HANDLE

Hope Alert Network for Development and Local Empowerment

STANDARD OPERATING PROCEDURES FOR PREVENTION AND RESPONSE OF GENDER BASED VIOLENCE INCIDENTS IN SOUTH SUDAN

(Developed by HANDLE)

Approved by:

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DIRECTOR

HANDLE SOUTH SUDAN Programme Department ★ OFFICIAL ★

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CHAIRPERSON BOARD

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List of Abbreviations

ECP	Emergency Contraceptive Pills
HANDLE	Hope Alert Network for Development and Local Empowerment
EVIs	Extremely Vulnerable Individuals
GBV	Gender Based Violence
IASC	Inter-Agency Standing Committee
VSLA	Village Saving and Loan Association
LC	Local Council
MGLSD	Ministry of Gender, Labour and Social Development
PEP	Post Exposure Prophylaxis
PF3	Police Form 3
PLHAs	People Living with HIV & AIDS
PWDs	Persons With Disabilities
SEA	Sexual Exploitation and Abuse
SOPs	Standard Operating Procedures
STI	Sexually Transmitted Infection
TBAs	Traditional Birth Attendants
UNFPA	United Nations Population Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
RMM	Role Model Men

1. Introduction

Gender-based violence (GBV) is a human rights issue that poses a threat to security and health of persons. It has a disproportionately devastating impact on women and children, as well as families and community in general. With this Standard Operating Procedures (SOPs) have been developed to facilitate joint and sustained actions by HANDLE and other actors to prevent and respond to GBV in South Sudan. In order to enhance effective and efficient response to and prevention of GBV in South Sudan a working group has been established to achieve collaborative and functional community-based approaches.

GBV is outlawed both internationally and nationally. For instance, the Convention on Elimination of all forms of Discriminations against Women (CEDAW), Chapter of the 2011 constitution of the Republic of South Sudan (Articles 16, and 16(4)(a) the Domestic Violence Act, and the Children's Act), and the Penal code Act, Chapter 120 are some of the legal frameworks that primarily protect against the infringement on the rights of women.

The common forms of GBV identified in South Sudan include, physical and psychological violence and harmful traditional practices (e.g., early and forced marriages) amongst others. This Sop describes procedures, roles, and responsibilities of HANDLE in the prevention of and response to GBV in South Sudan.

1.1 Purpose of SOPs

The SOPs reflect a community and rights-based approach to the problem. They are designed to be used together with established guidelines and other good practice materials related to prevention of and response to GBV in South Sudan.

The SOPs detail the minimum procedures for both prevention and response to GBV, including which organisations and/or community groups will be responsible for actions in the four main response sectors: health, psychosocial, legal/justice and security.

1.2 Scope of These SOP's

These SOP's have been developed by HANDLE South Sudan.

The SOPs describe the roles, responsibilities, guiding principles, and procedures for prevention of and response to any form of gender-based violence affecting the communities of South Sudan. Despite the strong emphasis on sexual violence in this SOPs, actions of actors are not to be limited to only sexual violence. The SOPs reflect the more comprehensive prevention and response interventions possible and necessary in post-conflict and recovery situations.

1.3 Setting and Persons of Concern

These SOPs have been developed for use by HANDLE GBV Project team, in South Sudan. The table below summarizes the setting and persons of concern on GBV in South Sudan:

Location	Types of setting	Persons of concern
South Sudan	Urban centres, rural areas, Public and private institutions including schools, health centres, police posts	EVIs, PWD, PLHAs and the general population-women, men, youth, and children

1.4 Companion guides and key resources

All parties to these SOPs have copies of the following guidelines and use them to guide further development of GBV prevention and response actions. The following resources guided the development of this SOPs:

I. IASC Guidelines for Gender-Based Violence in Humanitarian Settings, 2008;
II. World Health Organisation (WHO) Clinical Management of Survivors of Rape;
III. Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse, 2003;
IV. Ethical, Methodological and Safety Guidelines for Research, Monitoring and Documentation of Sexual Violence in Emergencies (WHO).
V. The 2011 Constitution of the Republic of South Sudan, Chapter 6
VI. The Penal Code Act, Chapter 120
VII. Domestic Violence Act, 201O
VIII. Children's Act CAP 59
IX. Trafficking in person's Act …….
X. Trafficking in persons regulations…

2. **DEFINITIONS**

2.1 General Terms

The following definitions and terms used in this document are consistent with those established by the Inter Agency Standing Committee (IASC) guidelines for GBV interventions in humanitarian situations - focusing on prevention of and response to sexual violence in emergencies, post conflict and other situations (IASC 2008).

***Actor(s*)**: refers to individuals, groups, organisations, and institutions involved in preventing and responding to gender-based violence. For the purpose of this document, *Actors* here include, local populations, employees, or staff of NGOs, host government institutions, donors, and other members of the international community.

***Community*:** is the term used in this document to refer to the population affected by the problem or situation.

Coordinating agencies: are the organisations (usually two working in a co-chairing arrangement) that take the lead in chairing GBV working groups and ensuring that the minimum prevention and response interventions are put in place.

***Incident*:** this refers to an act of GBV.

***Client*:** An individual identified by the services they receive instead of by the violence they have survived.

***Perpetrator*:** refers to the alleged attacker in an incident of GBV.

***Survivor*:** refers to the person who experiences violence**.** While some institutions use the term **victim**, the term **survivor** recognises an individual's resilience and ability to cope with the traumatic events experienced.

2.2 Gender-Based Violence Terms

Define gender……

Define violence……

Gender-Based Violence: is an umbrella term used to describe any harmful act which meets two clear criteria:

1. It is perpetrated against a person's will;
2. It is based on socially ascribed gender differences between males and females.

The term gender-based violence is used to distinguish common violence from violence that targets individuals or groups of individuals on the basis of their gender. GBV is a gross violation and abuse of human rights and a significant public health issue. Acts of GBV violate a number of universal human rights protected by international law and many - but not all - forms of GBV are illegal and criminal acts under South Sudan's domestic law.

Gender-based violence is caused by unequal power relations between men and women. Societies that possess rigid perceptions of gender roles and gender boundaries, through legal, religious and cultural norms create environments that are conducive to, and perpetuate, violence within the home, the community and by the State. Standards relating to GBV make no distinction whether an incident is

carried out in the public or private spheres. All are equally abhorrent; these perpetuate and condone violence within the family, the community and by the State. The distinction made between public and private spheres should not serve as an excuse for not addressing domestic violence as a form of GBV.

Around the world, GBV has a greater impact on women and girls than on men and boys. The term "gender-based violence" is often used interchangeably with the term "violence against women" which highlights the extent to which women are the primary targets of these types of crime. In other words, females' subordinate status in society increases their vulnerability to violence.

UN Definition of Gender-Based Violence[1] "… gender-based violence is violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty…. While women, men, boys and girls can be victims of gender-based violence, women and girls are the main targets."

