Carl Jo et al, Association between exposure to political violence and intimate-partner violence in the occupied Palestinian territory: a cross sectional study, reported in *The Lancet*, vol 375, issue 9711, p 310-316, January 2010. Also see, *Palestinian Women and Security: Why Palestinian Women and Girls do not feel Secure*, by the Geneva Centre for Democratic Control of Armed Forces, 2010.

laws and judicial process that fail to hold perpetrators accountable; social and political disorder; and lack of impartiality or functioning of judiciary or police. This impunity sends a message that VAW is acceptable, or the norm, reinforces inequalities as well as being a denial of justice. Moreover, VAW is not an isolated event but girls and women are at risk from violence throughout their lives whether physical, sexual, psychological or economic.

The legal framework is failing to provide protection to women in all UNRWA's fields of operation. Many of the laws that discriminate against women are deemed to be outdated and need to reflect the Palestinian Authority's commitment to equal rights for all its people. In the case of the Occupied Palestinian Territories the current legal framework is complex with civilian law having its origins in Jordanian, Egyptian and

Israeli law for the West Bank, Gaza and East Jerusalem respectively. There is no law to protect women against violence or psychological abuse, and some current laws explicitly militate against women's rights or women attaining justice e.g., in cases of what are called 'honour killings' and rape.

At country level, a momentum is growing to tackle VAW. A law providing protection to women was passed in Jordan in 2008. In January 2010 the Palestinian Cabinet annulled the law that permits mitigating factors in cases of honour killings and has clearly stated that it is murder. They have also called for a review of civil laws that discriminate against women. A draft law has been prepared in Lebanon which, if passed, will provide protection to all women living in Lebanon, including refugee women.

Box 2: Declaration on the Elimination of Violence against Women (1993).

"Gender based violence, which impairs or nullifies the enjoyment by women of human rights and fundamental freedoms under general international law or under human rights conventions, is discrimination within the meaning of article 1 of the Convention. These rights and freedoms include: (a) The right to life; (b) The right not to be subject to torture or to cruel, inhuman or degrading treatment or punishment; (c) The right to equal protection according to humanitarian norms in time of international or internal armed conflict; (d) The right to liberty and security of person; (e) The right to equal protection under the law; (f) The right to equality in the family; (g) The right to the highest standard attainable of physical and mental health; (h) The right to just and favourable conditions of work."

Section I. Approaches to Building Referral Systems

The rationale for developing referral systems is to promote a holistic approach to supporting women victims of violence through a range of services including physical safety and shelter, hotlines, legal, health and social services, and psychosocial counselling. They may also include links to services that further women's education and economic empowerment. A unified data base utilised by all parties is essential for oversight and to monitor the support being provided to women; it also provides valuable data on violence for planning and advocacy.

Developing a referral system does not necessarily mean establishing new services but is about coordination of information, support and services to women victims of violence by credible organisations that have a competency in providing quality services while documentation is key. For example, Jordan has established a national referral system under the auspices of the Jordanian National Women's Commission which involves forty six organisations including academia, government, and non-governmental organisations. These organisations have signed a joint Memorandum of Understanding which sets out their respective roles and responsibilities and a code of ethics which focuses on the quality of their work. In most countries, responses to women victims are developed by individual women's organisations. The move towards a referral system reflects a mature step by such organisations to engage with other service providers.

While there is no formal system in the West Bank, elements of a referral system that can be built upon are in place through services largely provided by NGOs. Currently they

rely on networks and personal contacts for referrals but work is underway to build a referral system, led by civil society groups in association with the Ministries of Women's Affairs and Social Affairs, health and social services, the police and civil society groups. There are no formal referral systems in Gaza, Lebanon, or Syria but as with the West Bank, elements are in place led by non-governmental organisations.

Throughout its five Field Offices UNRWA is developing multi-sectoral referral systems which build on existing interventions but also draw on external resources to fill gaps. The approach is adapted to the different contexts, for example, in the West Bank the community is involved in developing responses that are integrated within a wider family protection approach and which utilises social institutions that are present in the refugee camps. In contrast, the referral systems being piloted in Gaza and Syria rely mainly on UNRWA services and focus on strengthening capacities within communities, while in Jordan UNRWA's work is integrated with the national referral system.

Section I offers five case studies highlighting a variety of approaches. Examples are provided of the national referral system in Jordan that is linked to a legal framework, and the nascent efforts to establish a referral system in Palestine which is based on a learning approach drawing on experience from other countries in the region but adapted to the local context. It then sets out UNRWA's overall multi-sectoral approach which builds on existing UNRWA services along with partnerships with external actors, followed by examples from the Gaza Strip and the West Bank on how this is adapted to different field contexts. In Gaza the approach includes a community approach, while the West Bank provides an example of integrating the issue of VAW within a wider community programme on Family Protection. The final case study highlights

UNHCR's approach of building on partnerships with other organisations.

1. National Referral System linked to a Legal Framework: the case of Jordan

Approach: the Jordanian National Referral system is built on a rights-based approach and is linked with a national law protecting women from domestic violence.

Context

The Jordanian National Women's Commission (JNWC) was established in 1992 and is the body designated by Cabinet to deal with women's issues, and is to be consulted by all parties before actions or decisions are taken. It works along side government organizations and NGOs in drafting a Programme of Action detailing projects to be undertaken. Jordan drew up its first National Strategy for Women in 1993; the most recent National Strategy (2006-2010) includes a commitment to safety of women and tackling VAW. Legislation to protect women against violence was passed in 2009 and provides the cornerstone for the development of a national referral system.

Referral approach

With the legal framework in place, a *Woman's Complaint Office* was established as a key mechanism to protect women. It functions as a one-stop-shop under JNCW and receives and documents complaints of violence, refers women for care and support, and follows up to ensure that women receive the help they need. There are now *Complaint Offices* in six governorates across the country. A hotline and a system for accepting internet complaints are also in place.

The responsibilities of the Woman's Complaints Office include:

- i. Receive complaints related to any violations of women's rights via a 24-hour help-line, fax, mail, or personal interviews.
- ii. Provide initial social and legal consultations.
- iii. Make women voices heard by decision-makers and policy makers.
- iv. Build a database of complaints to determine the most commonly experienced problems faced by women.
- v. Provide accurate statistics and prepare periodic reports on complaints.

The JNCW has signed a Memorandum of Understanding and a Code of Ethics with forty two organizations that provides services; these tools clarify roles and responsibilities, and embed the concepts of confidentiality, dignity and women's right to choose.

Steps in the process of supporting women

The Woman's Complaints Office has identified six steps in supporting women:

- i. Interview the complainant.
- ii. Analyse the problem and offer realistic solutions and alternatives based on sound social and legal consultations.
- iii. Document the complaint on the Office database.
- iv. Determine service provider and refer the complaint to a specialist organization.
- v. Follow-up the complaint and run periodic follow-up to keep track of updates.
- vi. Close file.

Services offered by the Woman's Complaint Office include the following:

Services offered by the Woman's Complaints Office, Jordan

- | | |
|----------------------------------|---|
| 1. Social Services | <ul style="list-style-type: none">• Social Counselling• Family Reconciliation Programmes• Shelters• Social Visits |
| 2. Legal Services | <ul style="list-style-type: none">• Legal Consultations• Representation in courts• Follow up on implementation of provisions |
| 3. Psychological Services | <ul style="list-style-type: none">• Psychological counselling• Psychological therapy |
| 4. Service Procedure | <ul style="list-style-type: none">• Follow-up on procedures with government departments |
| 5. Economic empowerment | <ul style="list-style-type: none">• Provision of financial assistance• Provision of loans & grants to establish small projects• Provision of scholarships• Provision of job opportunities• Training opportunities |
| 6. Health Services | <ul style="list-style-type: none">• Medical advice and treatment• Provision of approved medical reports• Family planning services |

Challenges and Learning

A number of challenges have been identified by the Woman's Complaint Office which are likely to be experienced by other referral systems also. These include:

- i. Competition among participating partners for visibility.
- ii. Potential duplication of services rather than working to the comparative advantage of different organizations.
- iii. Measuring the quality of partner services (though client satisfaction surveys help).
- iv. Adequate follow up with complainants.
- v. **Reconciliation of the different** protocols and internal procedures of each

organization such that they do not create delays in dealing with referrals.

- vi. The need for continuity of focal points from each organization that are familiar with the process.

Jordan is one of the few Arab countries to have legislation to protect women against violence, though the extent to which it is enacted is a matter of conjecture. This legal framework provides a positive environment for the functioning of the national referral system. Paradoxically, the requirement of obligatory reporting by staff of incidences of violence risks undermining the right of minors and sexual abuse victims to privacy and confidentiality, unless carefully managed. It could also potentially reduce the willingness of victims to seek help.

2. Building a National Referral System for Palestine: A Learning Approach

Approach: Building on partnerships, learning from other country experience, and adapting to the context.

Context

Current Palestinian laws do not offer adequate protection for women's rights and there is no law to protect women from domestic violence. There is no formal referral system, and there is a lack of institutions and services for women in need, such as shelters and safe homes. Data is lacking, as is a trusted system for documentation. There are no national level operational protocols and most organisations depend on personal contacts for referral.

