



SGBV SUB-WORKING GROUP – Southeast Turkey

Meeting Minutes – December 14, 2016

Meeting subject:	SGBV Case Management System
Time & location:	December 14, 1:00pm
Chaired by:	Terra MacKinnon & Bora Ozbek
Minutes prepared by:	Basak Boyoglu and Terra MacKinnon
Participants:	ASAM, CARE, Concern, DRC, UTBA, IMC, IOM, TRC, UNICEF, UNHCR, UNFPA, YUVA, University of Warwick
	<ol style="list-style-type: none"> 1. Administrative follow up 2. Review ‘hubs’ suggested by the PWG 3. Identify one lead SGBV case management agency per hub 4. Identify one lead child survivor case management agency per hub 5. Map out the SGBV case management referral pathways for Gaziantep, Hatay and Sanliurfa

MEETING HIGH LEVEL ISSUES

1. SGBV SWG members were satisfied with the suggested hubs with the below suggestions made for focal point agencies for SGBV and child survivor case management. The provincial Bar Associations were noted as focal points for legal referrals and IOM as the focal point for trafficking case referral in all locations.
 - Adana & Osmaniye – ASAM (SGBV) Alfarah (child survivor)
 - Gaziantep - ASAM (SGBV) Alfarah (child survivor)
 - Hatay – DRC (SGBV and child survivor)
 - Kilis - DRC (SGBV and child survivor)
 - Malatya, K.maras & Adiyaman - DRC (SGBV and child survivor)
 - Mardin – TBD
 - Sanliurfa - DRC (SGBV and child survivor)
2. Member organizations volunteered to complete full SGBV referral pathway (case management, medical, legal and PSS) drafts for Kilis (DRC), Hatay (YUVA), Gaziantep (ASAM) and Sanliurfa (DRC) by December 23.



AGENDA POINT	DISCUSSION
1. Administrative follow up	Nothing raised.
2. Review 'hubs' suggested by the PWG	The proposed hub system was reviewed with an opportunity for further input from SGBV actors, from their sub-sector point of view. It was agreed that this was an acceptable starting point (i.e. better to start with fewer hubs and create more if needed than the reverse).
3. Identify one lead SGBV case management agency per hub	<p>Group members worked in teams according to area of operation to identify a suggested focal point organization for SGBV case management referrals. It is understood that the focal point organization is:</p> <ol style="list-style-type: none"> 1. Chosen according to scope of capacity, having the widest area of geographic coverage, technical expertise and profile of beneficiaries. 2. An entry point to the case management system, not necessarily a final stop. 3. Will dispatch referrals to other organizations according to their respective area of operation and specialization. <p>In line with this, the group work resulted in the following suggested SGBV case management organizations per hub:</p> <ul style="list-style-type: none"> • Adana & Osmaniye – ASAM • Gaziantep - ASAM • Hatay – DRC • Kilis - DRC • Malatya, K.maras & Adiyaman - DRC • Mardin – TBD • Sanliurfa - DRC <p>It was noted that the Bar Associations can be focal points for legal referrals and IOM has newly developing capacity and expertise for managing trafficking cases. Additional complimentary capacity was noted for:</p> <ul style="list-style-type: none"> • Hatay – clinical management of rape capacity in Kirikhan • Samliurfa – IMPR women and girls centre with excellent capacity, but excludes access for men and boys, so DRC preferred as the focal point due to wider scope of profiles that can be accepted • Kilis – IMC and TRC are recognized as actors with capacity in addition, and complimentary to, the focal point organization

<p>4. Identify one lead child survivor case management agency per hub</p>	<p>The groups also worked to determine recommendations for child survivor case management focal point organizations per hub:</p> <ul style="list-style-type: none"> • Adana & Osmaniye – Alfarah • Gaziantep - Alfarah • Hatay – DRC • Kilis - DRC • Malatya, K.maras & Adiyaman - DRC • Mardin – TBD • Sanliurfa - DRC
<p>5. Map out the SGBV case management referral pathways for Gaziantep, Hatay and Sanliurfa</p>	<p>The group discussed at length how cases would move through the system if using focal point organizations as a gateway. It was understood that the focal points are most useful for organizations outside of protection (i.e. other sectors), new to the operation or from another geographic location as these are actors that do not have knowledge of protection actors or services. Actors within protection already have their own networks for referrals, which they can continue to use with the focal point system.</p> <p>The group also discussed the availability of services within SGBV case management, specifically psychosocial support (PSS), medical and legal services. There was not enough time to complete full mapping of these SGBV case management referral pathways within the meeting, but three organizations (ASAM, DRC and YUVA) volunteered to complete these for the top four priority hubs (Kilis, Hatay, Gaziantep and Sanliurfa) by December 23. UNFPA likewise volunteered to follow up with information on medical centres that have received both post-rape kits and staff training on clinical management of rape (CMR).</p>

ACTION POINTS SUMMARY				
No.	Action	Responsible	Deadline	Status
1	Using the referral pathway template from the (soon to be endorsed) national standard operating procedures (SOPs) on SGBV case management, complete the SGBV referral pathway for support services for the top four priority hubs (Kilis, Hatay, Gaziantep and	DRC (Kilis & Sanliurfa) ASAM (Gaziantep) YUVA (Hatay)	Dec. 23	



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2	Collect and share information on medical facilities that have post-rape kits and/or have had medical staff trained on the clinical management of rape (CMR).	UNFPA	Jan. 2	
3	Following up with suggested focal point organizations to see their interest/ability to take up role.	WG co-chairs	Jan. 30	