

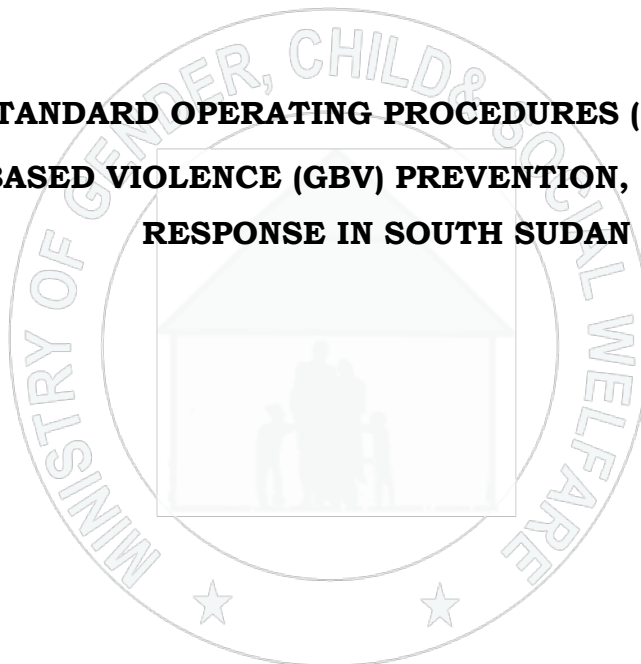


**REPUBLIC OF SOUTH SUDAN**  
**MINISTRY OF GENDER, CHILD AND SOCIAL WELFARE**

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**STANDARD OPERATING PROCEDURES (SOP) FOR  
GENDER BASED VIOLENCE (GBV) PREVENTION, PROTECTION AND  
RESPONSE IN SOUTH SUDAN**



**2014**

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## ACRONYMS

<b>ARV</b>	<b>ANTIRETROVIRAL</b>
<b>CEDAW</b>	<b>CONVENTION ON ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN</b>
<b>CPA</b>	<b>COMPREHENSIVE PEACE AGREEMENT</b>
<b>CRC</b>	<b>CONVENTION ON THE RIGHTS OF THE CHILD</b>
<b>DRC</b>	<b>DEMOCRATIC REPUBLIC OF CONGO</b>
<b>FGM</b>	<b>GENITAL MUTILATION</b>
<b>GOSS</b>	<b>GOVERNMENT OF SOUTH SUDAN</b>
<b>GBV</b>	<b>GENDER BASED VIOLENCE</b>
<b>IEC</b>	<b>INFORMATION EDUCATION COMMUNICATION MATERIALS</b>
<b>HIV/AIDS</b>	<b>HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNE DEFICIENCY SYNDROME</b>
<b>IASC</b>	<b>INTER-AGENCY STANDING COMMITTEE</b>
<b>ICSS</b>	<b>INTERIM CONSTITUTION OF SOUTH SUDAN</b>
<b>IDP</b>	<b>INTERNALLY DISPLACED PERSON</b>
<b>MGCSW</b>	<b>MINISTRY OF GENDER CHILD AND SOCIAL WELFARE</b>
<b>MOES&amp;T</b>	<b>MINISTRY OF EDUCATION SCIENCE AND TECHNOLOGY</b>
<b>MOH</b>	<b>MINISTRY OF HEALTH</b>
<b>NGOS</b>	<b>NON-GOVERNMENTAL ORGANIZATIONS</b>
<b>PEP</b>	<b>POST EXPOSURE PROPHYLAXIS</b>
<b>PHCU</b>	<b>PRIMARY HEALTH CARE UNIT</b>
<b>PHCC</b>	<b>PRIMARY HEALTH CARE CLINIC</b>
<b>SPU</b>	<b>SPECIAL PROTECTION UNIT</b>
<b>SOPS</b>	<b>STANDARD OPERATING PROCEDURES</b>
<b>SPLM/A</b>	<b>SUDAN PEOPLE'S LIBERATION MOVEMENT/ARMY</b>
<b>STIS</b>	<b>SEXUALLY TRANSMITTED INFECTIONS</b>
<b>UN</b>	<b>UNITED NATIONS</b>
<b>UNFPA</b>	<b>UNITED NATIONS POPULATION FUND</b>
<b>UNICEF</b>	<b>UNITED NATIONS PROGRAMME FOR CHILDREN</b>

<b>UNHCR</b>	<b>UNITED NATION HIGH COMMISSIONER FOR REFUGEES</b>
<b>VCT</b>	<b>VOLUNTARY COUNSELING AND TESTING</b>
<b>WES</b>	<b>WESTERN EQUATORIA STATE</b>
<b>WHO</b>	<b>WORLD HEALTH ORGANIZATION</b>

## **ACKNOWLEDGMENT**

The development of this Standard of Operating procedures (SOP) for Gender Based Violence (GBV) prevention, protection, and response has been possible with the support of many stakeholders and government institutions.