Health providers and police officers, two of the key professions that may be engaged in detection, do not undergo standardized training in how to identify women victims of violence, how to assist and treat them, and how (and where) to refer women for more specialized care and counselling. The training curricula in medical, midwifery and nursing schools and in the police academy do not incorporate a specific focus on VAW issues and there are no corresponding policies on the national level to enforce a systematic approach³.

Referral approach

A collaborative 3-year project (Takamol) between the Women's Centre for Legal Aid and Counselling (WCLAC) and the Foundation for Health and Social Development (JUZOOR), funded by the EC,

seeks to establish a referral system in the West Bank. It will centre on collaboration among organisations involved in protecting and supporting women and will be based on agreed protocols. Partners include the health services, the nursing system, the Ministry of Women's Affairs, the Ministry of Social Affairs, social services, police, and civil society.

Steps in establishing the referral system

The steps that have been identified to establish the referral system are as follows:

- i. Conduct a Needs Assessment of available services and the curricula of key professionals to identify gaps and weaknesses (see Section II for an elaboration).
- ii. Develop tools and strategies to address legal, health, and social issues related to providing services for women victims.
- iii. Promote the application of tools and strategies by relevant stakeholders including government ministries, the police, and health and social service providers at the national and local levels.
- iv. Review the curricula of medical, nursing and midwifery schools and the police academy to improve the training of health providers and law enforcement officials on the issue.
- v. Strengthen regional and national exchange of best practices and lessons learned regarding the issue of VAW.
- vi. Create networks among service providers.
- vii. Promote buy-in among decision makers.
- viii. Pilot the referral system in Ramallah, development of protocols and tools, evaluate pilot to scale up.
- ix. Activate civil society organizations, groups and

³ Aghabekian, Varsen, *Study on Violence against Women: 'Promoting women's rights and combating violence against women: Building a sustainable legal-health-social service referral system in the Palestinian Occupied Territory*, Juzoor and WCLAC, 2010.

- coalitions to help design the referral system.
- x. Ensure that the process has a firm “bottom up” approach.
- xi. Advocate for adoption of the new referral system.
- xii. Media campaign.

Institutional Supports

Additionally, a number of institutional supports need to be in place to maintain the referral system, including, amongst others,

- i. Networking among stakeholders and undertaking joint actions.
- ii. A steering committee of decision makers.
- iii. A system for coordination.
- iv. An Inter-Sectoral Technical Committee.
- v. Mechanisms for advocacy, education and dissemination.

3. UNRWA’s overall approach to building referral systems

Approach: Multi-sectoral, building on existing UNRWA services along with partnerships with external actors. The approach is adapted to the specific context of the Agency’s five fields of operation.

Context

UNRWA, which supports 4.7 million refugees across its five fields of operation⁴, works to achieve four goals for refugees, a) a long and healthy life; b) acquired knowledge and skills; c) a decent standard of living; and d) human rights enjoyed to the fullest possible. Yet, there are serious gaps to realising these goals and UNRWA is aware that VAW is prevalent and increasing in some locations. Hence, as part of its wider gender equality policy and protection of women UNRWA began to develop

responses through, for example, its Community Mental Health Programme, its Legal Advice Bureaus and its Equality in Action Programme.

Referral approach

The need for a more comprehensive approach became apparent and has led UNRWA to adopt a multi-sectoral approach, building on existing services and partnerships, based on UNRWA’s wider protection policy and linked to the UN conventions and the UNiTE campaign (referred to above). It emphasises the need for flexibility in adaptation of the approach to different contexts, for example the experience of trauma and violence experienced by people in the Gaza strip and the West Bank differs from those living in other areas.

Steps in establishing the referral system

Adaptation to the different field contexts is based on the following steps:

- i. Assessment of internal resources, capacities and competencies.
- ii. Mapping of external actors.
- iii. Establishment of a coordination mechanism.
- iv. Establishment of a follow up system.
- v. Development of a monitoring and evaluation system, and mechanisms for impact measurement and learning.

Examples of how fields have adapted include:

- Lebanon: where the pilot intervention is underway in Tyr area where UNRWA staff will be involved in detection and follow-up while the case management will be undertaken by external providers.
- Gaza Strip: detection, services and follow up will be mainly through UNRWA’s existing services which include

⁴ Jordan, Lebanon, Syria, West Bank and the Gaza Strip.

- community mental health, legal advice through the legal aid bureaus, and social interventions by the relief and social services department. This approach includes a follow up and learning component.
- Syria: the referral system is initiated through the women programme centres, social interventions and follow up components such as legal aid, and a hotline.
 - West Bank: the broader Family Protection programme has initiated a community based response to domestic and family violence which is a participatory approach based on UNRWA's services in the camps. It is working in partnership with, and will cooperate with other parties in building a Palestinian referral system including both official and private sector. The approach is drawing on lessons learnt from a child protection referral system developed with UNICEF, the Ministry for Social Affairs and BirZeit University.
 - Jordan: UNRWA collaborates closely with the national referral system.

Challenges and Learning in establishing the referral system:

- i. Coordination – which can be complicated and time consuming, and all parties need to buy-in to the process.
- ii. Consistency of approach across public institutions and NGOs.
- iii. Follow up of victims by different service providers and the need to maintain confidentiality.
- iv. On-going data collection in order to inform planning and management.
- v. Competition among providers for visibility.

- vi. Accessibility of services to those women who need them.
- vii. Quality of services (internally and externally).
- viii. Other challenges encountered in addressing VAW:
- ix. Monitoring and ensuring clients' satisfaction.
- x. Respecting victims' choices.
- xi. Resistance among professionals to engaging with VAW issues.
- xii. Threats towards staff from the community or family.
- xiii. The legal framework which may not give protection, though refugees are protected by international humanitarian law.

4. Building a multi-sectoral referral system by defining the pathway within existing programmes and services, UNRWA, Gaza

Approach: develop a clear pathway based on existing services; the development of a confidential database is a key tool to coordinating more efficient and effective services for the victims.

Context

The community in the Gaza Strip has come under increasing pressure from Israel and the consequences of the blockade, unemployment has increased substantially, water and power are in short supply, and people find it difficult to meet their basic needs. These factors, combined with the constant humiliation of men, have resulted in increased violence within households in Gaza. Women and girls bear the brunt of such violence.

Referral approach

UNRWA already has a number of important programmes in place that are widely used by women in the Gaza Strip that serve as

entry points for detection of domestic violence. These include the Health Programmes, the Community Mental Health Programme, the Relief and Social Services Programme, the Women Programme Centres, as well as through its numerous social workers and counsellors. UNRWA also runs a project that includes a component on the 'Prevention of, and Protection from, Domestic Violence in the Gaza Strip'.

While the development of the referral system is at an embryonic stage, following detection, the process entails referral to one or more of the following existing services offered by UNRWA - counselling, medical care, legal assistance, social assistance based on a socio-economic assessment, and psychiatric services.

The Gaza referral establishment will be managed by an advisory team with representation from all departments – health, community mental health, relief and social services, front office and emergency. The team will meet on a monthly basis to ensure cooperation, coordination and exchange of information, and will be responsible for supervision and ensuring follow-up of cases. It will extract relevant data from the data base to inform management decisions. Initially, the referral system will be piloted with emphasis on coordination and cooperation, proper reporting, documentation, and follow up.

Referral systems are highly dependent on the capacity and competency of a professional staff. In this regard, UNRWA-Gaza is working to build the capacity of staff, especially those who will be the first line of contact with women, and clarity will be given to the roles and responsibilities of the different departments. A series of 3-day workshops, followed by a further 1-day workshop has been organised for staff working in UNRWA health clinics. This training aims to increase awareness and understanding of domestic violence and the role of health workers in responding to

victims, stimulate the collection of reliable statistics on domestic violence, and to increase the detection and referral of victims. A number of professions were targeted including nurses, doctors, pharmacists, mid-wives, senior medical doctors and clerks. The workshops have been instrumental in highlighting the interrelationship between familial environment, physical health and medical intervention.

To challenge the silence that surrounds domestic violence, UNRWA contracted the Women's Affairs Centre – a local NGO – to organise discussion groups at community level for women, girls and families on a weekly basis, over a three-month period, in each governorate across the Gaza Strip. Similar, but separate discussion groups are organised weekly for men over a four week period. Evidence to date is showing positive attitudinal and behavioural change.

Challenges and Learning

- i. The high number of clients that attend the UNRWA health clinics on a daily basis, often accompanied by family members, raises issues of privacy, confidentiality and the amount of staff time available for initial detection and referral. Having to deal with domestic violence places pressure on already over-worked health staff.
- ii. The taking of photographs is often an important aspect of documentation, especially if legal action is to be taken. However, UNRWA has a wider policy of not permitting clients to be photographed, and there is an absence of forensic medicine in the Gaza Strip.
- iii. Staff members are sometimes threatened by victims and their families. Clients and/or family members do not want sensitive information documented for fear

- of damage to their respective reputations⁵.
- iv. Building the knowledge and capacity of staff such that they accept their responsibility to respond to women victims of violence, and to have the competency to do so.
 - v. Moreover, developing an effective coordination mechanism where each department and member of staff understands and plays their role in full is expected to take time and patience.
 - vi. Designing a data base that respects the confidentiality of clients. Too often extensive data is collected but not adequately analysed or used; as UNRWA has built several data bases in Gaza, it will give a special commitment to tackling this issue drawing on its wider experience (see section on Follow up and Learning, below for information on the data base design).

