KITGUM DISTRICT LOCAL GOVERNMENT

STANDARD OPERATING PROCEDURES FOR GENDER BASED VIOLENCE RESPONSE & PREVENTION.

2021

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Forward

Considering the challenges in post conflict recovery programming and intervention. Kitgum District Local government has reviewed the Standard Operation procedures (SOPs) to guide the implementation of GBV activities by partners. The SOPs take into consideration survivor centered approach, therefore focusing on joint coordination to ease accessibility of referral services for GBV survivors as well as the need for multi - sectoral approach to GBV.

The categories for GBV response service include: medical (PEP, ECP and treatment of injuries), psychosocial, safety and security and legal support. These services are crucial and given based on whether rape and defilement occurred. Survivors of domestic violence may also require treatment of injuries or any cuts to avoid infections. The services must be accessed within a specified period of time in order to save lives.

GBV in Kitgum remains a serious challenge posing a threat to health, security and development agenda especially towards achieving SDG's, ICPD plan of action, UNSCR 1325 AND 1820. The most common forms are domestic violence and sexual exploitation. The main causes of human rights violations are rooted in the traditional practices and perception in our cultures which promote discrimination and exploitation especially of women and girls. Government is committed to addressing these discriminatory practices in order to promote the health and the human rights of women and men to enhance development. Other practices that need to be addressed are: alcoholism, child labor, drug abuse, land wrangles and forced marriages which affect the education of the girl child increasing powerlessness, poverty and vulnerability.

Finally, I call upon all stakeholders, duty bearers and rights holders to constantly make use of these SOPs as a guide for all GBV response and prevention activities in order to save lives and improve the well being of the people of Kitgum district.

FOR GOD AND MY COUNTRY

Hon. Omona Jackson
Chair Person Kitgum District Local Government

Acknowledgement

Kitgum District Local Government is grateful for the support and contribution of all stakeholders that made Gender Based Violence Standard Operating Procedures a reality. On behalf of the government, I wish to recognize UNFPA for facilitating the process both financially and technically.

I would like to take this opportunity to thank the social sector working group which include: Police Child and Family Protection Unit/ Community Liaison office, J4C, Straight talk Foundation, Meeting Point, UHRC, CECODEP, WORID, ULS, Kitgum Archdiocese and UNFPA, who contributed insights in reviewing this document.

Finally, I would like to recognize and appreciated the Community Based Services Department for coordinating the development of this very important document.

Thank you,

Martin Jacan Gwokto

CHIEF ADMINISTRATIVE OFFICER, KITGUM

List of Abbreviations

CBOs – Community Based Organizations

CDO - Community Development Office

CFPU/D – Child and Family Protection Unit / Department

PSWs – Para-social Worker

SWO- Social Welfare Officers

DEO - District Education Officer

ECP - Emergency Contraceptive Pills

FBOs – Faith Based Organization

GBV - Gender Based Violence

SSWG- Social Sector Working Group

IASC- Inter agency standing committee

PDCs – Parish Development Committees

PEP - Post Exposure Prophylaxis

PF3 - Police Form 3

PTAs – Parents Teachers Association

SEA- Sexual Exploitation and Abuse

SMCs - School Management Committees

SMT – Senior Management Teams

SOPs- Standard Operating Procedures

STI - Sexually Transmitted Infections

TBAs- Traditional Birth Attendants

UNFPA - United Nations Population Fund

VCT - Voluntary counseling and testing for HIV

VHTs – Village Health Teams

WHO - World Health Organization

1. INTRODUCTION

Gender-based violence (GBV) poses a threat to human rights, including security of person, health and potentially, even risk to life. GBV has a devastating impact on women and children in particular, as well as families and communities. These Standard Operating Procedures (SOPs) have been developed to facilitate joint action by all actors to prevent and respond to GBV. The prevention of, and response to GBV requires the establishment of a multisectoral working group to enable a collaborative, multi-functional, inter-agency and community-based approach.

1.1 Purpose of SOPs

These SOPs describe clear procedures, roles, and responsibilities for each actor involved in the prevention of and response to GBV. The SOPs reflect a community and rights-based approach to the problem. They are designed to be used together with established Inter-agency Standard Committee (IASC) guidelines and other good practice materials related to prevention of and response to GBV. The SOPs detail the minimum procedures for both prevention and response to GBV, including which organizations 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 the SOP's

These SOPs describe the roles, responsibilities, guiding principles, and procedures for prevention of and response to any form of gender-based violence affecting the communities in Kitgum district. These SOPs reflect the more comprehensive prevention and response interventions possible, and necessary in post conflict settings in Kitgum. These SOP's have been developed by the Community Based Services department of Kitgum district and GBV district working group with technical and financial support from UNFPA. They are to be used by all governmental and non-governmental actors working in Kitgum District.

1.3 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 guidance in these documents has been used to develop these SOPs.

- IASC Guidelines for Gender-Based Violence in Humanitarian Settings;
- World Health Organization (WHO) *Clinical Management of Survivors of Rape*;
- Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse, 2003;
- Ethical, Methodological and Safety Guidelines for Research, Monitoring and Documentation of Sexual Violence in Emergencies (WHO).

2. DEFINITIONS

2.1 General Terms

The following definitions and terms used in this setting are those established by the Inter Agency Standing Committee (IASC) in the publication Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies, post conflict and other situations. (IASC 2005).

Actor(s) refers to individuals, groups, organizations, and institutions involved in preventing and responding to gender-based violence. Actors may include local populations, employees, UN agencies, NGOs, CBOs, s, government institutions, cultural / religious leaders and donors.

Community: Population affected by gender based violence.

Child: Person under the age of eighteen.

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

Perpetrator: Person(s), group or institutions that directly inflict or otherwise support violence or other abuse inflicted on another against his or her will.

Survivor: The person who experiences violence**.** While some institutions use the term **victim**, the term **survivor** recognizes an individual's agency and ability to cope with the traumatic events experienced and will thus be utilized.

2.2 Gender-Based Violence Terms

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 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 Ugandan 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 between where; in the public or private sphere that any act of GBV is carried out: All are equally abhorrent. As such, 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" to highlight the extent to which women are the primary victims of these types of crime. Women's subordinate status in society increases their vulnerability to violence.

UN Definition of Gender-Based Violence "…. 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 victims."