2.3 GBV case definitions

The incident types/cases defined below reflect the current recommended good practice for classifying GBV incidents:

1. ***Rape***: non-consensual penetration of the vagina, anus, or mouth with an object or body part.
2. ***Define defilement***….
3. ***Sexual assault***: any form of unwanted sexual contact/touching that does not result in or include penetration (i.e. attempted rape). This incident type does not include rape, where penetration has occurred.
4. ***Physical assault***: physical violence that is not sexual in nature. Examples include hitting, slapping, cutting, shoving, burning, shooting or use of any weapons, acid attacks honor crimes of a physical nature (not resulting in death), etc.
5. ***Psychological/ emotional abuse***: name-calling, threats of physical assault, intimidation, humiliation, forced isolation (i.e. by preventing a person from contacting their family or friends). For the purposes of the incident recorder, this category includes all *sexual harassment* defined as: unwanted attention, remarks, gestures or written words of a sexual and menacing nature (no physical contact).
6. ***Economic abuse***: money withheld by an intimate partner or family member, household resources (to the detriment of the family's well-being), prevented by one's intimate partner to pursue livelihood activities, a widow prevented from accessing an inheritance. *This category does not include people suffering from general poverty.*
7. ***Forced marriage***: the marriage of individuals against their will (includes 'early marriage, widow inheritance).
8. ***Female genital mutilation/cutting***: cutting healthy genital tissue.
9. **The following cases shall not be categorised as GBV incidents**

- Child abuse (physical or psychological abuse that is not gender-based);
- Domestic arguments and problems (for example, children with behavioural or developmental problems);

[1] Based on Articles 1 and 2 of the UN General Assembly Declaration on the Elimination of Violence against Women (1993) and Recommendation 19, paragraph 6 of the 11th Session of the CEDAW Committee

3. Guiding Principles[2]

All HANDLE South Sudan team agree to adhere to all of the following guiding principles:

3.1 Guiding Principles for GBV Prevention and Response Programmes in South Sudan:

HANDLE team agree to:

1. Understand and adhere to the ethical and safety recommendations in the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies (WHO 2007).
2. Extend the fullest cooperation and assistance to other partners in preventing and responding to GBV in South Sudan. This includes sharing situation analysis and assessment information to avoid duplication and maximise a shared understanding of the situation.
3. Establish and maintain carefully coordinated multi-sectoral and inter-organisational interventions for GBV prevention and response.
4. Engage the community fully in understanding and promoting gender equality and power relations that protect and respect the rights of women and girls.
5. Ensure that services are provided in a non-discriminatory manner and to all survivors requiring assistance.
6. Ensure equal participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory methods.
7. Ensure accountability at all levels.
8. All staff and volunteers involved in prevention of and response to GBV, including interpreters, should understand and sign a Code of Conduct or a similar document setting out the same standards of conduct (**see Appendix 2 Code of Conduct**).

3.2 Guiding Principles for Working with GBV Survivors

3.2.1 **Safety and Security:**

- Always ensure the safety of the survivor and her family.
- Staff will remain diligent and aware of the safety and security needs of the people who are helping the survivor, such as family, friends, community service officers, health care workers or GBV workers.

3.2.2 Confidentiality:

- Always respect the confidentiality of the affected person(s) and their families.
- If the survivor gives her/his informed and specific consent, share only pertinent and relevant information with others for the purpose of helping the survivor, such as referring for services
- All written information about survivors must be maintained in secure, locked files.
- Information about GBV incidents and GBV survivors shall never be shared if it includes the individual's name or other identifying information.
- If any reports or statistics are made public, only one responsible officer in the organisation will have the authority to release such information and all identifying information (such as name or address) will be removed.

[2] Please refer to Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response, UNHCR, May 2003, p. 29 for more details on guiding principles.

- No identifying information will be revealed during coordination meetings or other public when a specific GBV case is mentioned. Identifying information shall only be shared with third parties after seeking and obtaining the survivor's consent in writing (or their parent/guardian, in the case of a child).

3.2.3 Respect:

- Respect the wishes, choices, rights, and dignity of the survivor.
- Conduct interviews in private/ professional settings
- For female survivors, always try to conduct interviews and examinations with female staff, including translators. For male survivors able to indicate preferences, it is best to ask if she prefers a man or a woman to conduct the interview. In the case of small children, female staff is usually the best choice.
- Be respectful, maintain a non-judgmental manner. Do not laugh or show any disrespect for the individual or his/her culture, family, or situation.
- Be patient; do not press for more information if the survivor is not ready to speak about her/his experience.
- Ask only relevant questions. (For example, the status of the virginity of the survivor is not relevant and should not be discussed.)
- Avoid requiring the survivor to repeat the story in multiple interviews

3.2.4 Non discrimination:

- Ensure non-discrimination in all interactions with survivors and in all service provision.

Apply the above principles to children, including their right to participate in decisions that will affect them. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide and the appropriate procedures should be followed. It is important to note that these kinds of issues involving children are complex and there are no simple answers. The WHO Ethical and Safety Recommendations document (see page 10) provides some guidance on these issues and offers additional resources that can be consulted.

3.3 Informing the community about these SOPs

Specifically, the community must be informed about:

- Where to go for help (**see Referral Pathway in section 5.2)**
- What services are available, and how to access them
- What to expect - including potential referrals and roles, responsibilities, and any limitations of actors
- What to expect in terms of confidentiality

Special outreach should be made to women's groups, schools, religious leaders, and other community leaders. Illustrate the "entry points" and simple information about reporting and referrals in the local language(s) and/or as a pictorial presentation. Meet with community groups and groups of women, men, girls, and boys to give information and answer questions.

4. PREVENTION

Prevention activities can result in some immediate changes in the environment to better protect women and girls as well as targeting knowledge, attitudes and behaviours to encourage longer-term change in social and cultural norms related to gender.

The activities listed in the following section on prevention will be implemented in conjunction with the County/State officials and other agencies to ensure actions are complimentary and to avoid programme overlap.

4.1 Purpose Prevention Activities

By targeting potential survivors/victims and perpetrators, GBV-related service providers, the community at large, NGO staff, and local government authorities, Prevention activities seek to:

1. Identify and address factors that increase risk of violence related to community layout, behaviours and cultural socialisation, design, availability of and access to resources such as food, water and sanitation, fuel etc.

2. Encourage changes in the knowledge, attitudes and behaviours of individuals and the community at large through awareness raising, mobilisation and advocacy efforts at the community, district and national levels.

4.2 Prevention Activities Include:

1. Conducting regular participatory community safety assessments to identify and address risk factors.

2. Implementing actions outlined in IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings, for example ensuring all human resource management prevents sexual exploitation and abuse.

3. Awareness campaigns which use information and education to promote changes in community knowledge, attitudes and behaviour regarding gender-based violence (BCC and IEC Materials).
   - Campaign topics might include human rights, GBV, gender roles and expectations in the community
   - Campaigns might target specific groups of people including women, men, youth, children, religious groups, schools, local authorities, cultural leaders, and others.
   - Campaigns can use tools to transmit messages like posters and pamphlets; poster contests and other competitions; dramas, songs, or dances to express an idea; radio discussions, and public service announcements; video presentations; slogans or messages printed on T-shirts, containers, clothing; trainings or discussions on human rights, gender, and other ideas related to GBV.

4. Trainings and workshops to increase knowledge and skills related to GBV prevention and response.
   - Trainings and workshops target specific groups, members of the community, including women, men, youth and children, religious leaders, schools, local authorities, and also key collaborating partners, such as the South Sudan police, government agencies and traditional leaders.

5. Activities that empower women and promote confidence and economic self-sufficiency.
   - These activities might include VSLA, income-generating activities and projects, and training in selection, planning and management.
   - Implementing activities for empowerment should aim at facilitating individual development and the integral well-being of their families and communities; it should also contribute to efforts to increase community and regional development. This is a key message to transmit to all members of the community, particularly men who may feel overlooked or may be upset by the increased attention given toward women and girls.

- It is also important to strengthen and provide leadership training to existing women, youth and men's groups in the community.

6. Improving gender equity in decision-making and leadership
   - Local leadership structures should be gender-balanced in membership and participation to ensure the inclusion of the different needs of women, men, girls and boys.
   - Women's participation in leadership can also create equal access and control of resources and benefits.

7. Advocating for a change in laws, policies, procedures and systems that are harmful to women and girls and for the creation of protective laws, policies and systems in the absence of such mechanisms.
   - Advocating on behalf of survivors for their protection, security and safety to national and local leaders and policy makers is also an effective prevention strategy.

4.3 Responsibilities for Prevention

HANDLE has a responsibility to take action to prevent gender-based violence.