5. Developing a community approach to Family Protection, UNRWA, West Bank.

Approach: multi-sectoral, multi-disciplinary, participatory approach to addressing VAW that builds on UNRWA's partnership with existing community structures within the refugee camps. It offers learning for other refugee programmes where state protection and services are absent.

Context

⁵ UNRWA adopted in 2009 an agency-wide Guidance on Threats/Attacks against UNRWA Personnel

A PCBS⁶ study on violence against women in 2005 found that a quarter of Palestinian women (23.3%) reported at least one act of physical violence by their spouses, 61.7% reported psychological violence and 10.5% reported an act of sexual violence. The survey also found that over 50% of children were exposed to physical violence, mainly at home, but there is also violence in schools and in the community. Yet, the legal framework does not protect women's rights and official services are under-developed.

Referral Approach

UNRWA's approach in the West Bank is part of a wider Family Protection and Child Protection Programme that aims to ensure that all children, women and the elderly are protected from preventable harmful experiences that result from abuse or neglect. It is designed as a multi-disciplinary, multi-sectoral approach which is developed in collaboration with the community. In a context where communities, and women in particular, do not/cannot rely on local police forces for protection, or where police cannot access communities due to mobility restrictions (e.g. Zone C in the West Bank), involvement by the community can offer protection to victims, and promote sanctions against perpetrators. As a complement to more formal security measures such as safe houses and shelters, development of a community approach offers the potential to create structures within a woman's environment that can support her cope with the situation rather than having to remove her from her home which can have long term social as well as economic implications e.g. stigma, loss of custody of children, loss of shelter.

An important starting point for the community approach is that it is based on evidence and that the response is appropriate to the context. In the refugee

⁶ Palestinian Central Bureau of Statistics

camps in the West Bank, UNRWA is seeking to gain support for its Family Protection Programme through building safety networks by working with existing community structures and organisations. Underpinning the approach is the training on Family Protection which is targeted at different audiences⁷. A seminar was organized for senior management from UNRWA West Bank field office to explore the implications of protection for UNRWA. A three-day training workshop was organized to define protection mechanisms at community level with participation from UNRWA employees, community members and community leaders (sheikhs, religious leaders). The effect is that community leaders are now supportive and there is evidence that they have dealt with difficult cases within the camps.

In parallel, a basic 5-day training programme was organized for doctors, nurses, midwives, psychological and community workers. One lesson emerging is that training on its own is not effective, but needs to be a part of a wider referral system.

In terms of building a strong referral system, several components already exist internally through UNRWA's various departments and institutional mechanisms (e.g. gender task force, education recovery plan). Moreover, as the building of a referral system externally for the West Bank is underway, UNRWA is mindful to coordinate with other prominent stakeholders including the National Strategy on VAW (under development and being led by the Ministry for Women's Affairs), the various Palestinian Authority ministries such as the Ministry for Social Affairs which has the mandate for protection including shelters for women and children. It also collaborates with other UN agencies such as UNICEF and UNCHR, and NGOs. UNRWA in the

West Bank also works closely with the Child Health Department at Birzeit University.

Steps at institutional level.

Institutionally to put the referral system in place, UNRWA West Bank has identified the following steps:

- i. Recognising the legal framework for combating VAW – in the case of UNRWA it is bound by numerous international conventions and instruments including international humanitarian law and human rights law. At national level the Palestinian Authority has committed itself to implementation of CEDAW and the development of a National Strategy to combat Violence against Women was announced by the Prime Minister in December 2009.
- ii. Staff training especially staff who work with women victims of violence in both detection and treatment.
- iii. The development of protocols for each department / unit and dissemination of the latter such that they are well understood and implemented.
- iv. Creating a supportive environment.
- v. The provision of services to support victims of domestic violence at the community level.
- vi. Linking with community resources both in terms of awareness creation and mobilization of the community to take measures to prevent and counter VAW.
- vii. Monitoring and Evaluation.

Challenges and Learning

- i. The development of a level of community awareness such that the silence and impunity that surrounds VAW, is broken.

⁷ The Health Department in the West Bank can be contacted for its training curricula.

- ii. Ensuring that a strong focus on domestic violence and women's rights is maintained, and does not evaporate within the wider family protection.
- iii. The process of community involvement needs time and the results may take a period of time to be appreciated.
- iv. A further challenge is to have the system reflecting and addressing all kinds of violence, including what the community could consider as minor incidents.

6. Multi-sectoral, inter-agency, and NGO approach, UNHCR Jordan

Approach: joint action to prevent and respond to VAW by establishing a multi-sectoral working group to enable a collaborative, multi-functional, inter-agency approach based on Standard Operating Procedures and coordination mechanisms.

Context

As an agency of the United Nations, UNHCR is required to uphold and promote the rights of women and girls, to mainstream a gender perspective in all its policies and operations, and to work towards the empowerment of women and the elimination of violence against them. These responsibilities are core to UNHCR's protection mandate. In recognition of an increase in domestic violence and its impact on women, children, families and communities, in 2008/09 UNHCR in Jordan began the development of a referral system to respond to VAW.

Referral Approach

The referral system is based on a multi-sectoral, inter-agency approach alongside NGO partnerships. UNHCR commenced by identifying the various types of problems

that were emerging and sought to identify competent, reliable partners that could provide quality services. Clear procedures, roles and responsibilities were identified for each actor and these are embedded in the Standard Operating Procedures (SoPs) which has been agreed and signed by fifteen organizations (see Section II case studies for details of the SoP). A team, comprising focal points from the different participating organizations spearheaded the development of the system.

Guiding principles are shared by all parties, as follows:

- i. Ensure the safety of the victim/survivor and his/her family at all times.
- ii. Respect the confidentiality of the affected person(s) and their families at all times.
- iii. Respect the wishes, rights, and dignity of the victim(s)/ survivor(s) when making any decision on the most appropriate course of action while also bearing in mind the safety of the wider community as well as the individual concerned.
- iv. Ensure non-discrimination in the provision of services and ensure equal participation of boys, girls, men and women in planning and evaluation by improving community's understanding on gender equality.
- v. Respect the choice of the survivor to be interviewed by a same sex interviewer, and to be interviewed in private.

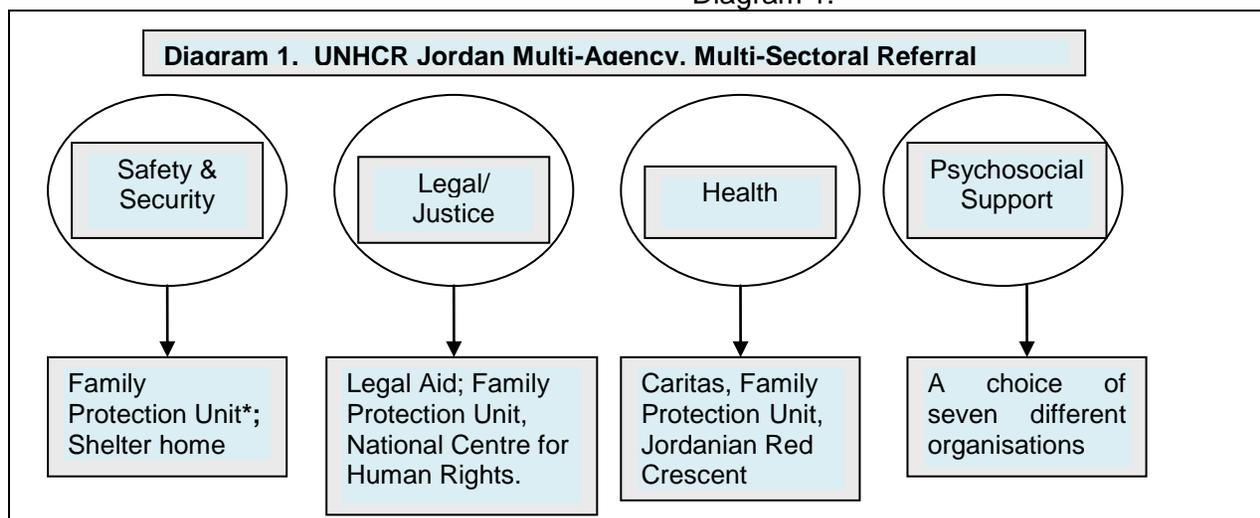
Identification of victims of violence can be through a self-selection process when women come forward to report violence, for example, at the point of registration or through existing services provided by UNHCR/ partners, or referrals can be made by community field offices.

Internal UNHCR procedures

- i. Entry of the case on the UNHCR database.
- ii. The conduct of a protection interview at which the need for specific referral services is identified – these may be provided internally or externally.
- iii. Weekly panel meetings to discuss cases.

- iv. Monthly meetings by the participating partners to ensure cooperation and follow-up.
- v. Approval to use the information contained in the incident report must be signed by both the case workers and the victim.

The services which are offered to women by UNHCR and its partners are set out in Diagram 1.



* The Family Protection Unit is a government of Jordan one-stop-shop providing all services to victims.