GBV case definitions for this setting shall be understood to encompass, but not be limited to the following:

Sexual Assault: any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks, touching, gesture, whistling, insult, statement, bickering.

Rape: non-consensual (impersonation, force, inducement, manipulation, exploitative / not in proper state of mind) penetration (however slight) of the vagina, anus or mouth with a penis or other body part. It may include incest, gang rape, marital rape and male rape (Sodomy).

Defilement: is a legal term that refers to any sexual intercourse with a girl under the age of 18 years. Section 129 of the Uganda Penal Code Act provides that any person who unlawfully has sexual intercourse with a girl under the age of 18 years is guilty of an offence and is liable to suffer death. In other jurisdictions, defilement is referred to as statutory rape.

Physical Assault: an act of physical violence that is not sexual in nature. Examples include: 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.

Domestic violence: is the physical, verbal, emotional, psychological and/or sexual abuse of a woman or girl by her partner or spouse. This type of GBV can involve the use of threatening or intimidating words and acts, hitting, use of a weapon, imprisonment/confinement, financial control, cruelty towards her or other people and things she cares about and abusive

and/or demeaning language. Domestic violence reinforces gender based discrimination and keeps women subordinate to men.

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. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, women working hard but not benefiting from their efforts.

Psychological / Emotional Abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual nature, destruction of cherished things, name calling, threats of physical assault, intimidation, humiliation, forced isolation, desertion, no communication, aggression, displacement, denial of food and denial of sex.

Harmful Traditional Practices are defined by the local social, cultural and religious values where the incident takes place. Forced marriages, child marriages; forced widow inheritance; polygamy without the consent of spouses which compromises their welfare , son preference; returning dowry, gambling and staking women as payment, girls as a source of wealth (bride price), monetary settlements in case of defilement, child labor - girls sold and used as housemaids which are enhanced by discriminations caused by barrenness - measured by the *number of pit latrines filled by the woman without yet producing a child; and producing same sex children*.

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

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

Gender Based Referral Pathway: A network of services for the survivors/ victims of GBV. It includes but not limited to health, psychosocial, legal services and safety and security.

3. GUIDING PRINCIPLES

All organizations agree, without exception, to adhere to the following principles as guides for their behavior, interventions, and assistance to survivors of GBV.

3.1 Guiding Principles for GBV Prevention and Response Programs in Kitgum district.

Agencies agree to:

1. Ensure that services are provided in a non-discriminatory manner and to all survivors requiring assistance.
2. Engage the community fully in understanding and promoting gender equality and power relations that protect and promote the rights of women and girls.
3. Ensure equal participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmer through the systematic use of participatory methods.
4. Establish and maintain carefully coordinated multi-sectoral and inter-organizational interventions for GBV prevention and response.
5. Ensure accountability at all levels.

3 *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 CEDAWCommittee
4 *World Health Organization, World Report on Violence and Health. Geneva: WHO, 2002.*
5 *See Appendix 1, Secretary-General's Bulleting on Preventing Sexual Exploitation and Abuse for specific definition*
6. Base programming framework on international legal principles, including those set out in refugee law, international and domestic human rights law and international humanitarian law.
7. Understand and adhere to the ethical and safety recommendations in *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* (WHO 2007).
8. Extend the fullest cooperation and assistance to each other in preventing and responding to GBV. This includes sharing situation analyses and assessment of information to avoid duplication and maximize a shared understanding of the situation.
9. 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 1 Code of Conduct).***

3.2 Guiding Principles for Working with Survivors

Safety and Security

All actors will prioritize the safety and security of the survivor/perpetrator, at all times. Remember that the survivor may be frightened and need assurance that she/he is safe.
1. In all cases, actors will ensure that the survivor is not at risk of further harm by the perpetrator or by other members of the community.
2. If necessary, and with the consent of the survivor, actors may seek assistance from the police, protection officers or others.
3. Actors 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. It may be necessary to agree on safety protocols with district authorities for those working with GBV survivors.
4. Ensure witnesses are also safe and secure.
5. Ensure availability of a temporary shelter for the survivors of GBV

Confidentiality

1. At all times, the confidentiality of the survivor and their family will be respected and protected.
2. Information will be shared only with others who need to know in order to provide assistance and intervention, and only with consent of the survivor/ perpetrator.
3. Information about GBV incidents and GBV survivors shall never be shared if it includes the individual's name or other identifying information. 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).
4. All written information with identifying details will be maintained in a secure, locked office.
5. If any reports or statistics are made public, only one responsible officer in the organization will have the authority to release such information. All identifying information (such as name or address) will be removed.
6. No identifying information will be revealed during coordination meetings or other public events when a specific GBV case is mentioned.

Respect
The actions and responses of all organizations will be guided by respect for the choices, wishes, the rights, and the dignity of the survivor. For example, organizations will ensure that their staff:
• Conduct interviews in private settings,
• Wherever possible, conduct interviews and examinations by staff of the same sex as the survivor (e.g. woman survivor to woman interviewer),
• Are good listeners,
• Maintain a non-judgmental manner concerning the survivor and him/her behavior,
• Ask only relevant questions (do not discuss the survivor's prior sexual history or status of virginity)
• Avoid asking the survivor to repeat the story in multiple interviews,
• Do not show any disrespect for the survivor and him/her culture, family, or situation.

Non discrimination
Ensure non-discrimination in all interactions with survivors and in all service provision irrespective of tribal, cultural, religious and individual physical ability.

Best interest of the child
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 by the child's parent or guardian, the best interests of the child shall be the overriding guide7 and the appropriate procedures should be followed.

Cultural practices
All harmful cultural practices that perpetuate all forms of GBV must be actively discouraged for instance widow inheritance and denial of female property inheritance.

Do no harm
Efforts must be made to minimize possible negative effects and maximize possible benefits. It's the responsibility of all stakeholders to protect GBV survivors from further harm as well as ensure they experience the greatest possible benefits of involvement.

3.3 Informing the Community about the SOPs

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 and to religious 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.
6 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.
7 UNHCR Guidelines on Formal Determination of the Best Interests of the Child, Provisional Release, May 2006.