HANDLE will:

- Provide training (or send staff to participate in training provided by other organizations) about gender-based violence, the IASC- GBV Guidelines, these SOPs, and other relevant materials, to ensure that all staff:
  - Have at least a basic understanding of gender-based violence and the IASC GBV Guidelines.
  - Can engage in effective prevention activities that are relevant to their jobs/roles in the humanitarian setting
  - Know the contents of these SOPs, including how and where to refer a survivor/victim for support and assistance – and how to inform appropriate actors about GBV risks and incidents they may hear about or suspect during their work
- Adopt codes of conduct for all staff that focus on preventing sexual exploitation and abuse (SEA) perpetrated by staff. This requires understanding of the information about codes of conduct and SEA, described in detail in the IASC GBV Guidelines.
- Actions include:
  - Establishing a code of conduct for all staff in compliance with the generally agreed upon standards (see IASC GBV Guidelines for more details).
  - Establishing procedures for receiving reports and linking with the reporting and investigation system in the setting.
  - Providing training to all staff about the code of conduct to ensure full understanding; including why it is important, how to make confidential reports, and information about investigation procedures.
  - Requiring all staff to sign the code of conduct to indicate their understanding of it and willingness to abide by it.
  - Acting on any SEA report that is received.
  - Holding staff accountable for behavior related to the code of conduct, including required reporting of suspected SEA.
- Actively seek equal participation of women and girls in the design and delivery of services and facilities in the setting by meeting regularly with women and girls to learn about accessibility, safety, and security related to services and facilities.
- In collaboration with the GBV working group in South Sudan and carefully coordinated, develop and implement GBV awareness-raising activities within the community and among other humanitarian actors and government authorities.

- Ensure all relevant sectors/actors are aware of what HANDLE does and are carrying out their roles and responsibilities as described in these SOPs and the GBV Guidelines (IASC 2005), by:
    - Communicating to the GBV coordination bodies (e.g., GBV coordinating agency, GBV working groups).
    - Maintaining awareness of which organizations are operating in the GBV coordination role.
    - Providing information about what is working and not working to those coordinating bodies.

4.4 Working with the Community on Prevention

Different members, and structures, the affected community have a significant role to play in designing, implementing and evaluating strategies to prevent gender-based violence. HANDLE will work with different sectors of the affected community and identify volunteers from the community who will support and run activities to prevent GBV.

Soliciting the active participation of community members in preventing GBV is critical and changes in cultural attitudes that discriminate against women and girls are vital for the success of any GBV programme. Ensure that community involvement is not limited to GBV action groups or community leadership by expanding and encouraging different groups to participate in prevention activities, including men and boys. Ensure that all forms of community involvement respect women's rights and uphold the principle of **"Do No Harm."**

Women's Groups
Women are agents of change and should be active partners in community mobilisation to prevent GBV. HANDLE will form community-based women's groups or other groups focused on GBV. These groups should never be called or identified as groups of GBV survivors as this may only serve to increase stigma and therefore hinder the reintegration of survivors into society. However, members of women's community groups may include survivors or other vulnerable women and girls.

HANDLE may choose to support women's groups in any number of ways, including:
- Providing income-generating or microeconomic activities for the group, including material support and training;
- Weekly or monthly discussions and trainings on issues related to the well-being of women, including GBV, reproductive health, and family planning;
- Providing them with support to organise and hold social and/or awareness-raising events, particularly around important days related to violence against women like International Women's Day, Human Rights Day and the 16 Days of Activism against Gender Violence.

Through support and guidance from HANDLE, these women's groups can increase awareness amongst community members about GBV, causes and consequences of GBV, the rights of women and girls in the community, and ways in which the community can support survivors of GBV instead of stigmatising or ostracising them.

These community-based groups should **never** provide case management services but should be trained on how to link survivors with the case manager present in the village or parish or, if a caseworker is not present, how to provide survivors with information on services where she can receive compassionate and ethical care and support.

Men's Groups

Men can be agents in promoting positive masculine norms and behaviour that is non-violent. Involving men in GBV prevention activities helps promote long term-lasting changes in gender relations.

Establishing and supporting groups of men seeking to end GBV in their community reinforces to the community that GBV is not a "women's issue." Men's groups can be highly influential with other men who are commonly in decision-making and authority positions within the family and the community. Men's groups involved in GBV prevention should actively promote respect for the rights of women and children and fully understand and appreciate the value of gender equity.

Educational Institutions

Educational institutions can provide protection, but they can also be the places where abuses occur. The roles and responsibilities of teachers and school authorities should therefore be clearly outlined. Any solution to address the needs of child survivors should not hinder their access to schooling. HANDLE in conjunction with government and non-government education agencies will sensitize the pupils and students on GBV issues.

5. RESPONSE

The following section details the roles and responsibilities of actors providing GBV-related response services. By clarifying responsibilities, the survivor will have a better understanding of available services and response actors will be able to develop an effective referral system. HANDLE agrees to adhere to these as standard protocols, procedures, and policies that provide more specific guidance to staff and volunteers.

HANDLE adheres to the Guiding Principles on GBV and has sufficient capacity to provide the response services needed by any individual survivor, including child survivors. For this reason, a large part of the work in GBV programmes is building the capacity of the respondents. This includes addressing needs for training; developing clear and consistent protocols, procedures, and policies for actions to be taken; and materials and equipment to do the job.

All response services should be provided in line with international standards and best practices in GBV programmes, particularly WHO's Clinical Management of Survivors of Rape[3] and IASC's Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies[4].

In a case management system, skilled caseworkers will advocate for survivors and link them to appropriate, compassionate and confidential services to address their needs. The goal of case management is to empower the client by giving the client increased awareness of choices they have in dealing with the problem, and assisting her or him to make an informed decision about what to do about the problem.

5.1 Consent and information sharing

The victim/survivor should be given honest and complete information about possible referrals for services. If she agrees and requests referrals, she must give her informed consent before any information is shared with others. She must be made aware of any risks or implications of sharing information about her situation. She has the right to place limitations on the type(s) of information to be shared, and to specify which organisations can and cannot be given the information.

The survivor must also understand and consent to the sharing of non-identifying data about her case for data collection and security monitoring purposes.

Process of obtaining informed consent

Obtaining consent is critical to any engagement with survivors and is reflective of the guiding principles for working with survivors. (**A sample consent form is attached in Appendix 3**) of this document.

- The victim/survivor should be given adequate information in order to give his/her informed consent. This information should include the implications of sharing information about the case with other actors and the options/services available from the different agencies.

- Make sure that the victim/survivor understands what the Consent Form states and implies before he/she signs or fingerprints the document.

If the survivor consents to the sharing of information and to follow-up interventions:

[3] http://www.unfpa.org/upload/lib_pub_file/373_filename_clinical-mgt-2005rev1.pdf

[4] http://www.humanitarianinfo.org/iasc/downloadDoc.aspx?docID=4402

- Within 24 hours the lead GBV coordinating agency should receive copies of the completed Incident Report Form from organisations identified in these guidelines and ensure that appropriate services are provided according to the survivor's choice.

If the survivor **does not** consent to the sharing of information and to follow-up interventions:

- The survivor should be given information about available services if she decides later to seek assistance. No information should be shared about her victimisation, as per her/his request.

Special procedures for obtaining consent from child victims/survivors
Children must be consulted and given all the information needed to make an informed decision using child-friendly techniques that encourage them to express themselves. Their ability to provide consent on the use of the information and the credibility of the information will depend on their age, maturity and ability to express themselves freely.

5.2 Immediate response actions and referrals

In general, the person who receives the initial disclosure (report) of a GBV incident from a survivor will act in accordance with the referral mechanism illustrated below which includes opportunities at each stage to move forward or stop. The survivor has the freedom to choose whether to seek assistance, what type(s) of assistance, and from which organisations.