Challenges and Learning

- i. Each unit within UNHCR identifies partner organization to work with which poses challenges of coordination and communications.
- ii. There is a risk of duplication of documentation in that UNHCR have one format and agencies have another. Having to complete both forms increases the time spent on administration by staff.
- iii. Security of staff who may be threatened by family members. This has been mitigated to some extent by a series of measures including the use of security guards, clients are not given the cell phones of social workers or legal workers, and only the first

- iv. name, or a 'pet' name of legal workers are provided.
- iv. In the case of the safe shelter, boys over the age of nine years are not permitted which can result in the separation of the mother from some of her children (though other shelters exist but are not specialised in VAW).
- v. Follow up on cases, and ensuring weekly monitoring and monthly reporting are also challenging.

Summary: Learning from the Challenges

The six case studies profiled above provide examples of different models of referral systems being implemented at various levels including national (Jordan), multi-sectoral/multi-agency (Palestine), multi-sectoral/intra-agency (UNRWA, Gaza and Syria), inter-agency (UNHCR, Jordan), and community (UNRWA, West Bank). Each of these models has particular strengths, but also presents specific challenges:

- i. National Referral System, Jordan: This is the most comprehensive model in the region, and is unique in that it is based on a legal framework introduced in 2009 that provides protection to women victims of violence. The nucleus of the referral system is the Woman's Complaints Office which has six branches throughout the country, and to which women can report complaints of abuse personally, through hotlines, on the internet, by mail, or they can be referred by others. The response mechanism is led and coordinated by the Jordanian National Women's Commission which has signed a Memorandum of Understanding and Code of Conduct with forty two organisations to provide the requisite services. Under the legislation, incidents of violence must be reported to the legal authorities; this should function as a disincentive to perpetrators and sends a strong signal that impunity is no longer tolerated. While reporting is critical for minors and sexual abuse, the paradox is that it risks undermining the rights of victims to privacy and confidentiality unless carefully managed and

could also potentially reduce the willingness of victims to seek help.

- ii. Building a national referral system, Palestine: Led by civil society, but in conjunction with key government ministries, the strength of this model is that a referral system is built in the absence of a legal framework. A systematic approach is being adopted to its development – learning from other countries in the region, conducting a needs assessment, and based on partnerships with a range of existing service providers, both government and non-governmental. Challenges it is likely to face include coordination and assuring quality, and most especially, entrenched attitudes within society that tolerates violence and inequality in women's rights.
- iii. Multi-sectoral framework for prevention and response, UNRWA: UNRWA is in a unique position globally in that it is responsible for some 4.7 million refugees across five fields of operation, and has a staff of 30,000. In practice this responsibility requires it to provide all services for refugees that are typically provided by governments. As a single agency it has the infrastructure, breadth of services, resources, and policy and operational decision-making independence to establish a referral system appropriate to its refugee constituency. Any gaps in service provision are filled by other providers. Despite the presence of a legal framework in four field sites, it has been able to innovative in responding to

- domestic violence e.g. working with community structures in the West Bank, establishing legal aid in Syria, promoting community awareness in Gaza. On the other hand, it challenges the capacity of such a large organisation to effectively coordinate across its various departments, build the capacity of staff and to generate buy-in at every level. Furthermore, the referral system needs to be institutionalised within UNRWA's mainstream work to ensure sustainability of any referral system.
- iv. Multi-sectoral approach based on existing services and programmes, UNRWA, Gaza. The Gaza model is an example of working at several levels including building on and adapting existing services (medical, legal, social, economic, counselling), capacity development of key staff (health sector), creating awareness at community level with group discussions ranging from four to twelve sessions, and the development of a confidential data base. A key challenge is to generate a momentum internally for tackling VAW, ensuring quality of services, and adequate follow-up and monitoring in a context where the threat of violence from Israel is so dominant.
- v. Community approach to Family Protection, UNRWA West Bank. This approach acknowledges the need to generate a supportive environment for women within their community, and works with community structures and male leaders to tackle VAW. It integrates VAW with wider family protection and harnesses the expertise of other organisations. The challenge will be to develop the level of community awareness such that the silence and impunity that surrounds VAW, is broken, and to ensure that a strong focus on domestic violence and women's rights is maintained, and does not evaporate within the wider family protection programme.
- vi. A multi-sectoral collaborative, multi-functional, inter-agency approach, UNHCR, Jordan. The distinctive value of the UNHCR-Jordan approach is that it is based on Standard Operating Procedures (SOPs) and coordination mechanisms. Fifteen organisations collaborated to agree guiding principles, the roles and responsibilities of each organisation, reporting, referral and case information management protocols, mechanisms for coordination, and for monitoring and evaluation. A potential challenge is to ensure that all agencies adopt the SOPs to guide their own work and overcome the current situation where organisations complete both the UNHCR designed documentation that complies with the SOPs as well as their own agency documentation posing a risk to both quality of information and duplication of work.

Section II. Building Referral Systems: providing services

Steps to define a referral system

Building a referral system requires the cooperation of a broad range of service providers ranging from health, legal aid, safety (shelters), security (police and/or social organizations), economic, and psychosocial counselling providers. In most instances, services are already in existence though they may need to be adapted and coordinated to improve the response and protection of victims. These services may be provided by government, civil society and development agencies, and to a large extent the success of sustainable referral systems depends on the professionalism of those directly involved. This section sets out some of the main elements in building a referral system and is illustrated through case studies.

- i. Needs assessment. A needs assessment when possible will allow to define the services that will be required as part of the referral system; hence it will be important to have baseline information on such areas as:
 - the nature, causes and extent of violence;
 - the protection, complaint and resolution mechanisms that are used by women e.g. formal (such as police, health care workers) or informal such as social institutions (traditional systems including social committees, family/extended family);
 - the services that are available;
- ii. Assessing services and building on existing services. The potential role of different internal actors needs to be identified, and an assessment made of the effectiveness of current channels for detection and referral. Response mechanisms also need to be reviewed to clarify the current choices that are open to women - legal aid, social work/counselling, psychosocial, health, and economic services. The length of time it takes to transfer a case and for women to be in receipt of support services also needs to be assessed.
- iii. Mapping external actors. The starting point here is identifying the potential external partners to participate in the referral system. This may include government bodies, NGOs, and other UN organisations such as UNICEF, UNIFEM, UNFPA, and UNHCR. It will be important to assess their level of competency, and to consider whether new alliances/networks need to be built in order to extend the range of supports available to women.
- iv. Define coordination and follow up mechanisms. A memorandum of understanding should be signed by all parties to a referral system that clearly sets out respective roles, responsibilities, and guidance/code of conduct on
 - women's use of and their perception of such services (shelters, legal aid, health, psychosocial counselling etc); and
 - the role, capacity and track record of the police and judicial courts in responding to victims of violence.

- confidentiality and dignity (e.g. whom to refer, when, where, how). This process needs to be piloted with the services on the ground, and re-evaluated and redesigned, as necessary. Focal points should be identified for all parties to the MoU so that there is both continuity and confidentiality in relation to women clients. These focal points may represent their organization on an overall coordination committee.
- v. Learning and impact measurement. A data base is essential for several reasons: as a baseline, to track the use of different services by individual women, to identify women who need support over a long period of time and those who drop out, as well as providing critical information to inform management and planning of services. For an effective referral system, one shared data base is required in order to assess the impact of the system on women. Complementary qualitative surveys that glean the perceptions of women and service providers on the effectiveness of the system enrich the quantitative data emerging from the database.
 - vi. Building capacity internally. With regard to capacity, there is need to consider the training of a cadre of specialist counsellors within each sector, and clearly identify and train those who will assess the level of danger (front line workers). Consideration should be given to the building of a team across UNRWA that takes responsibility for leading on tackling VAW (policy, operation), and that can function as mentors. It will be important to plan for the event where staff may be victims of abuse themselves, and will need support e.g. social workers and counsellors.

Case Studies

1. Needs Assessment, experience from the West Bank

In the West Bank, the EU has funded a process to establish a referral system on tackling VAW that includes both government authorities and civil society organisations. To inform this, a study was conducted Dr Varsen Aghabekian from the BirZeit University for JUZOOR (Foundation for Health and Social Development) and the WCLAC (Women's Centre for Legal Aid and Counselling), to assess four main elements:

- i. The extent to which VAW issues are addressed in selected service provider settings: legal, health, social services and procedures. The study included 280 institutions from seven governorates including both governmental and non-governmental social, legal and health institutions.
- ii. The extent to which VAW issues are addressed in selected education curricula in order to equip professionals that encounter women victims of violence. Thirty four programmes at eighteen Palestinian colleges and universities in the West Bank participated. It included programmes in fields that provide support to women including medicine, nursing, midwifery, police studies, social work, law, community health

- work, psychology, gender and development, public health, and management.
- iii. The extent to which VAW issues are addressed in police departments in order to identify and evaluate service gaps. Sixteen centres participated. Issues assessed include the presence of specialised units to service women victims of violence; availability of trained police/female officers; availability of medical and legal expertise; documentation processes and referral protocols; databases; follow-up mechanisms; referral networks/links with other service providers. The attitudes of police to VAW and rape were also explored.
 - iv. The extent to which women victims of violence perceive their care-provision needs are satisfied by service providers, to highlight gaps in services, and to help to devise a comprehensive and holistic service. Forty four women were targeted. The assessment focused on women's source of information on resources to assist them; the nature of violence as an indicator of the type of response required; the main source of support for women; and victims' perception of service providers.

