Aawaz II
Referral Information
Standard Operating Procedures
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# Acronyms

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<tr>
<td>AAC</td>
<td>Aawaz Aagahi Centre</td>
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<td>AJK</td>
<td>Azad Jammu &amp; Kashmir</td>
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<td>CL</td>
<td>Child Labour</td>
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<td>CCAPs</td>
<td>Collective Community Action Plans</td>
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<td>EFM</td>
<td>Early and Forced Marriage</td>
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<tr>
<td>FCDO</td>
<td>Foreign, Commonwealth and Development Office</td>
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<tr>
<td>GB</td>
<td>Gilgit Baltistan</td>
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<td>GBV</td>
<td>Gender-based Violence</td>
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<td>KP</td>
<td>Khyber Pakhtunkhwa</td>
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<td>OTs</td>
<td>Outreach Teams</td>
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<td>RPs</td>
<td>Resource Persons</td>
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<td>SAPs</td>
<td>Social Action Projects</td>
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<td>VAW</td>
<td>Violence Against Women</td>
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1. Introduction

1.1. About the Programme
Aawaz II is a five-year programme working with local communities in 45 districts of Khyber Pakhtunkhwa (KP) and Punjab to promote the rights of children, women, youth, and other marginalised groups to facilitate and strengthen their development. Aawaz II aims to provide information referrals, facilitate citizen-state engagement for uptake of services and enhance the capacities of local communities. In Phase I (January 2020 - December 2021), Aawaz II is working with civil society organisations to implement community-based interventions in 22 selected districts of KP and Punjab.

Through these downstream partners, Aawaz II has established community forums and Aagahi Centres to augment and strengthen the voice of the marginalised individuals/groups. The communities will be provided access to referrals and information through Aawaz Aagahi Centres (AACs), and Village and District Forums. The transformative effect of increased awareness and information, and the provision of training, support and linkages will result in a sustainable change within communities. Strong engagement with young people driving this change through their collective social action and direct support of community fora will ensure long-term ownership and sustainability of the behaviour change.

1.2. Aawaz Aagahi Centres (AACs)
Tehsil AACs have been set up in 66 tehsils of the 22 selected districts of KP and Punjab in the first phase. The role of AACs is noted below:

- AACs serve as information and referral hubs and encourage community members to access the centres for information.
- AACs disseminate information on rights, legal provision and available services and structures related to program themes.
- Through Outreach Teams (OTs), AACs support the processes of community mobilisation, capacity building and behaviour change to address the issues of exploitation. They focus particularly on child labour, early and forced marriage, GBV and intolerance, by preempting community-based conflicts and raising informed demands for services and activities.
- AACs facilitate community dialogue with different stakeholders and lead on referrals and linkages with a range of service providers.
- AACs engage in advocacy and behaviour change campaigns, and support village forums and Aawaz Change Agents (ACAs) in the implementation of collective community action plans (CCAPs) and social action projects (SAPs).

The AACs play a key role in facilitating citizens in Aawaz II communities in receiving up-to-date information on mandated government services and structures (particularly related to Aawaz II themes), receiving referrals to specific services, and accessing those services.
The AAC-facilitated referrals are a proactive mechanism to:

- Provide information about service providers (mandated and non-mandated organisations) to information-seeking citizens and partner communities.
- Provide referrals to citizens and partner communities to obtain services for addressing issues and concerns.
- Follow-up with citizens who accessed services and collect feedback from citizens and partner communities on the use of services, the effectiveness of referrals for follow-up and a further improvement in delivery.
- Provide feedback to service providers for delivery improvements through the District Forum or the district team.

The SOPs in this document specifically cover aspects of referrals, information dissemination and recordkeeping and data management.

### 1.3. Rationale and Objective of SOPs

Research and field experiences from countries around the world demonstrate that the provision of essential services, particularly how these services are provided, influences the demand for accessing services, especially in marginalised and vulnerable groups. Information, support, and referral to services (legal, shelter, police, and financial aid) are basic globally recognised rights of individuals, which also requires putting in place minimum standards for providing such information.

This is particularly important in the context of Aawaz II as the vulnerable population in the catchment areas of the AACs have a wide array of needs that cut across multiple sectors, requiring referral to different service-providing entities. During the preparation of these SOPs, the consultations with AACs and district teams endorsed the need for ensuring minimum standards in referral pathways for the thematic areas covered in the Aawaz II Programme. These include child labour (CL), early and forced marriage (EFM), and gender-based violence (GBV). The consultations further suggested that the SOPs should differentiate referral cases from early warning and response mechanism cases.

Recognising these needs, these SOPs support the AACs to ensure the minimum standards in assisting beneficiaries, who seek referral services through AACs. More specifically, the objectives of developing the referral SOPs are to:

- provide guidelines for establishing structured and efficient referral pathways to relevant mandated and non-mandated services and structures at sub-district and district level.
- adopt a beneficiary-centered approach to referrals.
- provide the opportunity to AAC surrounding communities to record their feedback about the Aawaz II Programme in their village. Beneficiaries could also make suggestions for improvement in AAC.
• integrate the continuum of services required in ensuring effective referral information such as referral advice, reporting, recording and follow up.
• provide guidelines on interaction with citizens/beneficiaries.
• present easy-to-use templates for recording, reporting and follow-up with beneficiaries.