Health assistance is the priority for cases involving sexual violence and/or possible bodily injuries. In the case of rape, assistance must be in accordance with the WHO & MOH *Clinical Management of Rape* guidelines and may include emergency contraception and post-exposure prophylaxis for HIV.

Service providers will inform the victim/survivor of what assistance they can offer and clearly relate what cannot be provided or any limitations to services, to avoid creating false expectations.

HANDLE must be knowledgeable about the services provided by any actor to whom they refer a victim/survivor.

Help-seeking and Referral Pathway for Nwoya District

TELLING SOMEONE AND SEEKING HELP (REPORTING)

Survivor tells family, friend, community member; that person accompanies survivor to the health or psychosocial "entry point:	Survivor self-reports to any service provider

IMMEDIATE RESPONSE
SUPPORT MEMBERS/ STRUCTURES

The service provider must:

- Provide a safe, caring environment; learn the immediate needs; give honest and clear information about services available.
- If agreed and requested by survivor, obtain informed consent and make referrals; accompany the survivor to assist her in accessing services
- Support survivors guided by the following GBV principles: Respect, non-discrimination, Safety & Security & Confidentiality
  - Information should only be shared with consent from the survivor & with appropriate actors in the referral pathway
  - conduct all interviews in privacy and if possible, with same sex and do not judge
- Be patient and not force survivors to make any choices, giving them all the necessary information and options available & let them decide on their own & the support them.
- Follow principles of "Do No Harm".

MEDICAL CARE OF GBV SURVIVORS	**CASE MANAGEMENT AND PSYCHOSOCIAL SUPPORT**
Services should be available at all health centers county& State level. • **PEP:** Treatment for prevention of HIV/AIDS/ STDs (must be taken within 3 days (72 hours) since the incident. • **ECP** for prevention of pregnancy (Only effective within 3 days (72 hours) since the incident • Treatment of wounds and fractures: (**Hospital**) Clinical management/ post rape/ defilement care/basic counseling to be governed by GBV guiding principles	• Help survivors overcome trauma and social stigma • Psychosocial support should be confidential & case by case basis • Facilitate the survivor to access services, including related fees available service providers and locations • Provide 24 hours support and referral services for any community member in the district.
For more information, call: All South Sudan's health Units (County and state level) – (PF3 Filling)	For more information, call: HANDLE Uganda Office: +211918807152

IF THE SURVIVOR WANTS TO PURSUE POLICE/LEGAL ACTION - *OR* - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS *TO OTHERS*

Refer and accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police

SAFETY AND SECURITY	**LEGAL ACTION**
• Ensure immediate safety for the survivor • Work with the survivor to identify available safety and security options • Develop long term safety plan with survivor Preserve evidence to avoid any loss so as to facilitate the police with investigations in order to facilitate legal justice processes. Refer to appropriate security actors such as police **(OC),** LC's/ Community, or payam.	• Help the survivor to understand the legal options & necessary steps to pursue access to Justice/ Legal Action • Accompany the survivor to the police and help to give evidence where possible through the legal process. • Service providers and location: on case-by-case basis
For more information, call: Police:	For more information, call: Action Office

AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES	
Over time and based on survivor's choices **can** include any of the following • Health care • Psychosocial services • Protection, security, and justice actors • Basic needs, such as shelter, children's services, safe shelter, or other	To seek emotional support and information on what and where to seek assistance. Call Health facilities Office:

5.3 Responsibilities for Survivor/Victim Assistance

Medical Service Providers

Good quality medical responses for survivors of GBV include examination, treatment, medical evidence documentation, and follow-up. While medical service providers play an important role in filling out the PF3 form for survivors seeking legal action, HANDLE team should remember that **this is not the only service they provide**. Health assistance is a priority for cases involving rape and other bodily injuries. In cases of rape, medical services may include emergency contraceptive pills (ECP), post-exposure prophylaxis (PEP) for HIV and prophylaxis and treatment for sexually-transmitted infections. Services may also include voluntary counselling and testing (VCT) for HIV/AIDS though survivors should be informed of and understand the time period needed for accurate results.

Medical service providers should also be prepared to deal with fistulas resulting from rape or defilement. In such cases, patients must be treated or referred in order to help them access the surgery needed.

In order to provide the best medical care for survivors, healthcare should be easily accessible and examinations and treatment should be conducted by **trained staff** using appropriate methods and with adequate equipment, supplies, and medicine. WHO Clinical Management of Rape Survivors provides clear treatment and service protocols for medical service providers assisting survivors of rape.

In South Sudan it is often mistakenly believed that a survivor needs to have a copy of the Police Form 3 (PF3) to access health care. This is not the case and often life-saving medical care is delayed. It is critical that medical care is sought as a priority in rape cases. The PF3 can be filled at a later date using medical records taken by the examining health worker.

Psychosocial Service Providers

The psychosocial needs of a GBV survivor are determined by the nature and extent of emotional, psychological, and social trauma incurred as a result of an incident of GBV, the extent of suffering and the resulting level of dysfunction. Psychosocial assistance to a GBV survivor is built on an understanding of the survivor's unique needs, not on a predetermined formula for psychosocial intervention. It requires assessing the psychosocial functioning of a survivor: her unmet needs, her personal strengths, and her abilities. Some survivors need a great deal of help. Others need only reassurance and a little information.

There can be mediating factors in a person's life that might help them to deal with stress and trauma and there can be exacerbating factors which make the trauma worse or harder to deal with without outside intervention.

Psychosocial interventions address both a survivor's emotional and psychological needs as well as her social needs. In addition to individual and group counselling, locally-developed coping mechanisms and traditional ceremonies should be assessed and built on, where appropriate, to help address a survivor's

psychosocial needs. This should only be done for locally-developed resources which respect human rights and support survivors of GBV. It is also essential to support and maintain social networks and develop group activities for survivors which also protect the individual rights of the survivors.[5]

Psychosocial support services might also include participating in an income-generating, skills-training group, or membership in a women's group or drama group; or support from a religious institution.

Safety and Security Actors

Security and safety concerns of the survivors may be addressed by the police or security personnel. These actors need to be identified and have clearly delineated responsibilities. All security actors, particularly those assisting survivors of GBV, must uphold human rights in their work and should be trained on prevention of GBV and women's rights.

Security and safety actors play a role in prevention activities by communicating current security risks and issues present in the location to all members of the community. Security and safety actors may devise creative security solutions to address identified problems, such as fencing, lighting, or placing locks on latrines.

Legal/Justice Actors

If a survivor **chooses**, she may involve the justice system in a case. HANDLE will work to ensure that prosecution and case closure happens with few or no delays and will respect the guiding principles and prevent any further suffering of the survivor. Court proceedings will be monitored to make sure that the survivor is receiving appropriate legal support. At a very minimum, the survivor will be made to understand the benefits and barriers of taking a case through the legal process.

Legal information and support will be given to both survivors and witnesses. This includes information about the expected date the survivor's case may be heard in court; any actions that may be required of the survivor; any interactions the survivor may have with the perpetrator during the adjudication of the survivor's case; the roles and responsibilities of any actors involved in adjudication of the survivor's case (such as the police, the health worker who completed the PF3 and/or PF3 Annex forms, the survivor, the state and defence attorneys, and the magistrate);

Case manager and others working with survivors will ensure that the survivor is accompanied to all meetings with police or court officials and court proceedings, including pre-trial sessions, trial and sentencing.

In the vast majority of cases, referrals will be made to national justice systems by police ONLY if the survivor has given her/his consent (See section 5.1). If the referral is to be made and if the survivor wishes, a legal counsellor or other support person will accompany him/her to the relevant authorities.

If a survivor chooses to report her case to the police, the procedures are:

- The survivor and escort report to at the main police desk that there is a confidential matter to discuss.

- The police officer at the desk will show the survivor and escort to a private room.