In the absence of easily accessible coordinated information, the study had to create its own data base. Its findings have highlighted the need for policies, procedures, protocols and a national surveillance system, family protection law and law enforcement, designated facilities/spaces to protect confidentiality, training of staff, community awareness and advocacy, research, networking and coalition building and the rehabilitation of women victims of violence.

2. Examples of assessing services and building on existing services

a. Community mental health programme, UNRWA West Bank.

This programme is being integrated in conjunction with counsellors in schools, health centres and in Women Programme Centres. The latter are addressing the psychological disorders and distress faced by the Palestine refugees.

The Community Mental Health Programme in the West Bank is acutely aware of the need for a referral system in order to ensure health, psychological, social and emotional care of women victims of violence, and for protection and safety for women. As an indicator of the extent of VAW, in 2009, it recorded 164 cases of VAW in the Nablus area, 320 in Hebron area, and 263 in East Jerusalem. Through its field work, it has defined a number of scenarios when referral to other specialist providers is required including cases of acute illness which needs specialist psycho-social and medical treatment; where the life of the woman is threatened and in danger, or where a woman contemplates suicide. Referral may be internally within UNRWA to other specialist professionals, externally to specialised institutions/centres of competence, or referral to shelter homes for safety, security and legal protection.

The services which are drawn upon in the referral process include:

- i. Medical treatment in the case of physical injuries.
- ii. Individual psychological counselling services.
- iii. Group psychological counselling services for women victims of violence.
- iv. Community education and awareness raising services.
- v. Referral to other services whether within UNRWA or external.

- vi. Home visits to work with wider family members.
- vii. Referral to shelters for security.
- viii. Referral to a psychiatrist if mental health services are required.

The Community Mental Health Referral System encounters a number of challenges which include the following:

Challenges encountered by Community Mental Health Referral System in Palestine	
1. Professional Challenges	<ul style="list-style-type: none"> • No legal framework in place to protect women. • Not enough safe homes. • Insufficient data on the nature and extent of VAW, which in turn effects proper planning.
2. Institutional Challenges	<ul style="list-style-type: none"> • Lack of knowledge of referral process, a consequence of insufficient training. • Inability to deal with all cases due to insufficient human and financial resources. • Poor coordination and cooperation among partners. • Lack of follow-up – no agreed mechanisms in place. • Weakness in specialist clinical supervision.
3. Personal Challenges	<ul style="list-style-type: none"> • Reluctance by women to take action for fear of losing their children. • Social pressure not to take action so as to protect the woman's and the family's honor - fear of stigma. • Lack of support by family/friends. • Religious pressure not to report or prosecute.
4. Challenges for psycho-social counsellors	<ul style="list-style-type: none"> • Lack of knowledge & experience of the importance of referring women to the right services, and a lack of awareness of the specialist institutions that deal with VAW. • Lack of professional supervision for counsellors (assessment, referral and follow-up). • Fear of murder and fear of violence perpetrated against staff by victim's family members in the absence of legal protection for staff.

Learning

To strengthen the referral system and to coordinate more effectively with other services providers, the Community Mental Health Programme advocates the following actions:

- i. Build a national policy to establish a referral process across institutions with clear policies, procedures and systems in place.
- ii. The allocation of a special budget to support the referral process.
- iii. Structured cooperation among institutions providing services.
- iv. Increase the number of safe homes in each area/city, and improve quality of existing safe homes.

- v. Improve professional training, supervision and in operating a referral system.
- vi. Development of a database to improve statistics in order to strengthen planning and responses.
- vii. Draw on other referral systems such as the child protection network.

b. Palestinian Counselling Centre: provision of clinical counselling services

The Palestinian Counselling Centre provides clinical services to women victims of violence. Its experience indicates that the drivers of violence fall into four

categories: women who are physically abused by their husbands, daughters abused by fathers/mothers, political violence endured by female prisoners/ex-prisoners, and psychological terror perpetrated by 'religious' brothers on their sisters.

The Centre is aware of its limitations in that it does not have an efficient mechanism of outreach to detect violent environments and to protect potential victims, but is dependent on women self-referring themselves for help. It primarily works with women victims and is acutely aware that women are at risk when they return home to the same environment. However, it points out that in the absence of a legal framework to counter VAW or to encourage the perpetrator to receive help, counselling may be one of the few options open to women to assist them in coping.

The response of the Centre is to create awareness among women that violence is not normal, to create a sense of self-worth through the therapeutic relationship such that women realize that they have the right not to be abused. It assists women to acquire skills in building and linking with support structures within their environment and seeks to break the silence of fear and encourages women to network outside the home.

Challenges and Learning:

- i. Supporting women to take action is a process that takes place over time, yet in the intervening period the victim may be continuously at risk.
- ii. Referral and networking with other service providers is external to the clinical work, is time consuming and the processes may not be well understood by staff e.g. reporting to the police or involving other NGOs.
- iii. Clinically, both the victim and perpetrator may resist therapeutic goals and in some

instances the victim will collude with the abuser in order to gain his approval at the cost of maximizing the use of therapy.

To redress these problems, the Centre considers that action is required on four levels: a) prevention work with the community, b) therapy for both the victims and perpetrators, c) a legal framework for protection, and d) advocacy for criminalization of violence.

c. Legal Advice Bureaus, UNRWA, Jordan

A series of legal literacy courses conducted as part of UNRWA's Women Programme Centres revealed that women are often not aware of their personal rights, the rights of their children, and the ways to secure their rights. Many cannot afford to seek advice from profit-based legal advisors pointing to the need for access to affordable legal advisory services.

In response to these needs, the Relief and Social Services Programme introduced free of charge legal advice services at four Women Programme Centres in Jordan (Amman New Camp, Marka camp, Aqaba and most recently at Jerash/Gaza camp). Legal Advice Bureau (LAB) services cover a broad spectrum of activities ranging from the provision of information leaflets, through to the provision of specialist advice and representation at court. The LABs provide support within the available resources to those who are most in need of assistance especially female victims of family violence; it also advises on discrimination, violation of law provisions and human rights. The LABs have been designated as safe spaces by the Jordanian legal system and thus serve as a place where care-givers in custody battles can visit with their children.

The Legal Advice Bureaus aim to:

- i. Provide counselling and user-friendly information to women and children to enable them to

- recognize their legal rights, and to spread legal literacy among the local community.
- ii. Raise women's awareness and consciousness of their fundamental rights enshrined in international conventions and human rights instruments, including CEDAW⁸.
- iii. Support and assist children and female victims of violence and discrimination, and document cases involving violation of human rights.
- iv. Work jointly with several local and international entities to exchange experiences and enhance the level of services provided.
- v. Enhance both female and male participation in establishing a culture of human rights in their communities.
- vi. Improve women's skills, particularly in leadership in order to promote their empowerment and enhance their participation in community development through training programmes.

The referral process includes the steps of *Reception > Follow up > Referral > Counselling / Legal Representation and Support*. The LAB is working to enhance institutional performance through partnerships and complementarity of services by different providers based on their comparative advantage, and to support the development of community based work. It is also urging both government and NGOs to address economic violence. A Memorandum of Understanding is signed between UNRWA and partner institutions such as the Jordanian Family Protection Unit. Referral can be made through referral forms or letters requesting legal services, through telecommunication or by

individuals/through personal contacts. Follow up of cases with partners follows a careful process of documentation.

Challenges and Learning:

- i. The risk of duplication of services within the counselling centres and by other civil society organizations.
- ii. Uncertainty concerning the sustainability and institutionalisation of services.
- iii. Inadequate coordination among multiple service providers.
- iv. The need for additional funding to cover the legal costs of taking cases to court.

d. Legal Advice Services, Women's Programme, UNRWA Syria (Yarmouk Camp)

The first legal aid bureau in UNRWA Syria emerged from a review of existing Women's programmes which found that there was weak participation by women as partners in the development of the family and the community (low participation of women in social networks), a sense of helplessness among women, a high domestic burden and high levels of VAW. As part of a response to this situation, the women's programme team set about a) enhancing the economic and social status of refugee women, b) promoting women's role in the family and community, and c) strengthening women's self-confidence and self-reliance. This was to be achieved by collecting data on NGOs working with women, capacity building of social workers working with women, training on international and national laws, exchange visits to Jordan, and establishing the first legal advice bureau (LAB) in Syria in 2007. The programme commenced with a one-week training for lawyers and other volunteers provided by the UNRWA Legal Aid Bureau in Jordan; in turn, this group trained others in Dera'a LAB.

⁸ Convention on the Elimination of Discrimination Against Women.

The goals set by the LAB were a) legal and social awareness in community; b) strengthening and enhancing women's involvement in the community development process; and c) offering guidance for family members facing social problems and helping them to find solutions.

Training was organized at two levels:

- i. Training at community level on such topics as CEDAW, Trusteeship, Inheritance Law, Legal and Human Rights. While a majority of participants were women, there were also male participants. Much of the focus was on child protection while lawyers handled 20 civil and personal legal cases. However, a constraint is the costs associated with bringing cases to court, even when using volunteer lawyers.
- ii. Training for lawyers and social workers; UNRWA-Syria is cooperating with the Damask Rose Trust to enhance the capacity of the Legal Advice Bureaus and to enlarge their intervention by adding the social intervention to legal aid.