4. PREVENTION

Prevention activities can result in some immediate changes in the environment to better protect women and girls, men and boys as well as targeting knowledge, attitudes and behaviors to encourage longer-term change in social and cultural norms related to gender.
The activities listed in the following section on prevention should be implemented in conjunction with other agencies carrying out prevention activities in the District to ensure actions are complimentary and to avoid programme overlap.

4.1 Purpose of Prevention Activities

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

i. Identify and address factors that increase risk of violence related to community layout, behaviors and cultural socialization as well as design, availability of and access to resources such as firewood, food, water and sanitation.

ii. Encourages changes in the knowledge, attitudes and behaviors of individuals and the community at large through awareness raising, mobilization and advocacy efforts at the community, district and national levels.

4.2 Prevention Activities for GBV Actors

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

ii. 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.

iii. Awareness campaigns which use information and education to promote changes in community knowledge, attitudes and behavior regarding gender-based violence.

- a. Campaign topics might include human rights, GBV, gender roles and expectations in the community, child rights and responsibilities.
- b. Campaigns might target specific groups of people including women, men, youth, children, religious groups, schools, local authorities and cultural leaders.
- c. Campaigns can use a variety of tools to disseminate messages for instance posters and pamphlets; poster contests; drama, song and dance; radio discussions and spots, video presentations; slogans or messages printed on T-shirts, containers and other, clothing as well as trainings or discussions on human rights, gender and other ideas related to GBV.

iv. Trainings and workshops to increase knowledge and skills related to GBV and how to prevent it.

- a. Trainings, dialogues, mentorships 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 Police, UN agencies, local and international NGOs, government agencies and traditional leaders.

v. Activities that empower women and promote confidence and economic self-sufficiency.

- a. These activities might include adult literacy programs, vocational training, income generating activities and projects, loans to help set up and run small businesses and training in small business management.
- b. Implementing activities to empower women facilitates their individual development and the integral well-being of their families and communities; it also contributes 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.

c. It is also important to strengthen and provide leadership training to existing women's groups in the community.

d. Support involvement of women and girls in planning processes and in decision making in the house hold.

vi. Improving gender equity in decision-making and leadership

a. Local leadership structures should be gender-balanced (with a minimum of 33% women) in membership and participation to ensure the inclusion of the different needs of women, men, girls and boys.

b. Women's participation in leadership can also create equal access to and control of resources and benefits.

vii. 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.

a. 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.

b. District GBV/Child Protection Officers should collect and analyze district-specific data and information on GBV and child protection issues to support national advocacy efforts for policy and legislative reforms.

viii. Rebuilding family and community support structures i.e. Local Councils, church, clans to ensure equal opportunities to boys and girls, men and women. Focus on values cultures and beliefs which are degenerating in society; promote family cohesion – how families live together as an entity and how fathers and mothers relate to each other and raise children.

ix. Design safe effective and accessible services and systems.

x. Do No Harm – deliver safe effective accessible services.

a. Build water sources like boreholes in safe places.

b. Promote participation.

c. Do not keep people especially females late in the evening when meetings are organized.

d. Provide services differently to each group e.g. the youth should access condoms in a different place than adults.

e. Design IEC materials that can easily be interpreted by the people.

xi. Influencing changes in cultural norms, events and practices by conducting sensitizations for instance on shared roles and responsibilities and discouraging negative cultural norms and practices.

Formal systems available to disseminate information include: Schools, the Police and Judiciary, Probation, Health, and Local councils.

Traditional systems available to work with include: clergy, clans and elders.

4.3 Responsibilities for Prevention

All parties to these SOPs have a responsibility to take action to prevent gender-based violence.

All parties to these SOPs will:

i. 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:

a. Have at least a basic understanding of gender-based violence and the IASC GBV Guidelines.

b. Are able to engage in effective prevention activities that are relevant to their jobs/roles in the humanitarian setting.

c. Know the contents of these SOPs, including how and where to refer a survivor for support and assistance – and how to inform appropriate actors about GBV risks and incidents they may hear about or suspect during the course of their work.

ii. 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.

iii. Actions include:

a. Establishing a code of conduct for all staff in compliance with the generally agreed-upon standards (see IASC GBV Guidelines for more details).

b. Establishing procedures for receiving reports and linking with the reporting and investigation system in the setting.

c. Providing training to all staff about the code to ensure full understanding; including why it is important, how to make confidential reports, and information about investigation procedures.

d. Requiring all staff to sign the code of conduct to indicate their understanding of it and willingness to abide by it.

e. Taking action on any SEA report that is received.

f. Holding staff accountable for behavior related to the code of conduct, including required reporting of suspected SEA.

iv. Actively seek equal participation of women and girls in the design and delivery of services and facilities in the setting by meeting regularly with them to learn about accessibility, safety, and security related to services and facilities.

v. In collaboration with the GBV working group and in a carefully coordinated manner develop and implement GBV awareness-raising activities within the community and among other humanitarian actors and government authorities.

vi. Ensure all relevant sectors/actors are aware of and are carrying out their roles and responsibilities as described in these SOPs and the GBV Guidelines (IASC 2005), by:

a. Identifying any gaps and communicating those to the GBV coordination bodies (e.g. GBV coordinating agency, GBV working groups).

b. Maintaining awareness of which organizations are operating in the GBV coordination role.

c. Providing information about what is working and not working to those coordinating bodies.

Multi-sectoral response to GBV

Sector of response	Preventive functions provided by actors
Medical providers	▪ Implement the minimum initial service package for reproductive health in emergency situations (MISP) ▪ Ensure health services are accessible all GBV survivors especially women and children ▪ Integrate GBV awareness-raising and behavior change activities into community health activities ▪ Facilitate health educators to educate communities ▪ Promote utilization of preventive medicine
Psycho-social providers	▪ In collaboration with community groups and the social sector working group (SSWG), develop information campaigns, awareness-raising and behavior change activities to: ➢ Influence changes in socio-cultural norms ➢ Promote respect for human rights especially women and girls' rights ➢ Encourage survivors to seek assistance ➢ Promote community acceptance and social re-integration of GBV survivors
Safety & security providers	▪ Maintain adequate security presence in Kitgum ▪ Through formal and informal networks, maintain awareness of protection and security issues related to GBV ▪ Provide information to the social sector working group about protection and security strategies issues ▪ Develop and strengthen specific prevention strategies to address evolving security issues ▪ Include GBV in community policing ▪ Enforcement of law and policies