The SOPs will guide the AAC resource persons (RPs) and AAC coordinators to deal with walk-in beneficiaries, beneficiaries who contact the AAC through phone, or social media and potential beneficiaries who are referred to the AACs. The SOPs are designed to be used in parallel with existing resources related to the Aawaz II Programme.

1.4. Intended Audience

The primary audience of these SOPs is AAC staff, including RPs and AAC Coordinators working within AAC Centres. It is anticipated that the SOPs on referral mechanism will be used in 66 AACs in 22 districts of KP and Punjab in the first phase.
2. Referral SOPs

This section will focus on the AACs’ role in providing referral pathways against the key themes of the Aawaz II Programme - the referral pathways can also be used in instances where the community members seek services related to other pertinent issues. The focus of the SOPs is on the continuum of service for the beneficiaries starting from their first point of contact till the feedback stage.

To do this, the SOPs use a four-step comprehensive framework for providing referral services referred to as GARF (Greet, Assess, Refer, Follow-Up). The framework covers all aspects of engagement with the beneficiary including comforting the beneficiary as they approach the AAC; assessing the inquiries/concerns raised by the beneficiary; advising the beneficiary on referral pathways in the area; and following up with the beneficiary on the services procured by them. The GARF framework is illustrated in the figure below:

![Figure 1: The GARF Framework](image)

2.1. Information Referral Guidelines

Whenever AAC RP receives a call or a beneficiary visits the centre (i.e., walk-in beneficiary) to avail services, the following protocols should be followed:

2.1.1. Greet

1. Welcome the beneficiary using local greetings (for example, by saying “As-Salaam-Alaikum”).
2. Greet and make the beneficiary comfortable.
3. Introduce yourself with your first name.
4. Request the beneficiary to introduce themselves by name.
5. Explain who you are, what the AAC does and the available services. Develop confidence and trust of the beneficiary.
6. Where possible, arrange a separate room for the beneficiary to be seated.
7. Ensure that a female AAC RP is arranged to deal with a female beneficiary.
8. **After a rapport has been established** request the beneficiary's permission to record key information.
   (enter these details in forms available in Annex 3 & 4). Too many questions right at the beginning can make the beneficiary uncomfortable.
9. If a beneficiary refuses to give or record personal data and contact information, then do not insist (s/he may be willing to give information in the end).
10. Provide the beneficiary with sufficient time, free of noise and interruptions, to discuss their need.
11. Let the beneficiary narrate their story the way they want, and document it in their own words where possible (do not take anything for granted and/or use your judgment when reporting).
12. Do not pressurise the beneficiary to say everything quickly; let them proceed at their pace in explaining their needs.
13. During the discussion, use a calm tone and ensure that the beneficiary feels comfortable and respected.
14. Do not interrupt.
15. Listen quietly and carefully. Only ask questions related to form completion and identification of service.
16. Be compassionate and do not display any judgmental, stigmatising, biased, discriminatory or “blame the victim” attitudes, particularly related to the beneficiary's age, religion, sect, language, class, disability, gender/sexuality, etc. Do not ask probing questions that are not related to the data required for documenting the referral.
17. Provide encouragement and support towards women beneficiaries who disclose accounts of any type of abuse. If the women are accompanied by children, ensure that they are seated with a colleague in another room ensuring safeguarding. **DO not ask children to affirm the abuse suffered by the female they are accompanying.**
18. **Provide Information leaflets to explain their basic rights and establish trust**.
19. Neither invite the beneficiary to your own home nor agree to visit the home of your beneficiary and/or their friends/family.
20. **Ensure safeguarding**, which is protecting people from unintended harm, focusing on preventing and responding to harm caused by sexual exploitation, abuse, harassment [SEAH] or bullying. Have a look at the safeguarding section (Section 4) of the AAC Handbook which emphasizes that:
   19.1. all individuals shall be treated equally, irrespective of race, gender, religion/no religion, sexual orientation or disability.
   19.2. no harm should be caused to beneficiaries by any action of the implementing organisation.
   19.3. activities and interventions of any program should be beneficial to target groups rather than causing any trouble or inconvenience to them.
21. Do not share your private phone number with the beneficiary.

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1 Mechanism for Screening and Referral (https://www.refworld.org/pdfid/5804e0f44.pdf)
2.1.2. Assess

1. Listen carefully to the concern(s) shared by the beneficiary and assess the nature of the case. Tick the relevant category in AAC Form-007 & 009 of AAC Handbook Annexures² (Annex-3 & 4) based on your assessment.

2. Explain the purpose and the intended use of the information collection³:

   - Child labour
   - GBV
   - Early/forced marriages
   - Transgender persons related issue
   - PWD related issue
   - Minorities related issue
   - COVID-19 related information/services
   - Other (please specify).

3. Assess the immediate needs of the beneficiary; pay special attention to the immediate safety concerns and risks faced by the beneficiary.

4. Assess the psychological needs of the beneficiary; pay special attention to the signs of psychological distress/disorder demonstrated by the beneficiary as these may point to psychological needs.

5. If the case relates to GBV and the beneficiary comes with someone else, identify a colleague to engage with the accompanying person, while you conduct a private and confidential discussion with the beneficiary.