[5] For guidance on responding to the psychosocial needs of children, please refer to the UNHCR Guidelines on Formal Determination of the Best Interests of the Child, Provisional Release, May 2006 and to the Interagency Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC), released in 2006.

- A police officer or detective will take the survivor's statement and obtain information relevant to the investigation of the alleged crime(s)

- Interviews with survivors of crimes related to GBV and any witnesses should be conducted by police officers who have received training in handling GBV cases. Most survivors would want to be attended to by same sex officers and this should be encouraged where possible.

- When the statement is complete, the police issue a P-3 medical from to the survivor to be completed.

- The survivor takes the form to the health centre for completion and then the form should be returned to police.

- Police conduct investigation immediately, even if the P-3 has not yet been returned.

- When warranted, police arrest the perpetrator and file charges in court.

Role of Local Leaders

For the purpose of this document, local leaders refer to Local leaders at Boma, payam, and county levels others in the local administrative office and state headquarters (excluding the police, health workers and court officials), elders, clan leaders, and women's leaders. As local leaders (defined above) do not provide GBV-related services, survivors will not be referred to them for assistance by HANDLE.

However, in many places, women and men, boys and girls may first report an incident of gender-based violence to a local leader. Local leaders are therefore in an excellent position to provide women and girls with information about available services and to confidentially refer the survivor to a GBV caseworker or others providing services, as per the agreed upon referral system adopted for that location.

Traditional Dispute Mechanisms

While traditional forms of justice and mediation may be helpful in certain disputes which arise in the community, such as land and property ownership, these mechanisms typically do not protect the rights of women and girls and do not provide survivors of GBV with adequate or appropriate solutions. Traditional justice mechanisms often require survivors to pay for hearings or other action taken by local leaders while penalties ascribed to perpetrators may not be enforced or focus solely on paying local leaders and the survivor and/or her family. Additionally, solutions reached by traditional justice mechanisms fail to ensure the future safety of survivors.

Therefore, HANDLE will not refer GBV survivor to local leaders to seek justice through these mechanisms. Survivors requesting legal action should be confidentially referred to the police or other actors providing legal services and information.

Alternatively, HANDLE will provide support for local leaders or other actors in traditional justice systems by training them on the causes and consequences of gender-based violence, the link between human rights, national laws related to GBV, and how to prevent incidents of GBV in their community.

Awareness-Raising

Local leaders play an important role in GBV prevention activities, including awareness-raising. They can promote or increase awareness amongst community members through discussions and clan meetings about the risks of GBV in their community and what actions community members can take to protect women and girls. They may also facilitate discussions with men about the consequences of GBV and the rights of women and girls. In these discussions and meetings, local leaders should highlight the links between GBV and health, education and community development, ensuring that community members understand that the right to live free from violence is guaranteed to all human beings.

Sector of response	Minimum services they should provide, as requested by survivors
Medical providers	• Examine and treat the survivor in line with the WHO's *Clinical Management for Rape Survivors* and using trained staff, adequate equipment, supplies, medicines to: o treat injuries o assess for pre-existing pregnancy and prevent unwanted pregnancy o prevent and/or treat sexually-transmitted infections o reduce the likelihood of the survivor contracting HIV by administering post-exposure prophylaxis (PEP) o inoculate for Hepatitis B and tetanus o provide basic emotional support • Document medical evidence for legal proceedings, as requested and required • Refer the survivor to other service providers, as requested • Provide follow-up medical care, as required • Testify in court about medical findings, if the survivor chooses legal action
Psycho-social providers	• Refer and accompany the survivor to other service providers, as requested • Provide follow-up care and assistance, as requested by the survivor • Provide basic emotional support, one-on-one or in group settings, for the survivor and her family or friends • Facilitate participation in group activities—including income generation and micro-credit projects—which focus on building support networks, facilitating reintegration into communities, building confidence and skills, and promoting economic empowerment
Safety & security providers	• Give information about options to address immediate safety needs, such as relocation to another parish or sub county, improved protection or security area in a community, or temporary shelter in a safe house, where available • Help facilitate relocation as required and requested by the survivor • Provide transport or accompany the survivor to the nearest police post, when necessary and requested by the survivor • Provide the survivor with the P3 forms free-of-charge for legal proceedings, as requested and required • Use forms received by survivors and filled out by health workers to initiate investigations • Testify in court about investigation findings, if the survivor chooses legal action
Legal / justice providers	• Provide information about all aspects of the legal process, including: o How the legal system works and what happens during a court case o The expected date the survivor's case may be heard in court; o Any actions that may be required of the survivor; o Any interactions the survivor may have with the perpetrator during the adjudication of the survivor's case; o The roles and responsibilities of any actors involved in adjudication of the survivor's case (such as the police, the health worker who completed the PF3 and/or PF3 Annex

	forms, the survivor, the state and defence attorneys, and the magistrate); • Accompany, advocate for and support the survivor during any meetings with the police or court officials, particularly when a caseworker is not present • Accompany, advocate for and support the survivor during any court proceedings, including pre-trial sessions, trial and sentencing • Provide the survivor with funds to cover the cost of court-filing fees and transport to and from the courthouse when her case is being heard
Local Leaders	• Have knowledge of and understand all the actors who can provide services to survivors of violence. • Ensure that the survivor's choice in what action to take and whom to tell about an incident remains paramount in all actions taken. • Refer survivors to service providers who provide compassionate and confidential assistance, based on the survivor's choice. • Keep **all** information related to an incident or reported incident secret, unless the survivor consents to share it with other actors.

5.4 Case Management

Case management is "a collaborative, multidisciplinary process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual's needs through communication and available resources to promote quality, effective outcomes."

A case management approach is useful for clients with complex and multiple needs who seek access to services from a range of service providers, organisations and groups. The goal of case management is to empower the client by giving the client increased awareness of choices they have in dealing with the problem, and assisting her to make an informed decision about what to do about the problem.

The principles that underpin case management are:
- Individualised service-delivery based on the **client's wishes**
- Comprehensive assessment that is used to identify the client's needs
- Develop with the client a service plan that meets her needs
- Good coordination of service delivery

In case management, the client is the primary actor. The client is involved in all aspects of the planning and service delivery, and the action plan always reflects her wishes and choices.

Each time a GBV caseworker responds to an incident of GBV, they must take the following five steps:

1. **Listen to the client and assess her needs and any danger she may be facing**
   When a client reports an incident of GBV, the caseworker must let the client tell her story, listen to her and assess her needs and any danger she or her family might be facing. In conducting an assessment of a client's needs, caseworkers should consider the following:
   - What has happened?
   - How does the client see the situation?
   - What needs does the client have?
   - What external and internal resources does the client have access to which help her?

Interviewers should be cognisant of the fact that some perpetrators are family members. Where possible, child survivors should be interviewed when no other family member is present. The parent or guardian of the child, however, must be informed that an interview will be conducted.

2. Give information about related-services and develop an action plan

To help a client plan how to meet her needs and address her problems, caseworkers must provide the client with information about the possible consequences of GBV and the related services available. This includes information about service providers operating in the area, those who provide ethical and confidential services, the implications of sharing information with other actors, the associated costs (if any) of receiving a service, the sex and name of the service provider and the estimated time it takes to receive the service.

Caseworkers must **never** give advice and must only give information about available services and the consequences of receiving these services. Giving information empowers a client to have control over her choices and shows that the caseworker respects the opinions and judgments of the client. Caseworkers must remember and respect that only the client has the responsibility for making the right decisions about her life.

After providing information to a client about available services, caseworkers must help clients understand their options and choices to help them make informed decisions about what to do. Caseworkers should document the client's choices for short-term and longer-term action specifying what action needs to be taken, by whom and by when. The plan of action must be time-bound and based on the needs of an individual.

3. Help the client implement the action plan

In this step, the caseworker helps a client put her plan into action. This involves accompanying her to agencies that provide services she has chosen to obtain, advocating for and supporting the client throughout the process, and taking any other action specified in the action plan.