Legal/justice	▪ Apply relevant laws and policies and adjudicate GBV cases with minimal delays ▪ Advocate for legal reform where necessary ▪ Enact by laws, ordinances and sensitize communities about their rights. ▪ Prosecute perpetrators to deter further harm
Community leaders	▪ Maintain awareness of GBV risks and issues in the setting. Communicate these to security actors and the social sector working group, and engage in problem-solving discussions to continuously strengthen prevention strategies. ▪ Actively promote respect for human rights and especially women and girls' rights, including equal participation of women ▪ Identify and report GBV cases ▪ Mobilize and sensitize the community ▪ Refer survivors for medical care ▪ Promote and facilitate clan meetings and dialogue ▪ Put in place GBV by-laws and ordinances and enforcement ▪ Provide counseling for GBV Survivors and perpetrators ▪ Document GBV cases ▪ Provide security to survivors ▪ Apprehend the perpetrators ▪ Integrate the survivors back into the community
Social Sector working Group (SSWG)	▪ Strengthen capacity of actors to prevent and respond to GBV ▪ Develop and review SOPs and implement them ▪ Provide information, guideline and tools for use by all actors ▪ Empower other structures in the communities ▪ Conduct advocacy for justice for GBV survivors

	▪ Document and trace GBV prevalence in the district ▪ Effect arrest and hand over perpetrators to police: Section 23 of the criminal procedure court gives power to the public to arrest offender ▪ Promote positive cultural practices in Kitgum

4.4 Working with the Community on Prevention

Various members and structures of the affected community have a significant role to play in designing, implementing and evaluating strategies to prevent gender-based violence. GBV actors should 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."***

4.4.1 Women's Groups

Women are agents of change and should be active partners in community mobilization to prevent GBV. GBV programs may decide to 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.

If a GBV agency seeks to create a community-based women's group, the agency should first know which women's groups, if any, are already active in the Sub County or other location.

Based on the number of active groups, the agency may decide to increase support for these groups or create a new group. Agencies shall not create any new groups where there already exists an open and functional community group.

A GBV agency 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 organize 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 Based Violence.

Through support and guidance from a GBV agency, these women's groups can increase awareness among community members about GBV, causes and consequences, the rights of women and girls in the community, and ways in which the community can support survivors of GBV instead of stigmatizing or ostracizing them. These community-based groups should **never** provide case management services but should be trained on how to link survivors with caseworkers present in the village or parish or, if a caseworker is not present, how to provide survivors with information on services where they can receive compassionate and ethical care and support.

Women's groups can be reached through Churches: Mothers' Union; Mosques; Health Days; National days like Women's Day; through infotainment approaches like music dance and drama, radio programs and other media; as well as community meetings.

Stakeholders that will reach out to women's groups include: District CDOs, Religious leaders, FBOs, Health Staff, SMCs, PTAs, councilors, NGOs, CFPU, PDCs, CBOs, Radio and other media.

4.4.2 Men's Groups

Men can be agents in promoting positive masculine norms and behavior that is non-violent. Involving men in GBV prevention activities helps promote long-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 common 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.

4.4.3 Youth and Children's Groups

Children's groups play an important role in psychosocial support for child survivors and they may provide a safe place for child survivors to divulge that they are being/have been abused. Provide awareness-raising activities for children so that they know how and where to report incidents of GBV, including empowering them through developing the language to address any abuse. Children can also be informed about their rights and responsibilities, and likely risky behaviors that could endanger them. Efforts should be made to keep girls in schools through sponsorships and bursaries to excellent students.

Involving children and youth in prevention helps increase community's proper understanding and appreciation of gender equity and promotes long-lasting changes in gender relations. GBV actors may opt to link peer education and awareness-raising programs on GBV with activities for youth and children already underway, such as education and skills-training programs, social events, and HIV/AIDS campaigns targeting children or youth.
Other ways to reach children include: Children's club, drama clubs in schools, role plays, assemblies or parades, Children's media programs poems and songs, Talking Compounds, drawings, Braille and Tactile (for children with special needs), integration of GBV in the curriculum, participation in national events, school events like debates, exchange visits or tours, and exposure or field visits.

Stakeholders to prevent GBV in schools and communities can include: Inspectors of schools, CDOs, Resource persons, DEO, SMT, Patrons, CFPU, Prefects, SMCs, LCs, PTAs, VHTs, PSWs, PDCs, Social Welfare Officer (SWO) and Religious leaders.

4.4.4 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. A GBV agency in conjunction with government and non-government education agencies should develop a system to monitor and report abuses by teachers and school authorities.

As in other sectors, staffs working in the education sector are obliged to prevent and respond to the abuse of children. The actions of teachers and administrators are guided by a code of conduct set forth by the District Education Office and the Ministry of Education. While this code of conduct strictly prohibits sexual acts between teachers, pupils and students, the penalties for violating this code of conduct are neither explicitly clear nor consistently applied.
Prevention activities with educational institutions might therefore include: improving the current code of conduct for schools to ensure that it clearly forbids sexual exploitation and abuse and punishes the teacher and not the survivor for misconduct, training teachers and school authorities on prevention of sexual exploitation and abuse, GBV and children's rights, designating a focal point within each school to receive reports of teacher misconduct and how to take action, and increasing awareness among students about the roles and responsibilities of teachers and how to report violations of the teacher code of conduct.

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. Each organization agrees to adhere to these as standard protocols, procedures, and policies that provide more specific guidance to staff and volunteers.

All actors engaged in response activities must adhere to the Guiding Principles on GBV and have 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 programs 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 programs, particularly WHO's ***Clinical Management of Survivors of Rape*** and IASC's ***Guidelines for Gender based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.***

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 creating 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 survivor should be given honest and complete information about possible referrals for services. If she/he agrees and requests referrals, she/he must give her informed consent before any information is shared with others. She/he must be made aware of any risks or implications of sharing information about their situation. She/he has the right to place limitations on the type(s) of information to be shared, and to specify which organizations 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.

5.1.1 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 2*** of this report).

- The 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 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:
- Within 24 hours the lead GBV coordinating agency should receive copies of the completed Incident Report Form from organizations 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, they should be given information about available services if they decide at a later date to seek assistance. No information should be shared about her victimization, as per her request.