6. Assess the sensitive cases involving women and children who report violence with extreme care and delicacy. Children should not be questioned. Such cases should immediately be referred to the relevant services or escalated to the district manager for taking up with relevant district forum members.

7. Specifically, in the case of children, the case related to children, ensure children are protected from violence, from being forced or induced to act against their will and from fear of such abuse.

   7.1. Providing emotional support by demonstrating a caring attitude towards the survivor/child;
   7.2. Ensure appropriate confidentiality.

8. Ensure the child/caregiver is the primary actor so involve them in all aspects of service delivery.

9. Provide information to the child/caregiver to allow him/her make informed choices; obtain informed consent from the child/caregiver before sharing any information.

10. Take the permission from the beneficiary to document their information and assure them that their data will not be shared with anyone – it will be only used for follow-up purposes.

11. Ensure that the following forms are complete: Consent for Sharing Information, AAC Visitor Form, Referral Record at AAC Level (available in Annex 1,3 & 4), Ensure that contact number of the beneficiary or his family member/friend is taken for follow-up and feedback.

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² Refer to Section 6.1 (Table 26) in the AAC Handbook to gauge whether the survivor is falling in any category of the categories including Child Labour, Early, and Forced Marriage, Gender-Based Violence.

³ [https://reliefweb.int/sites/reliefweb.int/files/resources/interagency_referral_standard_operating_procedures.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/interagency_referral_standard_operating_procedures.pdf)
12. Identify the service/agency that can respond to this need. This information can be found in the service providers’ mapping.

2.1.3. Referral Information

1. After assessing the case, identify possible options from the referral directory and give clear and comprehensive information to the beneficiary.

2. Be empathetic in explaining the procedures and avoid using technical jargon. Use simple local language to explain patiently and slowly. Ask beneficiaries if they have understood and repeat as many times as required.

3. To manage expectations, orient them within your services.

4. Provide information on services/facilities available at Tehsil and District level for a Covid-19 response, legal support, shelter, child-care, violence, Health assistance, assistive devices (for PWDs), Baitul Mal/Ehsaas program for financial assistance, other services. Providing multiple referral options is important because a beneficiary may not be comfortable with a specific service provider or most services are not available at the tehsil level so they might go at the district or provincial level.

5. If the beneficiary requires more information and/or legal aid, consult the referral directory to provide further details. Do not raise expectations with the beneficiaries and be clear on the threshold of services available in the area. Most services are not available by both mandated and non-mandated services providers, who are already limited in number, hence give them information about services available at the province level.

6. Providing multiple referral options is important because a beneficiary may not be comfortable with a specific service provider or most services are not available at tehsil level so they might go at the district or provincial level.

7. Do not pressurise the beneficiary to opt for a specific service based on your religious beliefs and/or social norms. Immediate action will be taken against AAC RP who are found guilty of influencing the beneficiaries and/or are found guilty of misconduct/abuse of power.

8. In cases where a beneficiary is accompanied by a community representative (teacher, lady health worker, peers, friends, etc.), ensure that the accompanying individual is separately informed of all the services available. This is important because the accompanying individual may be the only person that the beneficiary trusts. This does not apply in cases of gender-based violence where there is a possibility that the accompanying individual may be the abuser of the beneficiary.

9. Always allow the beneficiary to make their own choice(s) in accessing the available services. The beneficiary may choose one of the following options:

   9.1. The beneficiary will identify the relevant service provider and will go there themselves.

   9.2. The beneficiary will request you to suggest the best service provider. In such cases, politely repeat that all providers are government services and or services that are recognised by the government.

   9.3. The beneficiary will request you to refer them to a service provider. The AAC RP is not expected to talk to any service provider on behalf of a beneficiary. In cases of extreme urgency or extreme gender-based violence, request the District Manager and the AAC Coordinator to contact the service provider, where possible

   9.4. The beneficiary will request you to accompany them to a service provider. In this such cases, assess the situation and if it imposes an immediate danger to the beneficiary and/or
requires urgent action, escalate the matter to the AAC Coordinator for necessary action(s). The AAC RP is not expected to manage cases or accompany the beneficiaries to the service providers.

10. Do not influence the beneficiary, through expressions or non-verbal cues, to change the decision⁴.

11. Document the referral services opted by the beneficiary in the AAC Visitor Form (available in Annex-3).

12. Give office number to the beneficiary and also give the name of your immediate supervisor. This is because s/he can contact you in case of need or can talk to someone else in case of need and if he wants to give feedback about you to your supervisor.

13. Provide a copy of the referral report form to the beneficiary which includes the office number of AAC as well.

14. If s/he or anyone in his family does not have a mobile phone, ask him/her to come back to office after one week, so that he can give you feedback.

2.1.4. Follow-up

1. After a referral, ensure proper follow-up of the case and resolve issues that may arise for the beneficiary (however, be aware that the primary responsibility of providing care is vested with the service provider).

2. If beneficiary insists (during 1st visit) and request you to call the respective service provider, you may escalate this to AAC Coordinator, and s/he can talk to the respective service provider for this specific beneficiary.

3. Contact the beneficiary via phone call after three days of their visit to follow up on their case. Use the Referral Report Form as a reference document. Based on the details received during the call, note actions taken i.e. whether the referral must either be further pursued, revised, or closed.