A hotline is being established at Yarmouk camp and commenced in May 2010, and relevant training is being given to professional staff.

Challenges and Learning:

- i. Addressing the low level of experience among local NGOs to deal with VAW.
- ii. The lack of protection in Syrian law though civil laws are being reviewed.
- iii. The need to build an effective overall referral system.

3. Mapping and assessing external actors

The experience of the Jordanian National Commission of Women provides an example of a step-by-step approach to establishing a referral system, as follows:

- i. Conduct a study to identify the forms of violence and discrimination against women; analysis of the services provided by both governmental and non-governmental agents; and assessment of existing referral systems.
- ii. Identify governmental and NGO organizations that provide direct services to victims of violence and discrimination and who provide quality services.
- iii. Hold meetings with all stakeholders and potential partners to discuss mechanisms for cooperation and coordination.
- iv. Map the cycle of support that women require from the stage of receiving the complaint, documentation, provision of consultations, referral and follow-up until termination of the complaint.
- v. Sign a Memorandum of Understanding with the identified specialized institutions that will participate in the referral system.
- vi. Confirm the services to be provided by partners, current programmes/projects that they run and to which women may be referred.
- vii. Assign a primary and secondary liaison officer to represent each partner in the MoU (this provides for continuity and confidentiality).
- viii. Prepare and agree a Code of Ethics for personnel of all partners working to address VAW.

- ix. Prepare documentation for potential partners to apply for admission to the MoU.
- x. Develop a database for the Complaints' Office and provide training on its use.

4. Coordination and consistency of intervention

a. Social interventions, UNRWA, Syria: Supporting women in moving towards action

This example illustrates how an approach to combating VAW has been integrated into UNRWA's existing work, and provides valuable insights into women's perception of abuse, the phases they go through in moving from acceptance of abuse to taking action, and the challenges that remain in the external environment.

The Relief and Social Services Department in UNRWA is in the process of moving away from focusing on 'social hardship cases' who were largely identified through pre-determined categories (Elderly, Orphans, Women heads of households...), towards a social safety net approach which aims to close the poverty gap among families and is based on an analysis of situation of a family. A pilot intervention is taking place in Syria where a range of social interventions are available to respond to family needs and are identified based on an assessment of family problems, needs and resources (using a problem tree methodology). Through this new methodology the requirement to respond to VAW emerged.

To guide its work on VAW, UNRWA-Syria has defined a number of guiding principles

including a) ensuring physical safety and security; b) ensuring confidentiality; c) respecting the wishes, rights and dignity of the woman; d) non-discrimination, and e) respect for human rights.

Stages encountered by women in moving towards action.

Emphasis is placed on the need for workers to recognize that women victims of violence typically go through five stages - from enduring abuse until taking action. These stages are as follows:

- i. Survival – women are just managing to survive in an abusive relationship where they accept the status quo and do not see any alternatives.
- ii. Through support, women start to think of changing the status quo.
- iii. Women are ready to take some actions and adopt some solutions (e.g. consult with a social worker, lawyer, or psychiatrist).
- iv. Makes a decision on what action they will take (active stage).
- v. Makes a change – this is the most difficult stage for a woman because of pressure internally within the family and externally because of social, cultural and/or religious pressure that urges her to return to the home; this is critical stage.

It is seen as important not to rush women through the different stages; recognition of the particular stage that a woman is going through will help to structure the nature of support she needs at any given time. Failure to acknowledge these stages may result in inappropriate guidance or suggestions to women.

Challenges to women taking action to counter abuse

- | | |
|--|--|
| <ol style="list-style-type: none">1. Denial2. Avoidance
3. Collaboration
4. Dependency
5. Lack of skills6. Tolerant social attitudes
7. Insufficient laws and weak legal framework
8. Weak systems of security9. Gaps in information | <ul style="list-style-type: none">• A woman does not recognize the extent of the problem• A key coping strategy is to avoid violence and hence the woman becomes obedient and subdued due to a combination of shame, the need to protect her children, and fear of the power of the abuser• Women cannot tolerate any more violence, doesn't see any way to escape and so seeks the satisfaction of the abuser as a way of survival and adopts his views. She may even adopt violence herself• A woman's need for financial support makes her dependent on the abuser for economic support for her children and hence she risks higher levels of violence. She abandons her own rights (e.g. to divorce) in order to protect her children. She becomes hopeless• Frequently women have not received any skills training that would enable them to gain economic independence• Society tolerates abuse of women, and has a negative perception of women who complain. There is a lack of social awareness; women's position and status are related to her honor and that of her family and hence she is reluctant to expose violence• Existing laws do not provide adequate protection to women, and there is no law on domestic violence. The Justice Sector is weak in terms of addressing VAW, complaint procedures are complicated, and there are long delays in prosecutions• There are few shelters to protect women in Syria
• There is a lack of studies and statistics on VAW; because VAW is not seen as a crime there is a lack of statistics in formal institutions such as police stations |
|--|--|

b. UNHCR Standard Operating Procedures

Standard Operating Procedures (SOPs) have been developed and agreed by UNHCR and its partners in Jordan to facilitate joint action by all actors to prevent and respond to VAW. The prevention of and response to VAW requires the establishment of a multi-sectoral working group to enable a collaborative, multi-functional, inter-agency and community based approach. The SOPs guide the relationship between the partners and establish clear procedures, roles, and responsibilities for each actor involved. All procedures, reports, forms and guidelines have been discussed and agreed upon by all agencies.

The SoPs are divided into six main sections:

- i. Definitions of VAW,
- ii. Guiding Principles,
- iii. Reporting, Referral, and Case Information Management,
- iv. Responsibilities for Prevention and Response,
- v. Coordination and
- vi. Monitoring and Evaluation.

The SOPs detail the minimum procedures for prevention and response and identifies which agencies will be responsible for actions in the four main sectors: health, psychosocial, legal/justice and security, as well as considering support from the education sector and the community. It proposes that a multi-sectoral working group in each field location should discuss and elaborate on these procedures so that

they are tailored to the situation of the population concerned, whether internally displaced persons, refugees or returnees.

5. Follow up and Learning: Women's Centre for Legal Aid and Counselling (WCLAC), West Bank

WCLAC provides social and legal services to women victims of violence in a context where there is no formal referral system in place in the West Bank. Cases may be referred to WCLAC by a number of sources - courts, police, other NGOs. In terms of the provision of follow-up to a client, WCLAC undertakes the following steps:

- i. A social worker holds an initial meeting and/or administers a questionnaire to the woman to identify the problem.
- ii. On this basis an intervention action plan is prepared and acceptance by the woman of such a plan is deemed essential and without which WCLAC will not proceed.
- iii. Full documentation of the case is undertaken.
- iv. If the case is referred to court, a WCLAC professional will accompany the woman to court.
- v. Where a woman is at risk, WCLAC has an emergency shelter where she can stay for about one month, if longer term shelter and security is required the woman is referred to the MEHWAR shelter in Bethlehem which was originally established by WCLAC but is now under the auspices of the Ministry of Social Affairs. This shelter offers women a comprehensive package of services including vocational training. Women can stay at MEHWAR for up to one year.

- vi. WCLAC works closely with other partners including the Ministry of Social Affairs, police, governorate, formal and non-formal organisations. It may also provide legal services to women attending the UNRWA Women's Programme Centres.

6. Data Collection: UNRWA Gaza Strip Database

The UNRWA Gaza team have good experience of developing data bases that will inform the establishment of a comprehensive and unified data base on violence against women. The data base will document, on a monthly basis, the types, location and distribution of domestic violence, the types of organizations to which women report incidents of alleged violence; and will profile the complainant and the perpetrator. This will provide valuable data on the nature/types, trends and quantities of violence against women in the Gaza Strip.

The database is intended to have five sections: biological, social, legal, medical and a closure part, and all departments will use the same form. Confidentiality is key and hence access is through a user name and password, and only those staff that have involvement with the case will have access. Counsellors at health centres and Women Programme Centres (WPCs) will have access to the data base, but the counsellors are the only ones to have full access and to know the name of the victim. They will open cases files and give a code for each case; these codes will be used by all other service providers. Lawyers may have limited access to the data base, primarily to enable them to enter information related to the legal aspect of the case. The counsellor is responsible for following-up on the case and for reviewing all the necessary data to ensure that the client is receiving the relevant services.

An advisory team will have full access to the data base but without access to the names; their access will enable them to evaluate the procedures and have statistics about the number of cases that are current in the system and number of cases that drop-out.

The value of the data base is in providing quality information on a very sensitive issue that is currently not available, and will facilitate more effective planning, as well as data for research.

Challenges and Learning:

- i. Establishing a clear system for follow-up in the first three months of the case (this is a stage at which a combination of supports may need to be put in place).
- ii. Adequate training of staff in the use of the data base.
- iii. Ensuring that double counting does not occur.
- iv. Staff resistance to engaging with violence against women.

Summary: Learning from the Challenges

The case studies presented above provide opportunity for learning and guidance for those contemplating establishing referral systems. The main issues for consideration are as follows:

Defining concepts on violence in order to have a common language.