Special procedures for obtaining consent from child 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 organizations.

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 survivor of what assistance they can offer and clearly relate what cannot be provided or any limitations to services, to avoid creating false expectations. All service providers in the referral network must be knowledgeable about the services provided by any actor to whom they refer a survivor.

KITGUM REPORTING AND REFERRAL SERVICES FOR GBV SURVIVORS.

MEDICAL CARE OF GBV SURVIVORS

- **PEP:** Treatment for prevention of HIV/AIDS/STDs (Must be taken within 3days (72 hrs.) of incident).
- **ECP:** For prevention of pregnancy (effective within 5days(120hrs.) since incident.

Service providers: **COW Foundation**, **St. Joseph Hospital (On payment), Kitgum Government Hospital and All HC 111& IV (Free), straight talk (Youth centre)** in Kitgum. Clinical Management for post rape / defilement care& basic counseling to be governed by GBV guiding principles.

CASE MANAGEMENT AND PSYCHOSOCIAL SUPPORT

- Help Survivors Cope with trauma &social Stigma
- Psychosocial support should be confidential & on case by case basis
- Facilitate survivors to access related services including medical, transport &locations

Refer to appropriate actors namely: **KIWEPI, Straight Talk (Youth Centre), PROBATION, CDOs at sub Counties, POLICE (CFPU),SWOs,PSW,WORID**

SUPPORT MEMBERS/STRUCUTRES

- Do no more harm to survivor.
- **Support to survivors by CDOs/ VHTs/PSWs/SWO/LCs, PSWO**, **Local/ religious leaders**, guided by following principles:
  - **Respect& Non discrimination**
  - **Safety &Security**
  - **Confidentiality**
- Information only shared with survivor's consent& only with appropriate service providers in referral pathway
- All interviews are held in private& if possible with same sex
- Be patient- Do not force survivors to make specific choices. Give survivors all necessary information& options available. Let Survivors decide on services they need& support them

SAFETY AND SECURITY

- Ensure immediate safety for survivor.
- Work with survivor to identify available safety and security options
- Develop long term safety plan with survivor.
- Preserve evidence to avoid any loss so as to help police with investigation to facilitate justice

Refer to appropriate security actors: **Police (CFPU/CID, CLO, O/C Station),Tender Trust , LCs, CDOs ,PSWs,KICWA, SWO** at sub counties.

LEGAL ACTION

- Help survivor understand the legal options and necessary steps to pursue access to justice/ Legal Action
- Accompany survivor to police who can collect evidence where possible and properly preserve it for the legal process
- UN Human Rights Provides legal information when contacted by survivors or their relatives

Service Providers Include: Justice For Children (J4C), UHRC, Chief Magistrates Court, DPP, POLICE.ULS,CECODEP, Toll Free child help Lines: 116

5.3 Responsibilities for Survivor Assistance

5.3.1 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 P3 form for survivors seeking legal action, all GBV actors 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 counseling 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's ***Clinical Management of Rape Survivors*** provides clear treatment and service protocols for medical service providers assisting survivors of rape.

Wherever possible, medical response staff should collaborate with Village Health Teams (VHTs), to strengthen the response activities and information about services available in a parish. Collaboration may include trainings and sensitizations with traditional practitioners and the community at large.

Where case management services exist, heath service providers should refer clients, with their consent, to the designated GBV caseworker for that Sub County if the client has not already seen the caseworker. Health service providers should also complete the "Feedback Information" section on the Referral Form to ensure that any follow-up treatment needed is noted by the client's caseworker. ***(See Referral Form - Annex 3)***

In Uganda 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.

5.3.2 Psychosocial Service Providers

The psychosocial needs of a GBV survivor are determined by the nature and extent of emotional, psychological, and social trauma sustained 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 pre-determined formula for psychosocial intervention. It requires assessing the psychosocial

functioning of a survivor: her/her unmet needs, personal strengths, and 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 his/her other needs. In addition to individual and group counseling, 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.
Psychosocial support services might also include participating in an income-generating, skills-training group, membership in a women's group or drama group; or support from a religious institution.

5.3.3 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 and response to GBV

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 and other facilities.

For the safety of the survivor, actors should ensure the physical space (environment), safety planning, and relocation (last resort) to community safe spaces, safe houses or foster care. Police and Security Forces should ensure: Private interview space, proper application of laws, investigation and arrest, documentation of charges and referral to the court system.

5.3.4 Legal/Justice Actors

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

Legal information and support must be given to both survivors and witnesses. This includes

10 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.

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 PF3 Annex forms, the survivor, state and defense attorneys, and the magistrate), Court advocates, case workers and others working with survivors should ensure that the survivor is accompanied to all meetings with police or court officials and to court proceedings, including pre-trial sessions, trial and sentencing. Wherever possible, service providers and others providing support for survivors should cover all court-related costs and provide transport to and from the court house when a survivor's case is being heard.

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 counselor or other support person will accompany him/her to the relevant authorities.

If a survivor chooses to report her case to the police, the following procedures should be observed:

- The survivor and escort report to the main police desk that there is a confidential matter to discuss.
- The police officer at the desk will show the survivor to and escort them to a private room.
- 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 PF-3 medical form 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 should conduct investigation immediately, even if the PF-3 has not yet been returned.
- When warranted, police arrest the perpetrator and file charges in court.

N.B Under no circumstances will a survivor be expected to produce an LC introductory letter as a prerequisite for the case to be registered.

5.3.5 Special Consideration for Child Survivors in the Legal Justice System

Legal actors (police, court officials, traditional and national courts) will assess the national justice system for child-friendly procedures. In the absence of established procedures, legal actors can introduce and support innovative practices such as including social workers or community psychosocial support workers in sessions in which children are expected to deliver official statements to the police or courts, or advocate that hearings for children should take place in the judge's chambers in the presence of social workers.

5.3.6 Local Leaders

For the purpose of this document, local leaders refer to LC1s, LC2s, LC3s, others in the local administrative office and district headquarters (excluding the police, district health workers and court officials), elders, clan leaders, and women's leaders. As local leaders (defined above) do not provide GBV-related services, survivors should not be referred to them for assistance by any GBV actor or service provider. 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.

5.3.7 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, survivors should not be referred 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, GBV actors may choose to 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.