5. During follow-up, if the beneficiary mentions that the service provider did not provide adequate help, note the reason(s) Referral Report Form and communicate the same to the AAC Coordinator for this matter to be raised at the appropriate forum.

6. Ask the beneficiary whether they need more information on alternate service providers to address their issues.

7. Continue to follow up with the beneficiary every week until their issue is resolved and/or the beneficiary is satisfied with the services.

8. Close the case when the issue has been resolved and/or the beneficiary is satisfied with the service and asks for the case to be closed. Fill in the Closure Form (available in Annex-2) to document the closure of the case. The closure form will be filled only for cases where access to services took place.

9. After case closure, seek feedback from the beneficiary regarding their satisfaction with the service. Document the feedback.

10. During the case and especially after its closure, maintain the confidentiality of the beneficiary’s information - their name, address and any other identifying information must not be

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discussed/shared with any other institution or other program staff except as specified. Please refer to the data management and confidentiality sections of the AAC handbook.

11. In cases where the AACs are required to visit communities (with OTs) to meet vulnerable groups, such interactions must be kept discreet. The visiting member(s) must be cautious and should interact with groups rather than individuals.

2.2. Additional Guidelines for Serious GBV and Child Concerns

While the GARF framework is equally important in dealing with all beneficiaries who seek referral information, there are some special considerations and interaction protocols for interaction with GBV cases survivors, child protection concerns; critical medical condition; survivors of torture and/or inhumane or degrading treatment; victims of trafficking and other forms of exploitation. The initial response of the AAC RP towards the GBV survivor (beneficiary) is critical as it sets the tone of the discussions and is a key determining factor in building the trust of the beneficiary towards the AAC RP. The main job of the AAC RP at this point is to facilitate communication by encouraging and empowering the beneficiary to feel at ease and assuring them that they did the right thing by seeking referral services. The following are some guidelines for dealing with beneficiaries of GBV cases:

1. Appreciate the beneficiary for reporting the case; for example, by saying, “It was brave of you to seek support.”
2. Orient the beneficiary about the existing laws which will protect them.
3. Ask all (open-ended and close-ended) questions gently.
4. Assess the risks faced by the beneficiary, by asking targeted questions such as, “Do you think that you are in immediate danger?” “What are you most worried about in this situation?” Do not probe for details about the violence.
5. Gain a full understanding of the expected behaviours and social norms for girls and boys of different ages and take these into account when giving information referrals.
6. Avoid restricting services and benefits to specific categories of children or families, e.g., separated children.
7. Involve the beneficiary in deciding which type of services are needed. Ask, would you like to consult with a health provider, a lawyer, or a shelter?
8. Consult the referral directory for the referral of services (related to health, legal aid, livelihood/psychological needs, safe shelter), and empower the beneficiary by encouraging them to make their own decisions regarding the referral services. The possible referral pathways for cases of GBV are illustrated in the figure below:

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5 https://reliefweb.int/sites/reliefweb.int/files/resources/interagency_referral_standard_operating_procedures.pdf
6 https://reliefweb.int/sites/reliefweb.int/files/resources/CPSGBVSOP_Book1english-1.pdf
Figure 2: Possible Referral Pathway for GBV/Assault Cases
3. Data Management

It is important to maintain data of all beneficiaries who approach the AAC to seek referral services. The guidelines for data collection and record-keeping are presented below:

1. AAC RP will maintain a logbook by using AAC Form-007 (Annex 3); to keep a record of all the calls received or walk-in beneficiaries. Each beneficiary (call-in or walk-in) should be given a unique ID number in the logbook and all forms related to the person should note that number on the top. Transfer the log to a soft file daily. Ask Name purpose of the visit first, then follow up with the remaining questions regarding sex/age/religion, PWD status etc.

<table>
<thead>
<tr>
<th>#</th>
<th>Name of visitor</th>
<th>Sex (M-F-Mix)</th>
<th>Age</th>
<th>Religion (Islam Christianity, Hinduism, Sikhism, other)</th>
<th>PWD (Yes/No/N/A) -Type (Visual (Blind)-, Hearing &amp; Speech, Physical, Cognitive/Mental)</th>
<th>Contact Number</th>
<th>Location, Village, UC Tehsil</th>
<th>Purpose of Visit/Key Issue</th>
<th>Information Referral</th>
<th>Other Consent Form Signed</th>
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2. Once the form has been filled and uploaded as a soft file with the unique ID number given to each beneficiary, it should be updated with all information and relevant documents related to the beneficiary’s case.

3. It is possible that someone doesn’t want to disclose his/her identity so this form may not be filled fully, but a certain section of this form must be filled by AAC RP based on available information.

4. The following forms will be used to collect and document data and maintained in that file; Consent for Sharing Information (Annex 1), Closure Form (Annex 2), AAC Visitor Form (Form-007 of AAC Handbook Annexures: Annex 3), Referral Record at AACs Level (Form-009 of AAC Handbook Annexures; Annex 4) and Referral Beneficiary Feedback Form (Form-010 of AAC Handbook Annexures; Annex 5).
5. The AAC RP is to acquire maximum information (depending upon) the scenario (if a person is willing to give information).

6. Document the entire process of referral services, including the information gathered during the follow-up, in the beneficiary’s file.