4. Follow-up and review the plan

The caseworker should consistently monitor and evaluate the client's action plan to determine whether her situation has improved and if the caseworker's assistance has been effective. This includes consistently following-up with the client to ensure that she is getting the help and services she needs to improve her situation and solve her problems.

GBV programme managers or coordinators may meet with caseworkers on a regular basis to review individual cases, action plans, follow-up required and solutions to obstacles. The information shared at these meetings is confidential. Nonetheless, caseworkers should always inform clients that their information may be shared with these supervisors in order to provide the best possible care for the client.

5. Case-closure

This final step in case management occurs when a client's needs are met and she is able to rely on other support systems.

Case Management Forms

Using comprehensive and standardised case management forms is an important element of providing effective case management care. To this end, all parties to this document agree to:

- Document GBV incidents using the attached ***GBV Incident Reporting Form*** *and* other case management forms as required ***(See Appendix 5)***
- Compile data using the ***(GBV Tracking Tool);***

- Share aggregate incident data at the county-level GBV Working Group meeting.

Persons charged with collecting information from clients should be appropriately trained on how to fill out the forms and should carry out their duties with compassion, in confidentiality, and with respect for the client and her wishes.

Caseworkers must ensure that all clients understand the implications of the ***Consent for Release of Information Form*** before they sign the form ***(See - Appendix 3).***

All case management forms and all other case-related documents must be kept in locked offices by the GBV case manager

6. DOCUMENTATION, DATA, AND MONITORING

6.1 Documentation of reported incidents

Persons charged with collecting information from the survivor should be appropriately trained on how to fill out the forms and how to act in accordance with the guiding principles. They should carry out their responsibilities with compassion, in confidentiality, and with respect for the survivor. Training on the proper completion of incident report forms will include determining the appropriate case definition for each reported incident of GBV.

Incident report forms contain extremely confidential and sensitive information and may only be shared with others under certain circumstances **(see section 5.1 - A sample of the consent form is attached in Appendix 3**)

Original completed Incident Report Forms and Consent Forms are maintained in locked files in a secured office.

Incident Report Forms will be completed by trained staffs who have direct contact with survivors or who have accepted to be reference points in the referral fact sheet.

6.2 Data management, reported incidents

As described above, each reported GBV incident will be documented in a consistent and timely manner. In accordance with the agreed upon consent procedures in these SOPs **(see section 5.1),** non-identifying data about these incident reports will be submitted to the District/Sub County Community development Officer who is responsible for compilation of reports that contain non-identifying data about reported incidents, action taken, and outcomes across sectors.

The quarterly incident data report – **that contains NO identifying information about specific reported incidents** - will be shared with the GBV working group. The group will compare monthly reports over time and discuss and analyse summary information about GBV incidents being reported, general outcomes, security issues, referral and coordination issues, and other factors. This information will guide the continuous development of prevention and response actions in the district.

The data report should specifically state the limitations of this data, as it is only information about self-reported incidents, which represents only a small proportion of actual GBV incidents that may be occurring in the setting.

The data elements to be included in this report are:

- Number of incidents and by type of incident (case definition)
- Number or percentage of incidents (by type of incident) by:
    - General location (keeping in mind that if location is too specific, it may identify a survivor)
    - Survivor age, marital status, other demographic information
    - Perpetrator relationship to survivor
    - Number of perpetrators
    - Perpetrator age, other demographic information
    - Services received, referrals made, actions pending
    - Outcomes

6.3 Qualitative Data about GBV Risks and Unreported Incidents

HANDLE will gather and analyse qualitative information about GBV incidents that are not reported, including results of focus group discussions, rumours of GBV incidents, community perceptions of risky areas or suspicious activities, and any issues that may be recognised or suspected. These will be presented and discussed at the GBV coordination meeting and provided to the GBV coordinating bodies.

7. COORDINATION

HANDLE will hold regular meetings as necessary to monitor and evaluate GBV activities to ensure that survivors can access the services they need and that appropriate messages are communicated during prevention activities.

7.1 State and County level GBV Coordination Meetings

HANDLE will participate and contribute in the State and County GBV coordination meetings. HANDLE will review and monitor the referral system, discuss obstacles survivors are facing in accessing services, and ways to strengthen prevention efforts. Individual cases will not be discussed at this level, but HANDLE will focus on more general demographic information related to incidents of GBV, including specific locations and times of day where risks of GBV have been assessed as higher than others.

8. AGREEMENT AND SIGNATURES

We, the undersigned, as representatives of our respective organisations, agree to:

- abide by the procedures and guidelines contained in this document;
- Provide copies of this document to all incoming staff in our organisations that will have roles and responsibilities in GBV prevention and response in this setting to ensure that the procedures will continue beyond the contract term of any individual staff member.

(Chairman Board, HANDLE)	Date	Signature
(Executive Director, HANDLE)	Date	Signature

9. LIST OF RESOURCES AND KEY REFERENCES

1. Inter-Agency Standing Committee, *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (Field Test Version). Geneva: IASC, 2008.
2. Mertus, Julie with Mallika Dutt and Nancy Flowers, *Local Action/Global Change: Learning About the Human Rights of Women and Girls*. New York: Center for Women's Global Leadership and UNIFEM, 1999.
3. Michau, Lori and Dipak Naker, *Mobilising Communities to Prevent Domestic Violence*. Uganda: Raising Voices, 2003.
4. Reproductive Health Response in Conflict, *Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring, and Evaluation*. RHRC, 2004.
5. UNICEF, *UNICEF Training Manual on Caring for Survivors of Sexual Violence in Conflict Situations*. New York: UNICEF, 2006.
6. UNIFEM, *Not a Minute More: Ending Violence Against Women*. New York: UN Development Fund for Women, 2003.

7. United Nations, *UN Secretary-General's Bulletin Special measures for protection from sexual exploitation and sexual abuse*. New York: United Nations, October 2003.
8. Vann, Beth, *Training Manual: Facilitator's Guide, Interagency & Multisectoral Prevention and Response to Gender-Based Violence in Populations Affected by Armed Conflict*. Arlington, Virginia: Reproductive Health for Refugees Consortium, 2004.
9. Ward, Jeanne, *Communication Skills in Working with Survivors of Gender-Based Violence.* Arlington, Virginia: Reproductive Health Response in Conflict, 2004.
10. Williams, Susanne, *The Oxfam Gender Training Manual.* Oxford, UK: Oxfam GB, 1994.

LIST OF APPENDICES

APPENDIX 1

CASE DEFINITIONS (TYPES OF GBV)

Suggested case definitions – or "types" of GBV – are listed below. An essential good practice is to agree on a standard set of GBV case definitions, clearly define them, and use them consistently. It is equally important that anyone filling the Incident Report Form and selecting the type of GBV be properly trained and supervised.

Case definitions used in field sites normally are NOT the legal definitions used in national laws and policies. Many forms of GBV may not be considered crimes; and legal definitions and terms vary greatly across countries and regions.

Compiling and using incident data to guide interventions involves more than simply counting the number of incidents. Other data elements are needed to more fully understand the types of incidents that are disclosed and the circumstances in which they occur.

A list of core incident types for South Sudan has been identified as follows.

Sexual Violence is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting."6

Sexual assault: any form of unwanted sexual contact/touching that does not result in or include penetration (i.e. attempted rape). This incident type does not include rape, where penetration has occurred.

Child Sexual Abuse is defined by the age of the survivor it includes different forms of sexual violence. Examples include: use of the child for prostitution, pornography and exhibitionism

Rape: non-consensual penetration of the vagina, anus, or mouth with an object or body part.

Defilement is the English legal term that refers to any sexual intercourse with a girl under the age of 18 years.