The Acholi traditional systems are currently harsh and very patriarchal in nature. Women are treated as objects and property. The GBV working group will work with the councilors and traditional leaders to promote positive traditional cultural systems.

5.3.8 Awareness-Raising

Local leaders play an important role in GBV prevention activities, including awareness-raising. They can promote or increase awareness among 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.

Response functions of different Actors

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 : ➢ Treat injuries ➢ Assess for pre-existing pregnancy and prevent unwanted pregnancy ➢ Prevent and/or treat sexually-transmitted infections ➢ Reduce the likelihood of the survivor contracting HIV by administering post-exposure prophylaxis. ➢ Inoculate for Hepatitis B and Tetanus ➢ 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
	▪ Act as overall case manager, coordinating all service delivery through case planning and ensuring

Psychosocial providers	▪ clients have all relevant information on the consequences of the violence and on available ▪ services ▪ 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/his 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 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 as requested by the survivor ▪ Provide the survivor with the PF3 and PF24 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: ➢ How the legal system works and what happens during a court Proceedings ➢ 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 &PF24 and/or PF Annex forms, the survivor, the state and defense 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 pretrial 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/him 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 and 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, organizations and groups. The goal of case management is to empower the client by giving them increased awareness of choices in dealing with the problem, and assisting her to make an informed decision

The principles that underpin case management are:

• Individualized 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/his 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 cognizant 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 implications 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 standardized 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 4)***
• Compile data using the ***GBV Tracking Tool.***
• Share aggregate incident data at the district-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 2).***

All case management forms and all other case-related documents must be kept in locked offices by the GBV agency providing case management services.

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 2)***

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

Incident Report Forms will be completed by all trained service providers 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 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 analyze 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.

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 per 10,000 population in total and by type of incident (case definition)
- Number or percentage of incidents (by type of incident) by:
    - Time of day (morning, afternoon, evening, night)
    - General location (keeping in mind that if location is too specific, it may identify a survivor)
    - Survivor age, marital status and other demographic information

- Perpetrator relationship to survivor
- Number of perpetrators
- Perpetrator age and other demographic information
- Services received, referrals made, actions pending
- Outcomes

6.3 Qualitative Data about GBV Risks and Unreported Incidents

Each sector will gather and analyze qualitative information about GBV incidents that are not reported, including results of focus group discussions, rumors of GBV incidents, community perceptions of risky areas or suspicious activities, and any issues that may be recognized or suspected. These will be presented and discussed at the GBV working group meeting and provided to the GBV coordinating bodies.

6.4 Indicators

The Social Sector working group will develop, share and monitor at least one outcome indicator for prevention and one indicator for response for each sector (at minimum health, legal/justice, psychosocial, and safety/security). Likewise, there will be at least one outcome indicator for each cross-cutting function (e.g. coordination). Individual organizations may monitor additional indicators for their own programming and monitoring purposes. (See IASC GBV Guidelines for sample lists of indicators.)

6.5 Reporting

Certain types of sexual exploitation and abuse

Incidents of sexual exploitation involving humanitarian workers must be reported according to the ***UN Secretary General's Bulletin on Sexual Exploitation and Abuse*, 2003**. Protocols and procedures have been established for receiving reports of suspected sexual exploitation and abuse (SEA) perpetrated by humanitarian staff, and investigating reports.

Agencies also agree to develop and include SEA protocols and procedures into their organizational Code of Conduct. The focal point for all district reports on SEA shall be the Senior Probation and Welfare officer of Kitgum District Local Government.

Strategies and procedures for informing survivors and making mandatory reports

• The person who receives the initial report will act in accordance with the referral mechanism established in this SOP.
• A victim/survivor is given the freedom to exercise her prerogative to choose not to report and should a person opt not to she should still be supported in any way possible.

Consideration should also be given to the safety of the wider community as well as the individual concerned.
• Service providers should translate the referral framework into the language(s) used by the local population, and into child-friendly and pictorial, easy-to-understand versions.

7. COORDINATION

Regular meetings are 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. These meetings also provide an opportunity for GBV actors to share programme-related information and coordinate future activities.

GBV activities should be guided by the sub-cluster work-plans developed for each district and all GBV actors should work together to achieve the objectives specified in these work-plans.
All parties to these guidelines agree that information-sharing, coordination, and feedback will occur regularly and that regular meetings will be held as outlined below:

7.1 District and Sub County level GBV Coordination Meetings

Meetings should be held once at the district and at each sub-county. Members of the affected community must also be included, with at least 50% representation by women. At these meetings, actors should review and monitor the referral system, discuss obstacles survivors are facing in accessing services, and ways to strengthen prevention efforts. Individual cases should not be discussed at this level, but actors may 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.

The meetings are where the district will provide GBV leadership to actors; provide guidelines; strengthen the referral pathway; strengthen resource mobilization; integrate GBV issues in other programs and provide an advocacy platform for the district. The meetings will identify gaps; minimize operational costs; help avoid duplication of services; promote information sharing; strengthen reporting, data collection, and best practice identification, documentation and dissemination. The meetings will also provide an accountability mechanism for all actors involved.
These meetings should be facilitated and organized by the designated lead GBV agency in the Sub County. Information from these meetings should be fed to the District-Level GBV Working Group for its information and action, where necessary.

Activities for effective coordination will include:

1. Monthly meetings. Invitation letters should be sent out in time to ensure the officers are granted permission from their duty stations. Minutes of meetings should be available

together with necessary reports. Where possible facilitation should be given to participants from far-off sub-counties as this will ensure they are able to attend.