7. Ensure that the information is entered digitally on a computerized software by assigning a unique code to the beneficiary to keep their information confidential. If this is not possible, initially, fill information in the prescribed template manually. At a later stage, enter the information digitally. For security purposes, the hard copies of the forms must be stored in a secure location.

8. All personally identifiable information must be carefully collected, analysed, managed, stored and disposed of, and only information that is needed should be shared with relevant staff of the referring organisation and the accepting organisation.

9. Ensure that only the AAC Coordinator has access to the data of all beneficiaries.

10. AAC Coordinator shall conduct weekly meetings with AAC RP to review referrals and their progress. The minutes of the meeting should be documented.

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7https://reliefweb.int/sites/reliefweb.int/files/resources/interagency_referral_standard_operating_procedures.pdf
4. Maintaining Referral Directories

It is imperative to regularly follow and document specialized services in the area and keep updating the referral directories. The guidelines for maintaining and updating referral directories are presented below:

1. Referral directories include mainly government services. Where non-government service providers are included, these should be those recognised as credible service providers by the district administration (check with relevant departments) and by the community. Ensure that the referral directories only include those non-mandated service providers who are sensitive towards the targeted issues and have a commitment to work with people without discrimination of class, gender, race, and ethnicity.

2. Include referral information that is specific to PWDs, transgender and minorities. For example, service providers that have expertise in working with transgender persons, or with PWDs, or with minorities.

3. Gather up-to-date information, every quarter, about the service providers (and their focal points) who are working on themes relevant to Aawaz II.

4. Identify institutions in the area that provide services that are relevant for vulnerable individuals/groups who may experience violence. This list, which should be revised quarterly, may include medical, psychological, social, and legal organisations, as well as local police contacts.

5. In updating the referral directories, consider including institutions that address secondary issues related to violence, such as alcohol and drug abuse, as well as those that offer services for children who have experienced or have been exposed to violence. In some cases, discussions with these institutions may assist in providing details of other local institutions that can be included in the referral directories.

6. Develop a clear understanding of the different mandates, responsibilities, and priorities of different service providers and update the referral directories accordingly.

7. Categorise the referral directory according to various service themes and service providers.

8. Maintain a good working relationship with the providers included in the referral directories and ensure they are informed and aware of the AAC. Ensure that the service providers are informed about the referral directory and its purpose.

9. Place the referral directories and its copies in a common place such that the document is easily accessible for all staff members.
5. **Key Terms and Phrases**

- **Child labour**: work performed by a child which is detrimental to her/his health, educational, physical, mental, spiritual, moral, physical, or social development. According to the Punjab Restriction on Employment of Children Ordinance/Punjab Prohibition of Child Labour at Brick Kilns and the Khyber Pakhtunkhwa Prohibition of Employment of Children Act, Section 21 of the Khyber Pakhtunkhwa Shops and Establishments Act, the minimum age for children working in hazardous zones is 18 years and 19 years respectively and the minimum age for working is 15 years.

- **Children without parent/caregiver care**: all children not living in the overnight care of at least one of their parents/caregivers, for whatever reason, and under whatever circumstances. Children without parent/caregiver who are outside their country of habitual residence or victims of emergencies may be designated as unaccompanied or separated.

- **Confidentiality**: an ethical principle associated with the medical and social service professions. Maintaining confidentiality requires that service providers protect information gathered about beneficiaries and agree only to share information about a beneficiary’s case with their explicit permission. To maintain confidentiality, all written information is kept in locked files and only non-identifying information is illustrated on case files.

- **Denial of resources, opportunities, or services**: denial of rightful access to economic resources/assets or livelihood opportunities, education, health, or other social services. Examples include a widow prevented from receiving an inheritance; earnings forcibly taken by an intimate partner/spouse or family member; a woman/man prevented from using contraceptives; a girl/boy prevented from attending school etc. Reports of general poverty should not be recorded under this criterion.

- **Domestic Violence**: includes, but is not limited to, all acts of physical or psychological abuse committed against women, children, or other vulnerable person(s), with whom the perpetrator is or has been in a domestic relationship.

- **Early and Forced Marriage (EFM)**: the marriage of an individual against her/his will. This also includes “early marriage” which is any marriage under the age of 18. The Child Marriage Restraint Act, 1929 was the primary law adopted in Pakistan in 1947 and is applicable in ICT, KP, Balochistan, G-B and AJK. The law sets the legal age of marriage at 16 for girls and at 18 for boys. Whereas Punjab has retained the legal marriage age at 16 years for girls and 18 for boys and introduced a clause declaring underage marriage as a bailable offense.

- **Gender**: the socially ascribed differences between men and women that are learned, and often deeply rooted in a culture. These social determinants change over time and have wide variations both within and between cultures.

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8 [https://resourcecentre.savethechildren.net/sites/default/files/documents/5447.pdf](https://resourcecentre.savethechildren.net/sites/default/files/documents/5447.pdf)


10 Pakistan Domestic Violence (Prevention and Protection) Act, 2012


• **Gender-based violence (GBV)**\(^{13}\): an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed gender differences. The nature and extent of specific types of GBV vary across cultures, countries, and regions. Females are usually disproportionately affected by GBV because of the gender inequality and power imbalance between males and females. GBV is not limited to instances of rape/sexual violence but also includes other forms of violence such as physical and emotional violence. Examples of GBV include:
  - Sexual violence, including rape, sexual abuse, sexual exploitation and forced prostitution
  - Domestic violence
  - Forced and early marriage
  - Harmful traditional practices such as female genital mutilation, honor crimes, widow inheritance
  - Trafficking

GBV can be committed by family members (including spouse) or committed by a relative, friend, acquaintance, neighbor, work colleague, or stranger.