Staff awareness at all levels

Confidentiality

Respecting victim choices

Complementarity of services

Coordination and consistency of

Challenges and Learning in Service Provision

- The understanding of VAW varies in different contexts. There is need to standardise concepts on violence so that there is a common language on violence within UNRWA.
- Staff awareness is required at all levels to overcome resistance and silence, and ensure that there is an institutional response to victims of violence and not only by those that have a direct responsibility. Training needs to be targeted at different professions and levels.
- Confidentiality for victims is essential. Specific measures need to be taken especially given the intimacy of the refugee population where everyone knows everyone else. A Code of Ethics is one response, along with coding of names, and the application of user names to access data bases.
- The role of professionals is to provide victims with information and options to address their situation, and they must respect a woman's ultimate choice. Ownership should be left with the woman, encourage her to take the lead and know her rights, but the decision must be hers.
- Excessive duplication of services needs to be avoided; focus on complementarity in order to broaden the options that are available to women. There is need to think outside the box and enlarge the network of services open to women e.g. link with programmes that encourage economic independence.
- Coordination and consistency of the approach is a challenge for a big organisation such as UNRWA or where there are large numbers of

approach/ quality

*Women's shelters/
treating woman in
her own environment.*

Follow up of victims

Referral or transfer

*Community
participation*

*Institutionalising
the referral system*

organisations participating in the referral system. Establishing Memoranda of Understanding, Standard Operating Procedures, and coordination committees with representation from each organisation, can help.

- The level of threat to a woman's life will vary in each case and hence there is need to have alternative options e.g. support to women to remain at home, safety in a shelter - in some cases it may be a formal shelter such as MEHWAR in Bethlehem, in other situations it may be taking a woman to another refugee camp where she is safe.
- Follow-up of a victim to ensure that she receives the services she needs in a timely manner is a challenge, especially in the first few months when several support services may be required simultaneously. Designated focal points from different departments/ organisations who meet regularly can provide continuity and a level of confidentiality. Designating individual lead responsibility for follow-up within an organisation can also help e.g. counsellor. Protocols for follow-up need to be understood by all involved. Administrative requirements such as completion of multiple forms should be avoided or kept to a minimum.
- An important distinction needs to be made between 'referral' or 'transfer' of a woman to another service provider. In the case of 'referral' the woman continues to be followed-up by the original organisation she approached for help, whereas if a woman is transferred to another service provider there is no follow-up.
- Community participation is essential given the sensitivity of the issue, the silence that surrounds VAW, and the virtual impunity for perpetrators. Community solutions and sanctions are key and there is need to work with influential people in the communities e.g. sheikhs, religious leaders. Similarly the role of the community is important in protecting the woman in the longer term.
- There is need for sustained commitment, financially and in terms of human resources, to support women over time (there is no quick fix). Systems, procedures and protocols may need to be revised. Any costs related to the referral system should be mainstreamed within budgets.

Section III. Innovation

Approaches to combating violence against women must be adapted to the local context. This is especially so for refugee women who often lack access to legal and security protection. Even where services exist, women may be implicitly excluded from protection e.g. through mobility restrictions imposed by the Israeli occupation, or restrictions on their movement by family members. Moreover, family honour, and the risk of shame and stigma, prevents many women from reporting abuse or taking action to stop the abuse. In such contexts, advancing ways of addressing violence against women requires new perspectives, partners and resources. This section highlights two such approaches: working with men, and the security sector.

Case Studies:

1. Working with Men: The experience of KAFA and Oxfam Great Britain in Lebanon

This case study highlights the issue that most development interventions on combating VAW have been targeted at supporting women. It argues that the adoption of a gender perspective would encourage organisations to work with men also – who are part of the problem but also the solution.

Many efforts have been made to address VAW with virtually a total focus on women and women's protection and awareness, but many would argue that there is little evidence that violence is reducing. The focus has been on women survivors of violence and includes interventions such as

shelter, counselling, and legal aid, raising awareness of women to report on violence, and empowering them to assert their legal rights. This 'women's perspective runs the risk that men's perspective is not understood; at best interventions that focus on inequality and women's rights implicate men rather than explicitly address them. In the Middle East, men dominate the private and public spheres (decision makers, legislators, community and religious leaders etc) and men hold the power to influence positive changes, or not. Failure to include them is referred to as 'the missing link' by a joint KAFA/Oxfam programme in Lebanon.

How to engage men?

The approach adopted in the Lebanon suggests a framework to build a discussion with women's organizations, as follows:

- i. Firstly, what is good about men in the society, and tries to understand the pressures on men e.g. they have an economic burden, and a security burden, but often no one listens to men. Adopting such an approach has brought male advocates/champions, for example it has helped the Women's Union in Yemen to recruit male lawyers and to form men's fora that help in advocating for ending violence against women, and the protection of women survivors of violence.
- ii. Secondly, the approach suggests sharing of experiences and learning that allows women's organizations to learn from best practices of working with men and boys. The programme found that some women's organizations invite/include men, but that overall their involvement

- is piece meal rather than systematic.
- iii. Thirdly, the approach suggests a framework of shifting the thinking in women's organizations towards considering the gendered role of men, which would facilitate a better understanding of masculinity in the region, and hence to eventually start to look at men as victims of violence and perpetrators who need to be helped. This approach suggests looking at men's roles rather than men's power to capture thinking on their needs, and to understand why they behave the way they do. Such an approach requires leadership and hence the engagement of religious leaders and members of the security forces is important.

Elements of the project

The project (now a programme) has developed an approach to mainstreaming men and boys in its work. This has several elements, as follows:

- i. Research on men's roles, burdens and their perceptions of violence and its causes.
- ii. Capacity building and the development of a training manual – the programme will launch the first Arab manual on engaging men.
- iii. Campaigning and the launch of the first white ribbon campaign in the Middle East to raise the voice of men as allies to end VAW.
- iv. Establishing men fora where men talk to men on VAW issues and its relation with different life aspects (economy- health etc).
- v. Learning and knowledge sharing – website, study tours.

Emerging results

- i. A male technical adviser has been recruited on the staff.
- ii. Production of the first regional training of trainer's manual on approaches and strategies to working with men on ending domestic violence.
- iii. A clinic for male perpetrators is being tested.
- iv. Project has now become a programme.
- v. Famous male figures are helping in advocacy (famous actors are challenging VAW on TV spots and billboards). This year as part of the 16 days of action on VAW all media campaigns will focus on men.

Challenges and Learning

- i. A key issue is in balancing the interests of both men and women, and it is important to ensure that involving men does not become an end in itself but that the focus remains on attaining women's rights.
- ii. Monitoring interventions to prove that working with men is an effective approach to end violence against women.
- iii. This approach requires efforts by women's organization to demonstrate that men and women will benefit when violence is ended (win-win approach) and a zero tolerance of violence is accepted.

2. Working with the security sector: Examples from Liberia and the Democratic Republic of Congo

This case study provides several examples of moving away from the negative attitude towards engaging with the armed forces and police to counter VAW, towards working with the security sector⁹ as partners.

Why work with the security sector?

Relying on the security sector to protect women's rights and women victims of violence has not been an option in many Arab countries. Such authorities are frequently not trusted by women, have low technical capacity, and in some cases may be perpetrators of violence and abuse against women. Women are reluctant to enter police stations (it is often not socially acceptable), and such stations lack facilities for privacy or confidentiality. Neither do they have the knowledge or networks to support referral to service providers.

On the other hand, this case study illustrates that there is great potential to work alongside the security forces such that they become partners in the fight to combat VAW. They are often the first to respond to instances of abuse and are an entry point to harnessing the security and justice system. They are a resource for taking action

against the perpetrator, and can create a secure environment to support a functioning referral system. They can provide protection for victims and evidence for prosecution.

What are the benefits?

In Liberia, *Women and Children Policing Stations* were established as small police units in rural areas where the incidence of VAW was high, and were staffed mainly by women officers. This resulted in the standardisation of the role of police as a resource to which women could report violence, and women police officers were recruited and trained to interact with women within the referral system thereby lowering the barriers to reporting.

In the Democratic Republic of Congo the incidence of VAW and rape is extremely high. In response, an intergovernmental task force on VAW established minimum standards for the provision of assistance at the community level and developed a national protocol for multi-sectoral assistance across medical, mental health, judicial and reintegration services. The outcome was a simplified referral mechanism that was more accessible for non-traditional actors (across the sector). The rules and responsibilities of each actor involved in the task force were agreed, including those for the security sector; and focal points were based in locations with the highest concentration of sexual violence survivors with responsibility for managing the referral path.

Challenges and Learning

Involving the Security Sector is paramount to a complete and collaborative referral system which protects victims and communities within a multi-sectoral approach. These actors need to be identified and have clearly delineated responsibilities. In addition, communities must understand how to contact security personnel for help with safety, security, and protection.

⁹ The 'security sector' includes traditional security actors such as the armed forces and police; oversight bodies such as the executive and legislature; justice and law enforcement institutions such as the judiciary and prisons; as well as non-state security providers. Security Sector Reform (SSR) aims to create a secure environment that is conducive to development, poverty reduction, good governance and, in particular, the growth of democratic states and institutions based on the rule of law. On going Security Sector Reform has in many cases been a complimentary process to the establishment of referral for SGBV

To be effective partners in the referral process, security actors must:

- i. Be trained on prevention of and response to VAW, including guiding principles; human rights and women's rights; and codes of conduct.
- ii. Be close to the community, be validated and trusted.
- iii. Include women staff.
- iv. Be accessible physically.
- v. Understand their mandate to protect the victim and the community.