The meetings may include any of the following activities:
• Review of compiled data and case outcomes from communities,
• Referral of compiled data information to the Kampala-level GBV Working Group for advocacy purposes.
• Review, discussion, clarification and strengthening of roles and responsibilities of all actors,
• Identification discussion and resolution of problems with programs,
• Identification and planning ways to address emerging risks of GBV in communities.
•Review and analysis of successes in programs,
•Identification of training needs and arranging training, as needed,
• Review and revision of referral and coordination systems, as needed.
• Continuous review and development of strategies for prevention and response activities.
•Operationalization of GBV data base Dissemination of GBV guidelines and other resources
•Identification of cases and reporting and referral where necessary
•Capacity strengthening in areas of psychosocial support and legal knowledge related to GBV
• Joint monitoring and evaluation
•Quarterly case meetings Support supervision
•Planning and budgeting for GBV
•Lobbying and advocacy

2. District Coordination mechanism. This will involve the following**:** The lead sector in the coordination of GBV interventions shall be the Community Development department. The Chief Administrative Officer will be the chairperson of the district level coordination team, while the DCDO will be the secretary. Members will include: the District Education Officer, Inspector of schools, District Health Officer, Senior Nursing Officer, Chief Financial Officer, HIV district focal point, Local Council V Secretary for Gender and Community Development, Local Council V Secretary for Health and Education, Community Development Officers from each sub-county, Police Child and Family Protection Unit, officer in charge criminal Investigations Department, officer in charge prisons, Judiciary, UN Agencies, NGOS , DPPs, Religious leaders, and one media representative.

3. Sub-county Coordination mechanism. Like at the district level**,** the lead sector in the coordination of GBV at the sub county will be the Community Development Department directly under the Community Development Officer. The Sub County Chief will be the chairperson while the CDO will be the secretary, assisted by the SWOs. Other members will be the Health In charge, Police, Sub –accountant, Parish chiefs, Religious leaders, Secretary Gender, Center coordinating tutors, Senior women teachers, PSWs one from each parish, NGOs, CBOs and FBOs.

8. AGREEMENT AND SIGNATURES

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

• Abide by the procedures and guidelines contained in this document;
• Provide copies of this document to all incoming staff in our organizations 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.

Organization/ Institutions	Date	Signature

9. LIST OF RESOURCES AND KEY REFERENCE

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, 2005.

1) Michau, Lori and Dipak Naker, ***Mobilising Communities to Prevent Domestic Violence.*** Uganda: Raising Voices, 2003.

2) Reproductive Health Response in Conflict, ***Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring, and Evaluation.*** RHRC, 2004.
3) UNFPA, *A* ***Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers & Managers,*** UNFPA 2001.
4) World Health Organisation, ***Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and Internally Displaced Persons, Revised Edition.*** Italy: WHO/United Nations High Commissioner for Refugees, 2004.
5) UNHCR, ***Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response***. Geneva: UN High Commissioner for Refugees, 2003.
6) United Nations, ***UN Secretary-General's Bulletin Special measures for protection from sexual exploitation and sexual abuse***. New York: United Nations, October 2003.
7) 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.
8) Vann, Beth, ***Training Manual: Facilitator's Guide, Interagency & Multi- sectoral Prevention and Response to Gender-Based Violence in Populations Affected by Armed Conflict.*** Arlington, Virginia: Reproductive Health for Refugees Consortium, 2004.
9) World Health Organisation, ***World Report on Violence and Health***. WHO, 2002.
10) UNICEF, ***UNICEF Training Manual on Caring for Survivors of Sexual Violence in Conflict Situations.*** New York: UNICEF, 2006.
11) UNIFEM, *Not a Minute More: Ending Violence Against Women*. New York: UN Development Fund for Women, 2003.
12) Vann, Beth, ***Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations.*** Arlington, Virginia: Reproductive Health Response in Conflict, 2002
13) Ward, Jeanne, ***Communication Skills in Working with Survivors of Gender-Based Violence.*** Arlington, Virginia: Reproductive Health Response in Conflict, 2004.
14) Williams, Susanne, ***The Oxfam Gender Training Manual.*** Oxford, UK: Oxfam GB, 1994.

LIST OF APPENDICES

1. CODE OF CONDUCT

2. CONSENT FORMS

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APPENDIX 1: 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. This code could function as a tool to develop a similar code of conduct for NGOs, community representatives and leadership.

Agency Code of Conduct on Gender Based Violence (GBV)

All (insert agency) personnel must uphold the highest standards of professional and personal conduct. At all times, (insert agency) 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 behavior and prohibited conduct for all (insert agency) personnel. GBV damages the image and integrity of the (insert agency) and erodes confidence and trust in (insert agency).

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

• Any act of sexual abuse or sexual exploitation, or other forms of sexually humiliating, degrading or exploitative behavior.

• 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 or 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 incidents of GBV 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 (insert agency) personnel must contribute to an environment that prevents GBV. Managers have a particular responsibility to ensure compliance with the Codes of Conduct. (insert agency) 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 Representatives12

(Insert agency) 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 **(insert agency)** staff, representatives and partners at all times. All staff and representatives of **(insert agency)** 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 fulfillment of human rights and the protection of the population, and particularly women and girls who are most vulnerable to gender-based violence. If (insert agency) 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 **(insert agency),** 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 **(insert agency) 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 on any grounds such as: race, gender, culture, language or disability or show differential treatment or favor 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 **(insert agency)** programme,
• 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/children with whom **(insert agency)** is associated, including: in a car, overnight, at workplace, at home, or at child's home,
• Condone or participate in behavior 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 **(insert agency)** should avoid all actions and behaviors that may constitute poor practice or potentially abusive behavior.
"(Insert agency) does not accept any form of violence and implements a zero tolerance approach"

Declaration
In relation to **(insert agency)** 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 **(insert agency).**
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 2: 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, (insert agency) 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 3

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 required:----------

Referrals: ----------
Follow-up required: ----------
Date of next visit: ----------
Name of health worker conducting examination/interview: ----------
---

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

APPENDIX 4: GBV INCIDENT REPORTING FORM

THE REPUBLIC OF UGANDA

Survivor code.	Age*:	Date of Birth:	Sex*: ☐ Male ☐ Female
Location:		Nationality:	Occupation:
No. of Children:	Ages:	Head of family (self Or name, relationship to survivor):	
Religion:	Education:		
Status (national resident, non-national resident, refugee, IDP, repatriate, other-specify)			

Section I: General information

Case Number*: ___/__/___/___ GBV/00/00/0000	District: _____ Sub County/Division:_____ Parish/Ward:_____ Village/Cell: _____	Date of Interview: _____ Time:_____ (24hr)

Previous Incident Numbers for this Client (if any):
_____/_____/_____ ; _____/_____/_____ ; _____/_____/_____ ; _____/_____/_____

Was this client referred to you from somewhere or by someone else? ☐ Yes ☐ No

Survivor Information

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT
Gender Based Violence Incident Report Form

Instructions:
i. This form must be filled out by a service provider (case manager, health practitioner or social worker). An additional page may be added, if needed, for useful narrative information. ii. Before beginning the interview, please be sure to remind your client that all information given will be kept confidential. Explain the purpose of collecting this information and explain that s/he may choose not to answer any of the questions being asked.