• **Workplace harassment**: any unwelcome sexual advance, request for sexual favour, verbal/written communication or physical conduct of a sexual nature, or sexually demanding attitudes causing interference with the work performance and/or creating an intimidating, hostile, or offensive work environment. It also includes any attempt(s) to punish the complainant for refusal to comply with such a request or to make it a precondition for employment\(^{14}\).

• **Informed consent**: the voluntary agreement of an individual towards an act and/or a service. To provide informed consent, the individual must have the capacity and maturity to understand the act/services being offered and must be capable of giving their consent.

• **Orphan**: a child, both of whose parents/caregivers are known to be dead.

• **Perpetrator**: a person, a group, or an institution that directly inflicts or otherwise supports violence or other abuse inflicted on a person(s) against her/his will.

• **Social services**: responding to violence against women, girls, men, and boys through services that are focused on assisting a survivor’s recovery from violence, their empowerment, and measures to prevent the reoccurrence of violence. In some instances, this term is also used to refer to initiatives undertaken in the community to change the attitudes and perceptions of violence.

• **Stakeholders for VAW/GBV**: all government, private and civil society organisations that have a role in responding to violence against women, girls, men, and boys. Key stakeholders include survivors and their representatives, social service providers, health care service providers, legal aid providers, police, prosecutors, judges, child protection agencies, and the education sector, among others.

• **Torture**: any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining information or a confession, punishing her/him for an act she/he or a third person has committed or is suspected of having committed.

\(^{13}\)https://www.ncbi.nlm.nih.gov/books/NBK305160/#:~:text=Gender%2Dbased%20violence%20(GBV),differences%20between%20males%20and%20females.&text=Sexual%20violence%20including%20rape%20sexual,Domestic%20violence

\(^{14}\)Sexual Harassment at Workplace Act 2010
or intimidating or coercing her/him or a third person, or for any reason based on discrimination of any kind.

- **Trafficking**: recruiting, transporting, transferring, harboring, or receiving a person using force, coercion, or other means, to exploit them. For example, a child is trafficked, if she/he has been moved within a country or across borders, whether by force or not, to exploit the child.

- **Unaccompanied child**: a child who has been separated from both parents/caregivers and relatives and who is not being cared for by an adult who, by law or custom, is responsible for doing so. This means that a child may be complete without adult care or may be cared for by someone not related or known to the child, such as a neighbor, another child under 18, or a stranger.

- **Victim/Survivor**: person(s) who has experienced or is experiencing GBV. The terms ‘victim’ and ‘survivor’ can be used interchangeably and are important because they are used in the legal processes and provide agency to people seeking essential social services.

- **Violence against women (VAW)**: any act of GBV that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. Forms of VAW includes physical violence (beating, assault etc.), psychological violence (psychological or emotional pain or harassment), sexual violence (rape and gestures, words that suggestive of sexual violence).

- **Worst forms of child labour**: acts including slavery, prostitution and pornography, illicit activities, and work that is likely to harm a child’s health, safety, and/or morals, as defined in ILO Convention No. 1
Annexure 1: Consent for Sharing Information/Follow up

Kindly fill this form to provide/withhold your information for improvements in service delivery and follow-up. Filling this form is optional.

I, _______________________________, give / do not give consent to ______________________ to follow-up with me in relation to my issue.

I understand that in giving my consent, I am giving ____________________ the permission to share any information I provide with the service provider(s).

I also understand that my information will be used internally by the Aagahi Centre and the Aawaz programme only for improvements in service delivery and reporting. Any information that is shared will not be specific to me. It would not be possible to identify me based on the information that is shared.

Signature/Thumbprint of Beneficiary:
## Annexure 2: Closure Form\(^{15}\)

<table>
<thead>
<tr>
<th>Name of the Beneficiary:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Code:</td>
</tr>
<tr>
<td>Closure Details:</td>
</tr>
</tbody>
</table>

**What is the reason for closing the beneficiary file?**

- Needs of the beneficiary are resolved
- Beneficiary has migrated
- Beneficiary has died
- Others (specify)

**Give further details on the reasons for case closure**

**Feedback from the beneficiary (about services):**

\(^{15}\) This would be only for cases where access to services has occurred.
Annexure 3: AAC Visitor Form

(AAC Form-07: AAC Handbook Annexures)

<table>
<thead>
<tr>
<th>Name of AAC/Tehsil</th>
<th>District and DSP</th>
<th>AAC Unique ID</th>
</tr>
</thead>
</table>

**Particulars of Visitors:**

<table>
<thead>
<tr>
<th>#</th>
<th>Name of visitor</th>
<th>Sex (M-F-Mix)</th>
<th>Age</th>
<th>Religion (Islam, Christianity, Hinduism, Sikhism, other)</th>
<th>PWD (Yes/No/N/A)-Type (Visual (Blind), Hearing &amp; Speech, Physical, Cognitive/Mental)</th>
<th>Contact Number</th>
<th>Location, Village, UC Tehsil</th>
<th>Purpose of Visit/Key Issue</th>
<th>Information Referral</th>
<th>Other</th>
<th>Consent Form Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The beneficiary has signed consent to release information for internal use.