Special appreciation goes to all stakeholders at national and state levels that played a leading role in the development of the first draft of this document in 2008-2009.

Following the independence of South Sudan in 2011, there was need to review the SOP draft and the Ministry of Gender, Child and Social Welfare s started the review process. The Ministry is particularly grateful for contribution made by the Ministry of Justice (MoJ), Ministry of Health (MoH) and Ministry of Interior towards the development of this document. The Ministry of Gender Child and Social Welfare (MoGC&SW) is indebted to the United Nations Agencies and NGOs. Special acknowledgement goes to UNFPA and American Refugee Committee (ARC) for providing technical and financial support towards the development of the SOPs.

It is therefore my hope that these SOPs will provide guidance to all stakeholders across South Sudan to deliver quality, comprehensive and coordinated GBV prevention, protection and response programmes.

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**Ministry of Gender, Child and Social Welfare, Republic of South Sudan**

## **1.0 INTRODUCTION**

Gender Based Violence (GBV) remains a threat for women during and after conflict. While there has been a change after the signing of the Comprehensive Peace Agreement (CPA), there has been little progress in reducing incidents of GBV in South Sudan. Unchecked level of impunity for perpetrators of such crime remains a significant obstacle in effectively protecting and achieving redress for survivors. This is compounded by a major capacity gap in all the formal and informal institutions in dealing with the cases of GBV in South Sudan. All this must be addressed to create effective and comprehensive GBV prevention, protection and response programmes.

Victims of sexual violence, like victims of other crimes, face difficulties when they decide to report due to limited services which include inadequate courts of law in certain areas, limited protection for victims /survivors and witnesses, fear of reprisals, lack of legal aid and limited psycho-social support and information on reporting system.

Women suffer additional obstacles in attempting to access justice due to gender-based discrimination. Gender discrimination, lack of sensitivity and understanding of the nature of sexual crimes all contribute to the way trials are conducted and in the resulting decisions and sentences rendered - leading to low conviction rates for sexual violence. The underlying assumption appears to be that victims of sexual violence, predominantly women, are untrustworthy. Such stereotypical attitudes and reasoning are a discriminatory barrier and a burden on victims of sexual violence. This has contributed to women being reluctant to access justice.

This document was developed through consultative process with inputs from various government institutions, UN Agencies, International and National non-governmental Organizations and Traditional Chiefs at National and State level.

This document sets clear systems, roles and responsibilities for all institutions involved in the prevention, protection and response to GBV in South Sudan.

This document is in line with the Republic of South Sudan Legal and policy frameworks and other international frameworks such as the Inter-Agency Standing Committee (IASC) Guidelines for GBV Interventions in Humanitarian Settings, UNHCR's Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons, and Guidelines for Prevention and Response (Geneva, UNHCR 2003). Effort has been made to ensure standards and procedures are articulated for all forms of GBV.

## **2.0 CONTEXUAL ANALYSIS**

### **2.1 Socio-Economic Demographics of South Sudan**

The South Sudan is among the countries with the lowest development indicators. There are presently overwhelming socio-economic and governance challenges which will require targeted interventions if equitable and pro-poor growth and development is to be achieved. It is noted that 51% of the population are poor, and 51.6% of the poor are women (Sudan National Household Survey, 2008). Fifty-seven (57%) of the population living in female headed households is poor compared to forty-eight (48%) in male headed households. Eighty percent (80%) of the poor households depend on agriculture for a livelihood. Unemployment and underemployment are very high with little formal sector employment according to the Comprehensive Gender Assessment 2011.

The prolonged conflict is known to have further exacerbated and created new security risks especially for women and children including disruption of community and family structures, presence of arms and vigilantes, prevalent trauma, increased alcohol consumption, weak security institutions and poor law and order (Elia, 2007). Therefore severe gender disparity is manifested in access to education, health, and differential life expectancy. Only 5% of births are attended by skilled health service provider and maternal mortality is high. In 2010, it was estimated that there were over 2 million children of primary school going age however only 900,000 were actually attending school. Forty (40%) of the population between 15-24 years is literate, this is varied between boys and girls in this age group; 55% for boys and 28% for girls (EMIS, 2010: SSDP 2011-2013). This is a high literacy gap between girls and boys of up to 37%.