Physical assault: physical violence that is not sexual in nature. Examples include hitting, slapping, cutting, shoving, honor crimes of a physical nature (not resulting in death), etc.

Domestic violence is the physical, verbal, emotional, psychological and/or sexual abuse of a woman or girl by her partner or spouse.

Psychological / Emotional Abuse: infliction of mental or emotional pain or injury e.g. name-calling, threats of physical assault, intimidation, humiliation, forced isolation.

[6] World Health Organization, World Report on Violence and Health. Geneva: WHO, 2002.

Economic Abuse: - Denial of Resources, Opportunities or Services: denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. This category does not include people suffering from general poverty.

Harmful Traditional Practices are defined by the local social, cultural and religious values where the incident takes place.

Early marriage / child marriage is defined by the age of the survivor at the time of the incident of forced marriage.

Female genital mutilation/cutting: cutting healthy genital tissue

Forced Marriage: the marriage of an individual against her or his will

APPENDIX 2

CODE OF CONDUCT

Code of conduct serves as an illustrative guide for humanitarian workers to make ethical decisions in their professional and sometimes in their private lives.

HANDLE Code of Conduct on Gender Based Violence (GBV)

All HANDLE personnel must uphold the highest standards of professional and personal conduct. At all times, HANDLE staffs must treat the local population with respect and dignity.

Gender Based Violence (GBV) including Sexual exploitation and abuse (SEA), domestic violence (DV), psychosocial abuse, economic abuse and harmful traditional practices all stated in the SOP are acts of unacceptable behaviour and prohibited conduct for all HANDLE personnel. GBV damages the image and integrity of the HANDLE and erodes confidence and trust in HANDLE.

It is strictly prohibited for all (insert agency) personnel to engage in:

- Any act of sexual abuse or sexual exploitation, or other form of sexually humiliating, degrading or exploitative behaviour.
- Sexual activity with children (persons under the age of 18).
- **Any act of domestic violence** physical, verbal, emotional, psychological and/or sexual abuse of a woman / man, girl / boy by the partner, spouse.
- **Any act of Denial** of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services.
- **Psychological / Emotional Abuse:** infliction of mental or emotional pain or injury.
- **Harmful Traditional Practices -** local social, cultural and religious values where an incident may take place.
- **Exchange of money, employment or goods, assistance or services for sex.**

Any violation of the Code of Conduct will be considered as serious misconduct. GBV activities will be investigated and may lead to drastic disciplinary measures, including suspension or immediate dismissal.

All HANDLE personnel must contribute to an environment that prevents GBV. Managers have a particular responsibility to ensure compliance with the Codes of Conduct. HANDLE personnel are obligated to report any concerns regarding GBV by fellow colleagues.

Name: _____

Signature: _____

Date signed: _____

Model GBV Policy and Code of Conduct Declaration: Staff and Representatives[7]

HANDLE's work is based on supporting and promoting the well-being of girls, boys, women and men and is anchored in the principles of the human-rights based approach. It is essential that this commitment is supported and demonstrated by all **HANDLE** staff, representatives and partners at all times. All staff and representatives of **HANDLE** must sign up to and abide by this Code of Conduct - both within working hours and outside of working hours.

The Code of Conduct relates to the fulfilment of human rights and the protection of the population, and particularly women and girls who are most vulnerable to gender-based violence. If HANDLE staff/representatives break the code of conduct or the standards it requires, disciplinary action (including potential contract/ MoU termination) may be taken.

As an employee, representative or partner of **HANDLE,** I will promote its values, principles and protect its reputation by:

- Maintaining the highest standards of ethical and proper personal and professional conduct which means: I will not behave in a way that breaches this Code of Conduct, and undermines my ability to do my job or is likely to bring **HANDLE** into disrepute.
- Ensuring that matters related to GBV are handled confidentially.
- Reporting, as soon as is possible, any matter that breaks this Policy and Code of Conduct.
- Ensuring that a culture of openness exists to enable any concerns to be raised and discussed so that poor practice and protection concerns do not go unchallenged.
- Empowering women and girls, as well as boys and men and discussing with them their rights, what is acceptable and unacceptable and what they can do if there is a problem.

I will not:

- Physically assault or physically abuse children or my spouse/intimate partner, including as a means of discipline or punishment;
- Act in a way to embarrass, shame, humiliate or degrade children or my spouse/intimate partner or otherwise perpetrate psychological and emotional abuse of children/spouse/intimate partner;
- Use language, make suggestions or offer advice which is inappropriate, offensive or abusive;
- Discriminate against or show prejudice any grounds such as: race, gender, culture, language, disability etc, or show differential treatment or favour to particular individuals to the exclusion of others;
- Develop physical or sexual relationships with children (persons under age 18) or any young person within a HANDLE programme;

[7] Modeled from War Child Holland's Child Safety Policy

- Develop relationships with children or act in ways which could in any way be deemed exploitative or abusive or place a child at risk of abuse;
- Behave physically in a manner which is inappropriate or sexually provocative;
- Be alone with a child/child with whom **HANDLE** is associated, including: in a car, overnight, at workplace, at home, or at child's home;
- Condone or participate in behaviour that is illegal or unsafe;
- Hire or employ children in any role, including domestic work.

This is not an exhaustive list and staff/representatives of **HANDLE** should avoid all actions and behaviours that may constitute poor practice or potentially abusive behaviour.
"HANDLE does not accept any form of violence and implements a zero-tolerance approach"

Declaration
In relation to **HANDLE** GBV Policy,

"I, _____, have received, read and understood the standards and guidelines outlined in this GBV Policy and Code of Conduct.
I agree with the principles contained therein and accept the importance of implementing child safety policies and practices while working with **HANDLE.**
I declare that I have been given every opportunity to discuss both the GBV Policy and Code of Conduct with the Management Team.
I declare that I have no criminal convictions relating to offences against children.
I understand and agree that non-compliance with the above shall be taken seriously. This will involve a thorough investigation and referral of cases to the police and/or social services if human rights' laws have been violated.
I declare that I understand all components of the GBV Policy, and agree to comply with all terms."

Employee:
Signature _____
Print name _____
Job title _____
Date _____

Manager:
Signature _____
Print name _____
Job title _____
Date _____

APPENDIX 3
CONSENT FORMS

Sample Consent of Release of Information Form (Confidential)

This form should be read to the client or guardian in her/his first language. It should be clearly explained to the client that she/he can choose any or none of the options listed.

I, ..., give my permission for
(Insert client name)

..... to share information about the
(Insert caseworker name)

the incident reported.

I understand that the purpose of sharing information is so that I can receive the best possible protection, care and assistance. I understand that the information I shared with the caseworker will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request. I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me.

I agree that the information can be released to the following:

Tick all that apply

- ☐ Police (name and location): ……...……...
- ☐ Health Worker (name and agency): ……....……
- ☐ Legal Representative (name): …….....……...……
- ☐ Other (please specify): …….....……
……...……

In addition, HANDLE provides non-identifying information on a monthly basis to coordinating agencies and to the district. This information does not identify you and is used for the following purposes:

- Program planning
- Advocacy
- Monitoring Trends
- Service Planning
- Coordination

☐ I give consent for my information to be included in these reports.

☐ I do not give consent for my information to be included in these reports.

Client/ Guardian signature and date

Caseworker signature and date

Note to the Health Worker:

Consent for an examination is a central issue in medico-legal practice. Consent is often called "informed consent" because it is expected that the patient (or his/her parent(s) or guardian) will receive information on all the relevant issues, to help the patient make a decision about what is best for her/him at the time.

After providing the relevant information to the patient, read the entire form to the patient (or his/her parent/guardian), explaining that he/she can choose to refuse any (or none) of the items listed. Obtain a signature, or a thumb print with signature of a witness.