Yes

No

If No, explain:

British Council will use the information that you are providing in connection with processing your registration. The legal basis for processing your information is in agreement with our terms and conditions of registration and is based on your consent.

**Data Protection:** The British Council, which manages the Aawaz II programme, under which the Aagahi Centre falls, complies with data protection law in the UK and laws in other countries that meet internationally accepted standards. You have the right to ask for a copy of the information we hold on you, and the right to ask us to correct any inaccuracies in that information. If you have concerns about how we have used your personal information, you also have the right to complain to a privacy regulator. For detailed information, please contact the local organisation directly managing the Aagahi Centre in your district. If you have any concerns you can report to the British Council office. We will keep your information for a period of 7 years from the time of collection.
## Annexure 4: Referrals Record at AAC Level

(AAC Form-09: AAC Handbook Annexures)

<table>
<thead>
<tr>
<th>Name of AAC/Tehsil</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>District and DSP</td>
<td></td>
</tr>
<tr>
<td>AAC Unique ID</td>
<td></td>
</tr>
</tbody>
</table>

### Section A. Particulars of individual approaching AACs for information and referrals:

| 1. Date of contact for information/case reporting |  |
| 2. Name of the person who contacted AAC | 3. Age |
| 4. Sex | Female □ Male □ Transgender |
| 5. Religion | Islam □ Christianity □ Hinduism □ Sikhism □ Other: |
| 6. Any disability | Yes □ No □ |
| If Yes, | Visual (Blind) □ Hearing & speech □ Physical □ Cognitive/mental |
| 7. Location/Village, UC, Tehsil | Village: ____________ |
| 8. Contact # |  |
| 9. Consent to share individual number and details with Aawaz II team |  |
| 10. If no consent, give an alternative number |  |
| 11. C/O Name |  |
| 12. Relationship with beneficiary |  |
### Section B. Referral details - Referred to AACs/Information requested/type of case reported

<table>
<thead>
<tr>
<th>13. Mode of contact (medium used to contact AAC)</th>
<th>14. Referred by (to contact AAC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Visit □</td>
<td>Self □</td>
</tr>
<tr>
<td>SMS □</td>
<td>ACA □</td>
</tr>
<tr>
<td>Email □</td>
<td>Village Forum □</td>
</tr>
<tr>
<td>Twitter □</td>
<td>District Forum □</td>
</tr>
<tr>
<td>(specify)</td>
<td>Other □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Information sought/referral/case reported</th>
<th>Information provided</th>
<th>14. Referred by (to contact AAC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child labour □</td>
<td>□ Yes □ No □ N/A</td>
<td>Self □ ACA □ Village Forum □</td>
</tr>
<tr>
<td>GBV □</td>
<td>If yes Date:</td>
<td>District Forum □ Other □</td>
</tr>
<tr>
<td>Early/forced marriages □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender related issue □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PWD related issue □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minorities related issue □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covid-19 related information/services □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specify □</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral provided</th>
<th>14. Referred by (to contact AAC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □</td>
<td>Self □</td>
</tr>
<tr>
<td>No □</td>
<td>ACA □</td>
</tr>
<tr>
<td>N/A □</td>
<td>Village Forum □</td>
</tr>
<tr>
<td>If yes Date:</td>
<td>District Forum □ Other □</td>
</tr>
</tbody>
</table>

### Section C. Referrals/Actions

<table>
<thead>
<tr>
<th>15. Referred to (Name of Department/Service Provider)</th>
<th>16. Redressed/response status</th>
<th>17. Date of Action/response by concerned department/service provider</th>
<th>18. Follow-up, if any</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responded/addressed □</td>
<td>Responded/addressed □</td>
<td>Follow-up, if any □</td>
</tr>
<tr>
<td></td>
<td>Rejected □</td>
<td>Rejected □</td>
<td>Follow-up, if any □</td>
</tr>
<tr>
<td></td>
<td>Under process □</td>
<td>Under process □</td>
<td>Follow-up, if any □</td>
</tr>
<tr>
<td></td>
<td>No response □</td>
<td>No response □</td>
<td>Follow-up, if any □</td>
</tr>
<tr>
<td></td>
<td>Other (specify) □</td>
<td>Other (specify) □</td>
<td>Follow-up, if any □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remarks:</th>
</tr>
</thead>
</table>
Annexure 5: Referral Beneficiary Feedback Form

(AAC Form-10: AAC Handbook Annexures)

<table>
<thead>
<tr>
<th>Name of AAC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>District and DSP</td>
<td></td>
</tr>
<tr>
<td>AAC Unique ID</td>
<td></td>
</tr>
<tr>
<td>Staff Name and Designation</td>
<td>(Mention the details of the person calling or approaching to record feedback)</td>
</tr>
<tr>
<td>Date: (DD/MM/YYYY)</td>
<td></td>
</tr>
<tr>
<td>Duration of Call, Interview</td>
<td>Start time: --/--</td>
</tr>
</tbody>
</table>

**Introduction:**

Greetings! My name is -------------------------- and I'm working with ------------------------ as ------------------------. Are you (name beneficiary) ------------------------ from (location) ------------------------? (Please confirm the beneficiary details if approaching through telephone).