How UNRWA could work with the Security Sector

The case study posits that UNRWA should aim to include the full participation of the security sector in its multi-sectoral approach to referral systems. This would necessitate undertaking the following actions:

- i. Clearly identify and map relevant security sector actors as potential partners.
- ii. Provide training for the security sector (prevention and response to VAW).
- iii. Standardize protocols for providing assistance to victims - what to do/who to contact.
- iv. Develop a system of incident reporting that protects the victim's privacy and confidentiality.
- v. Create a feedback loop to improve protection e.g. provision of information on areas that need more protection.
- vi. Establish new community security systems (i.e., neighbourhood watch teams or crisis response teams).

Summary: Learning from the challenges

Work with men

- Most of the focus tends to be on women with much less attention being given to addressing the underlying issues and involving men, understanding their perspectives and working with them to address women's rights. This poses a challenge to women's organisations to work with both men as well as women, and with community leaders.

Working with the police

- Measures need to be included to support the police to respond to VAW e.g. training, establishing protocols and guidelines for documentation, advocating for female police officers, spaces for privacy at family-friendly police stations. Awareness of the role of police may be required at community level to combat women's reluctance to report abuses to the police.

Annex 1: Workshop methodology and programme



“Community of practice in building referral systems” In UNRWA

**Amman 31st of March 2010
Kempinski Hotel**

What is a community of practice?

Communities of practice are formed by people who engage in a process of collective learning in a shared domain. 3 characteristics are important:

- The domain: interest and competencies;
- The community: members share joint activities and discussions;
- The practice: members are practitioners. They develop a shared repertoire of resources: experiences, stories, tools and ways of addressing recurring problems.

Objective of the workshop:

The primary objective of the day is to deepen learning within UNRWA on effective referral systems to respond to Violence against Women (VAW). UNRWA is striving to prevent and respond to VAW in its policies and its work, and this workshop is designed to facilitate sharing of experience, document learning and to promote good practice amongst UNRWA staff. The focus of the day is on practical experience, focusing on what works and why in referral systems, and how UNRWA can measure impact.

The specific objectives are:

- Consolidate the work being done on building the referrals system in UNRWA;
- Develop learning from the processes taking place.

Outcome of the workshop:

- Consolidated capacity within UNRWA;
- Lessons learned developed and documented.

Methodology:

Roundtables to present and discuss in depth building referral system; the roundtables are aimed to be focused, generate interactions and encourage learning. A set of questions is defined for each roundtable to guide the process (presentations and debate).

Participation from UNRWA fields, successful experiences in the region (NGOs, UN agencies, national and public structures) and academic support to contribute to the debate; significant time has been allotted for plenary discussion and active participation by all staff is expected.

Contract an external consultant for summarizing the workshop and preparing a document on lessons learned.

Participants: 36 persons.

- UNRWA fields and programmes staff working on referral systems and GBV.
- Experts and representatives from UN agencies and organizations with experiences on building referral systems;
- Expert to develop a document on “Lessons Learned”.

Program

8h00-8h30: Introduction and settling the objectives of the workshop

8h30 – 10h30: Round table 1: Building Referral Systems

Building referral system:

What were the approaches / Methodologies?

How did you did it and why this way?

What worked, and why? (Mention 2-3 aspects)

What did not work, and why? (Mention 1-2 aspects).

Moderator: Rana Zawawi Chief Social Services

Presentations (1 hour)

UNRWA experiences:

1- GFO, Sana Ulliyan

2- WB, Dr Umayah Khammash

UN Agencies

1- UNHCR: Zaida Jaadan

National experiences:

1- Building the Palestinian Referral system by Ms Manal Jubeh from WCLAC

2- Building the Jordanian Referral system by Diane Shalabi from Jordanian National Women Commission

Plenary 1 hour for discussions

Coffee Break 10h30-10h45

10h45 – 12h45 Round table 2: Providing services to victims of violence

Providing services to victims of violence

What are the challenges met in providing services to women victims of violence?

How are we dealing with them?

How are we working with/coordinating with other services providers?

Give 1-2 examples of successes/less success.

Moderator: Rania Sinjlawi WCLAC

Presentations (1 hour)

Counselling women victims of violence

- 1-Loay Fawadleh WB CMHP
- 2- Maysoon Shaltout Gaza CMHP
- 3- Anan Sroor from the Palestinian Counselling Centre

Providing legal advice to women victims of violence:

- 1- Mona Salahat Legal Advice Bureau in JFO
- 2- Aicha Takhzent the experience of the legal advice bureau in SFO;

Providing social intervention to women victims of violence:

- 1- Usaima Umar from SFO

Plenary 1 hour for discussions

13h00- 14h00 Lunch

14.00 – 15.00: Roundtable 3: Follow up, monitoring and measuring the impact

Follow up, monitoring and measuring the impact

How the follow up of the victims is done?

Challenges and opportunities in coordinating services (internally and externally);

How do we evaluate the adequacy of the provided services? (clients' satisfaction)

Moderator: Diana Shalabi Complaints' Unit Manager, the Jordanian National Commission for Women.

Presentations (30 minutes)

- 1- Follow up of referred persons in WCLAC by Ms. Hiyam Qaaqoor Head of Services Department in WCLAC
- 2- Gaza plan for database by Sana Ulliyani

30 minutes for plenary discussions

15h00 – 16h00: Roundtable 4: Building innovative preventing programmes

Building innovative prevention programmes

What is the rationale of the preventive program?

What is the impact of these programs?

What made them successful? How the challenges were overcome?

Moderator: Dr Umayyeh Khammash Chief Health WB field office

Presentations (40 minutes)

- 1- Working with men Ghada Anani KAFA
- 2- Educational groups Gaza / Equality in Action by Sana Ulliyani
- 3- Working with religious leaders by Aref Sheikh UNIFEM Syria
- 4- Working with the security sector by Kristen Cordell NMU Lebanon

30 minutes for plenary discussion

Conclusion / Closure 16.30

Annex II: Workshop participants

Abu-Dhiab Khawla	Field Nursing Officer	UNRWA West Bank Field Office
Albanese Francesca	Legal Officer	UNRWA Headquarters Jerusalem
Dr Al Tahar Anwar	Field Family Health Officer	UNRWA Jordan Field Office
Anani Ghida	Programme Coordinator	KAFA Lebanon
Bonzi Rea	Gender Officer	UNRWA West Bank Field Office
Brailsford Mark	Senior Protection Coordinator	UNRWA Headquarters Jerusalem
Cordell Kristen	Gender Advisor	UNRWA North Management Unit Lebanon
El Arabi Hind	Women Programme Officer	UNRWA Gaza Field Office
Fawadleh Loay	Supervisor, CMHP	UNRWA West Bank Field Office
Dr Hababeh Majed	Maternal and Child Health Officer	UNRWA Headquarters Amman
Hadweh Amel	Project Coordinator MDG Achievements Fund	UNRWA West Bank Field Office
Dr Halila Samia		Birzeit University
Hattab Menan	Field M&E Officer	UNRWA Jordan Field Office
Hutton David	Field Programme Support Officer	UNRWA West Bank Field Office
Jadaan Zaina	Assistant Protection Officer	UNHCR Jordan
Jbour Randa	Field Social Service Officer	UNRWA Jordan Field Office
Dr Jelassi Sana	Senior Gender Advisor	UNRWA Headquarters Amman
Jennings Mary	Consultant	
Jubeh Manal	Director of Integration Programme	WCLAC
Dr Khammesh Umayy	Chief Health Programme	UNRWA West Bank Field Office
Khan Dawood	Associate Gender Officer	UNRWA Headquarters Amman
Madyeh Lubna	Acting Chief RSSP	UNRWA West Bank Field Office
Masoud Reema	Disabilities and Gender Specialist	UNRWA Headquarters Amman
Obeid Maysoun	Field Lab Services Officer	UNRWA West Bank Field Office
O'Neil Michael	Senior Investigator	UNRWA Headquarters Amman
Qaaqour Hiyam	Head of Services Department	WCLAC
Saadeh Launa Elias Jamil	Consultant	UNIFEM oPt
Salahat Mona	Lawyer	WPC Wehdad Camp
Salameh Rudaina	Field Nurse Officer	UNRWA Syria Field Office
Sandouka Rihab	Director of Helath and Social Development Programme	Juzoor
Shalabi Diana	Complaints Unit Manager	Jordanian National Women Commission
Shaloot Maysoun	Supervisor, CMHP	UNRWA Gaza Field Office
Sheikh Aref	Coordinator	UNIFEM Syria
Sinjilawy Rania	Coordinator Takamol Programme	WCLAC
Srou Anan	Director Clinical Department	Palestinian Counselling Centre
Stryk Robert	Coordinator PCSU	UNRWA Headquarters Amman
Takhzent Aycheh	Women Programme	UNRWA Syria Field Office

Ulliyana Sana

Umar Usaima

Zawawi Rana

Officer
Gender Mainstreaming
Officer
A/ARSSO Palestinian Iraqi
Project
Chief Social Services
Division

UNRWA Gaza Field Office

UNRWA Syria Field Office

UNRWA Headquarters Amman

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