I, - , **(print name of survivor)** authorize the above-named health facility to perform the following (tick the appropriate boxes):

	Yes	No
Conduct a medical examination	▢	▢
Conduct pelvic examination	▢	▢
Collect evidence, such as body fluid samples, collection of clothing, hair combings, scrapings or cuttings of fingernails, blood sample, and photographs	▢	▢
Provide evidence and medical information to the police and/or courts concerning my case; this information will be limited to the results of this examination and any relevant follow-up care provided.	▢	▢

I understand that I can refuse any aspect of the examination I don't wish to undergo.

Signature: -

Date: -

Witness: -

APPENDIX 4

CASE REFERRAL FORM

Name of facility: ----------

General psychological status: ----------

Survivor plans to report to police OR has already made report. Yes ☐ No ☐

Survivor has a safe place to go Yes ☐ No ☐

Has someone to accompany her/him Yes ☐ No ☐

Counseling provided:----------

Referrals: ----------

Follow-up required: ----------
--

Date of next visit: ----------

Name of health worker conducting examination/interview: ----------
---

Title: ---------- Signature: ---------- Date: ----------

APPENDIX 5

GBV INCIDENT REPORTING FORM

Type of incident	**Additional incident type (codes)**		
Incident No.	Boma	Date and Time of interview	
Previous incidents numbers for this client			
1. SURVIVOR INFOMATION			
Name	Age	Yr. of Birth	Sex
Location in the community	Nationality/tribe	Marital status	Occupation
No. of children	Ages	Head of family (self or name, relationship)	
Vulnerability		ID Card No.	
If Survivor is a minor – Name of care giver			Relationship
2. THE INCIDENT			
Location	**Date**	**Day**	**Time**
Description of incident (summarize circumstances, what exactly occurred, what happened afterward)			
3. PERPETRATOR INFORMATION			
Name	No. of perpetrators		
Location	Nationality	Age	Tribe
Relationship with survivor	Marital status	Occupation	
If perpetrator unknown, describe him/her, including any identifying marks			
Current location of perpetrator, if known			
If perpetrator is minor – Name of care giver:			**Relationship**
4. WITNESSES			
Describe presence of any witnesses			
Name		Address	
5. ACTION TAKEN – ***Any action already taken, by anyone, and the date this form is completed***			

Reported to	**Date reported**	**Action taken**
Police Name		
Security name		
Local leaders name		

Health Care Name		
Psychosocial support Name		
Others Name		
6. MORE ACTION AND PLAN OF ACTION – *As of the date this form is completed*		
Immediate Safety Plan:		
Is survivor going to report the incident to the police No: Yes:		
Is she/he seeking action by traditional disputes committees Yes: No:		
What follow up will be by caseworkers		
What further action is needed by others?		
Form completed by (Print name): Signature:		

APPENDIX 6

GBV MONTHLY TRACKING TOOL

Type of SGBV Cases	Sex	Age		County -Magwi										Cumulative
			Payam 1	Payam 2	Payam 3								Total Current month	
Physical violence														
Wife Beating														
Husband beating														
hitting														
slapping														
choking														
cutting														
shoving														
burning														
shooting or use of any weapons														
acid attacks or any other act that results in pain														
discomfort or injury														
Psychological Violence														
Name calling														
Threats of physical assault														
Intimidation														
Humiliation														
Forced Isolation														
Decertation														
No Communication														
Over / not talking														
Aggression														
Displacement														
Denial of life style														
Denial to contact family friends														
Harmful Traditional Practices														
Child / early marriages														
Forced marriages														
Widow inheritance														
Polygamy														
Polyandry														

Son preference														
Taboos – not eating certain foods														
Returning dowry														
Forced repatriation														
Gambling of wives														
Girl child labour														
Barrenness / infertility														
Producing same sex children														
Threatened FGM														
Sexual Violence														
Rape / defilement														
Sodomy														
Attempted rape														
Sexual Assault														
Sexual Harassment														
Sexual Exploitation														
Economic Violence														
Land grabbing														
Denial of resources														
Denial of access and control of resources														
Denial of benefits														
Money with held by intimate partners														
Trafficking in persons with a purpose														
TOTAL														

APPENDIX 7

HEALTH CARE PROTOCOL FOR GBV

Medical care in cases of rape should be provided to meet all the basic needs of the survivor. These findings should be recorded in the clinical records in a legible manner and with necessary diligence.

A medical examination should be performed by a medical doctor who is registered in South Sudan. In the absence of a medical doctor other clinicians may conduct the examination, the findings of which can be shared with the doctor at a later stage. This examination will be performed when basic gynecological equipment is available in the Maternity Ward, MCH or a Female Ward.

General Procedures

1. Obtain the consent from the patient or guardian (in the case of a child) before commencing the medical examination and always ensure the presence of a female health worker to assist.

2. Explain the medical steps and procedures to the survivor throughout the examination. Remember that he/she may be re-traumatized by your examination.

3. Obtain and record the history in the patient's own words. The sequence of events, as well as the time, place and circumstances, the number of persons involved, parts of the body damaged, and the potential use of any weapons or objects, must be recorded.

4. Record whether the patient came directly to the hospital or whether he/she bathed or changed clothing.

5. Record findings but do not issue even a tentative diagnosis. Whether rape has occurred or not, is a legal conclusion not a medical one.

Obtain proper tests

1. Treat the symptoms and/or disease
2. Assess psychological trauma
3. Prevent pregnancy
4. Counsel the patient - especially regarding her legal rights, and explain clearly subsequent therapy and follow up with the survivor/guardian.

General Examination

With a female witness present, record the general appearance of the patient. Note all bruises, scratches and other indications of physical trauma. Note torn, stained, or bloody clothing. Assess any injury that may need further treatment (such as head injury or laceration) and refer to other facilities if deemed necessary. The conclusive findings may be more apparent the next day.

Psychological Trauma

The general mental status must be assessed in order to determine which supportive measures are required. One must bear in mind the rape trauma syndrome, which consists of four phases:

1. Anticipatory phase
2. Impact phase
3. Reconstitution phase and
4. Resolution phase

APPENDIX 8

TERMS OF REFERENCE FOR TRADITIONAL ARBITRATION MECHANISMS

The primary role of the traditional arbitration system shall be to promote peaceful resolution of disputes brought to them by members of the community, as well as reconciliation of the parties thereof. In all its undertaking, the court should not lose sight of this objective and all the actions should be ultimately geared towards this role.

1. The committee members shall work closely with all stakeholders to enhance peaceful resolution of disputes and reconciliation of the parties thereto; The SGBV lawyer shall supervise the work of the traditional arbitration committees to ensure that the members do not infringe on South Sudan laws in discharging their duties

2. In discharging their functions, the members shall apply recognized customary laws to cases of a personal nature only so long as the same are:-
   a. Consistent with South Sudan laws and human rights
   b. Cases of a personal nature that have no criminal angle.
   c. Not repugnant to morality and justice

3. Similar cases will be decided in a similar manner (precedence)

4. The committees shall encourage peace and reconciliation among members of the community and in extreme cases shall ask the party at fault to compensate the injured party in accordance with the customary law of the people involved.

5. In no circumstances shall the committee fine an individual or unlawfully confine him/her against his/her will. The court shall also respect the rights of the persons brought before them and shall not subject them to cruel, degrading or inhuman treatment or punishment.

6. The courts shall keep proper records of all cases handled by them for future reference and these records shall be open for inspection by the GBV lawyer

7. Each division of the court shall co-opt at least two women to represent gender equity

8. All criminal cases shall be referred to the South Sudan police as soon as the same are reported to the court and all GBV cases shall in addition, also be referred to GBV lawyer for follow-up.

9. The jurisdiction of the bench court shall be limited to the following cases
    - Marriage and dowry related cases
    - Adultery
    - Divorce
    - Elopement
    - Pregnancy settlement
    - Quarrels and conflicts among community members
    - Small civil claims
    - Paternity disputes