We are calling/approaching you to get your opinion about your recent information request related to ---------------- on Date ---------------- from AAC. We are following up to confirm if you have been connected with the relevant government/private department for addressal of your request/demand/issue. Also, to assess if you are satisfied with the services or if there is anything to improve. This provided information will be kept confidential and only be used for programmatic purposes. Rest assured, your name and identity will not be used/revealed as per data protection policies. This will help us to further improve our referral process and community services.

This will take only around 2-3 minutes of your time. Will you be available to provide your feedback on our referral process?

☐ Yes  ☐ No

If yes, continue the interview, otherwise, conclude with thanks.

**Beneficiary Details:**

<table>
<thead>
<tr>
<th>Beneficiary Name</th>
<th>Self (Name): or Guardian (Name):</th>
<th>Age of beneficiary</th>
<th>Sex of beneficiary</th>
<th>Religion of beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Female</td>
<td>☐ Islam</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Male</td>
<td>☐ Christianity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Transgender</td>
<td>☐ Hinduism</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Sikhism</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Other:----------------</td>
</tr>
</tbody>
</table>

Start time: --/--  | End time: --/--
### Any disability of beneficiary

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes,</td>
<td></td>
</tr>
<tr>
<td>☐ Visual (Blind)</td>
<td></td>
</tr>
<tr>
<td>☐ Hearing &amp; speech</td>
<td></td>
</tr>
<tr>
<td>☐ Physical</td>
<td></td>
</tr>
<tr>
<td>☐ Cognitive/mental</td>
<td></td>
</tr>
</tbody>
</table>

### Location/Village, UC, Tehsil

<table>
<thead>
<tr>
<th>Village:</th>
<th>____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tehsil:</td>
<td>____________</td>
</tr>
</tbody>
</table>

---

Please share/confirm the details requested from AAC:

*(Record as per beneficiary response)*

1. How did you learn about AAC?

2. Briefly explain the type of information/assistance you sought from AAC/Select the category based on the type of information sought:
   - ☐ Child Labour
   - ☐ Child Abuse
   - ☐ Early/Forced Marriages
   - ☐ Gender-Based Violence (GBV)
   - ☐ Transgender Rights
   - ☐ Minorities Rights
   - ☐ COVID-19
   - ☐ PWDs
   - ☐ Others
   *(Please explain): ________________________________*

3. Was it for yourself or someone else?
   - ☐ Self  ☐ Someone else

4. Please confirm the tentative date of requested information/referral *(DD/MM/YYYY)*:
   
   -- / -- / ----

5. Did the AAC representative provide you with the requested information?
   - ☐ Yes  ☐ No

6. Did the AAC representatives share details of the relevant government/civil department for address/reporting your issue, problem, or demand?
   - ☐ Yes  ☐ No

7. In your opinion, was the information provided relevant to your issue, problem, or demand?
8. What was the outcome of your referral to the concerned service/department?
   - [ ] Responded/ addressed
   - [ ] Rejected
   - [ ] Under process
   - [ ] No response
   - [ ] Other (specify)

9. In case of “rejected”, “under process”, or “No response” against referral, did you report any specific issues on information and services to AACs for further support?
   - [ ] Yes
   - [ ] No

   If yes, what was the result? [ ] I am still waiting for the issue to be addressed

10. ☒ I issue not addressed but I used another service
   - [ ] Yes
   - [ ] No

11. How much satisfied are you with the AAC-provided information and referral process?
    - [ ] Highly satisfied
    - [ ] Somewhat Satisfied
    - [ ] Neither Satisfied nor Dissatisfied
    - [ ] Somewhat Dissatisfied
    - [ ] Highly Dissatisfied

   11.1. What are the reasons for your answer?

   ____________________________________________________________
   ____________________________________________________________

12. Do you have any recommendations for improving the information and referral services offered by the AAC?

13. Would you like another follow-up call if the referral is "ongoing", "No response" or if "not satisfied"?
    - [ ] Yes
    - [ ] No

14. Confirm availability for follow up call or interview to update on referral status:

   Date: ---------------
   Time: ---------------

15. Any other suggestion/comments:
The Aagahi Centre and the Aawaz II programme will use the information that you are providing in connection with processing your registration. The legal basis for processing your information is based on your consent. The Aawaz II programme has formulated safeguarding principles to provide a safe environment to communities, staff and other stakeholders who come into contact with Aawaz II. If you have any complaints regarding safeguarding or about the way this information was collected, please email to AawazSFP@britishcouncil.org or call 0300 0349432.

**Data Protection:** British Council, that manages the Aawaz II programme, complies with data protection law in the UK and laws in other countries that meet internationally accepted standards. You have the right to ask for a copy of the information we hold on you, and the right to ask us to correct any inaccuracies in that information. If you have concerns about how we have used your personal information, you also have the right to complain to a privacy regulator. For detailed information, please refer to the privacy section of our website, www.britishcouncil.org/privacy, or contact your local British Council office. We will keep your information for 7 years from the time of collection.