The Incident		
Location*:	Date*:	Time of day:
Description of the incident (summarise circumstances, what exactly occurred)*:		

Type of the Incident:
- ☐ Rape (includes gang rape, marital rape)
- ☐ Defilement
- ☐ Physical Assault
- ☐ Forced Marriage
- ☐ Denial of Resources, opportunities & services
- ☐ Psychological Abuse
- ☐ Child marriage
- ☐ Female Genital Cutting / Mutilation
- ☐ Other GBV (specify)

Incident reported by: ☐ Survivor
☐ Other (specify):

APPENDIX 5: 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 Uganda. 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

Gynecological examination

Determine whether any signs of vulvae, vaginal or anal trauma, discharge or bleeding occur. If possible illuminate the pudendum with an ultraviolet light (prosthetic secretions are fluorescent when dry). Employ a water-moistened (non-lubricated) warm speculum to inspect the vagina and cervix. If the survivor is a child or in any other extreme cases, general anesthetic may be required.

Investigation

1. Foreign body specimens such as pubic hair, vaginal debris and finger nail scrapings should be collected in a plastic bag, sealed and handed over to the police if the survivor wants to pursue the case.
2. Vaginal swab: Semen and spermatozoa analysis can be conducted from posterior cervix swabs. One must prepare swab slides from this.
3. Wet the smear for motility and gram the stains. Wet the smear with saline water for trichomoniasis.
4. Freeze the specimen if examination is going to be delayed. Sperms have been found in volunteers fully or fragmented up to 18 hours post rape but rarely after 72 hours.
5. Exclude pregnancy by a manual examination, medical history and other clinical signs. A pregnancy test should only be carried out in exceptional cases.
6. Baseline investigations must be done immediately to provide information about the status of the patient before the rape incident. They include:
• V.D.R.L.
• HIV/AIDS test
• Hbs Ag Test

Technique for specimen collection:
• Foreign hair should be collected by combing or gathering loose hairs
• Vaginal swabs should be taken from the posterior fornix. Put a smear in a clean glass slide, fix this with alcohol and stain with Giemsa
• Anal specimens should be collected using an anoscope

Treatment

1. Administer a tetanus antitoxin if a deep laceration contains soil or dirt particles.
2. Administer prophylactic aqueous penicillin G, 4.6 million units intramuscular to prevent syphilis and gonorrhea.
3. Provide doxycycline 100 mg x 2 for 7 days.

4. Emergency contraception should be discussed with the survivor. Confirm when the last period occurred to exclude pregnancy to determine where the survivor is in her menstrual cycle. Also confirm non-pregnancy state by manual uterine examination and noting the lack of other symptoms and signs of pregnancy. Women who are not pregnant and who were raped should be offered emergency contraception.
5.Provide metronidazole 200 mg x 3 for 7 days trichomoniasis.
6.Post exposure prophylaxis for HIV/AIDS should be given to all rape patients if they are proven to be HIV negative at the time of the rape. This should be started within 72 hours of the rape incident.

- Combivir 1 bd + indinavir 800 g tds for 28 days
- OR
- Retrovir 200 mg tds (300 mg bd)
- + Epivir 150 mg bd
- +Indinavir 800 g tds

7. Give the survivor an appointment to see you after seven days and inform him/her to come back to the clinic any time if he/she notices any clinical signs or symptoms of a disease.
8. A survivor with a confirmed pregnancy is counselled. Under the Uganda law, abortion is permitted if the health of the mother is at risk and the decision is supported by three different medical doctors.
9. A P3 form needs to be filled when the patient wants to follow up the case and press charges with the police. This examination should be done within 24 hours of the incident, even if the woman has had a bath. The survivor will be provided with the form after pressing charges with the police. He/She is recommended to fill out the form as soon as possible and to return it to the police. He/She can ask assistance from the SGBV lawyer or Gender staff. Delays will be reflected in police action.

APPENDIX 6: 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 undertakings, 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 national 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 Uganda's 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 Uganda 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

APPENDIX 7: SAFE HAVEN/ SHELTER PROTOCOLS

Kitgum district currently does not have a shelter; the following terms will therefore apply when the district establishes a fully functional shelter. The guide shall also provide information to existing shelter implementing partners, who receive and admit GBV survivors at the Safe Haven/shelter referred by other agencies.

Terms of Reference for Safe Haven admission
All referrals should be made to the Assistant Counseling Coordinator. In his/her absence, all referrals should be referred to the Counseling Coordinator. Cases should be referred to the Project Director only if the above mentioned people are not available.

Clients to be admitted

1. Women/ Men who are in danger of becoming victims of GBV, particularly domestic violence and severely traumatized rape cases.
2. Women who are facing a direct threat of GBV, particularly forced marriage.
3. Children who are in real danger of being abducted.

In any of the above-mentioned cases, admission to the Safe Haven should only be considered after attempts to solve the problems at the community level have been made to no avail.
Any admission of the cases mentioned shall be accepted if they are accompanied by an assessment report of their circumstances as prepared by the referring agency.

Period of stay
Clients shall be allowed to stay at the Safe Haven for a maximum of 3 months to provide the referring agencies, family, community, and other agencies involved with ample time to find durable solutions.

Feedback
Bi-weekly meetings will review the cases in the Safe Haven and give feedback on the progress of the case of each client admitted at the Safe Haven.

On admission
The referring agency/unity is expected to:

- Present a complete referral form and an official assessment report
- Fill the Safe Haven client admission form
- Give a detailed plan of action to be taken towards resolution of the case within the following 2 weeks.

Services available at the Safe Haven
The Safe Haven staff will ensure that the client receives basic needs; physical shelter, security, food, psychosocial support and recreational and productive activities.

Record of each client will be kept and updated regularly by the staff with close monitoring from the Assistant Counseling coordinator. Admission, client details, discharge and follow-up forms will be maintained for the purpose of monitoring the progress of the clients in the center. The referring agency will work towards a solution of the client's problems and keep Safe Haven staff informed of progress.

NOTES