The Transitional Constitution of the Republic of South Sudan of 2011, as the supreme law of the land enshrines the Bill of Rights that makes provision for



gender equality and gender mainstreaming including, elements of affirmative action to ensure representation of women in decision making positions in the public spheres .was followed closely by the first ever development plan of South Sudan 2011-2013 which calls for national response to core development and state- building challenges during the first three years of independence. The South Sudan Development Plan among its four pillars has provision for cross cutting issues which include gender equality.

## **2.2 Institutional framework**

The South Sudan Government has two levels of government; National and State governments. There are three arms of government inclusive of Executive, Parliament, and Judiciary. State Government is divided into administrative units (County, Payam, and Boma).

At national Level, the Ministry of Gender, Child and Social Welfare is mandated to address the GBV issues while at the State level, the implementation of GBV Prevention, protection and response Programmes is carried out by Ministry of Social Development. In addressing GBV issues, a multi-sectoral approach is applied involving line ministries including Ministry of Interior, Ministry of Health, and Ministry of Justice.

## **2.3 Legal & Policy and Framework**

The Government has put in place relevant laws and policies geared towards addressing GBV issues. At national Level, the government has enacted GBV related Laws & Policies. These include South Sudan Transitional Constitution (SSTC) 2011, Penal Code Act, 2008, the Child Act 2008, and The National Gender Policy. The Government is committed to ratify the international and regional GBV related instruments. These include;

- The Convention on Elimination of all forms of Discrimination against Women (CEDAW)
- The Convention on the Rights of the Child (UNCRC)
- The International Covenant on Civil and Political Rights

- The International Covenant on Economic, Social and Cultural Rights
- The African Charter on Human and Peoples Rights
- United Nations Convention on Rights of Persons with Disabilities
- The Geneva Conventions of 1949 and Additional Protocols
- The Convention against Torture

### **2.3 Gender Based Violence (GBV) in South Sudan.**

Gender-based Violence is understood to be an act that is directed against a person on the basis of his/her gender or sex<sup>1</sup>. It includes acts that inflict physical, economical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.

During the civil wars in South Sudan, there were widespread forms of GBV including rape as a weapon of war, abduction, forced sexual favors, and violence against women (VAW). In post-war South Sudan, extremely high rates of GBV remain a serious health and development challenge. Prevalent forms of GBV include domestic violence and wife battering, abduction of women and children during conflicts and cattle raids, rape and sexual assault, wife inheritance, forced and child marriages and girl child compensation. Women and girls' vulnerability to GBV is reinforced by other harmful traditional practices such as very high bride wealth that is believed to be behind the cattle raids and forced and child marriages. Protection, prevention and response mechanisms and structures are insufficient and weak.

The underlying root cause of GBV is the unequal power relations between men and women, which has led to economic abuse, over domination and discrimination against both women and men on the basis of their gender - Consequently most survivors of GBV are women and girls. Forced displacement, poverty, harmful traditional & cultural practices that violate women and

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<sup>1</sup> Guidelines for Gender-based Violence Interventions in Humanitarian Settings

children's rights, illiteracy and substance abuses are factors which worsen these unequal power relations.

GBV poses serious physical, sexual, emotional, economic, health and development consequences. Understanding the potential consequences of GBV will help actors to develop appropriate strategies to respond to these aftereffects and prevent further harm.

Government and other stakeholders have put in place various programmes to address GBV. These include; training of Police and social workers, establishment of Police Special protection units, GBV, child protection sub cluster coordination forums, Prevention of sexual exploitation and abuse (PSEA) task force, establishment of safe ward at Juba Teaching Hospital, and other general health, legal and psycho social support services. However, these GBV interventions are still limited.

There is a serious challenge of under-reporting as many victims do not even realize that they are being subjected to GBV. Lack of awareness and inadequate response and lack of psycho-social support mechanisms and other protection and medical services mean that many victims do not seek protection or redress, even where it is available.

### **3.0 GUIDING PRINCIPLES**

The SOP will apply the following principles;

#### **3.1 Confidentiality.**

The confidentiality of the affected person(s) and their families will be upheld at all times. The information should be given on the need to know basis when seeking for interventions with the consent of the survivor.

#### **3.2 Respect**

Actions and response of all actors shall be guided by respect for the wishes, the rights, and the dignity of the survivor.

### **3.3 Safety and Security**

Ensure the safety of the survivor and family at all times. Service providers should be sensitive to the survivor's safety and security to prevent further harm and trauma.

### **3.4 Non Discrimination**

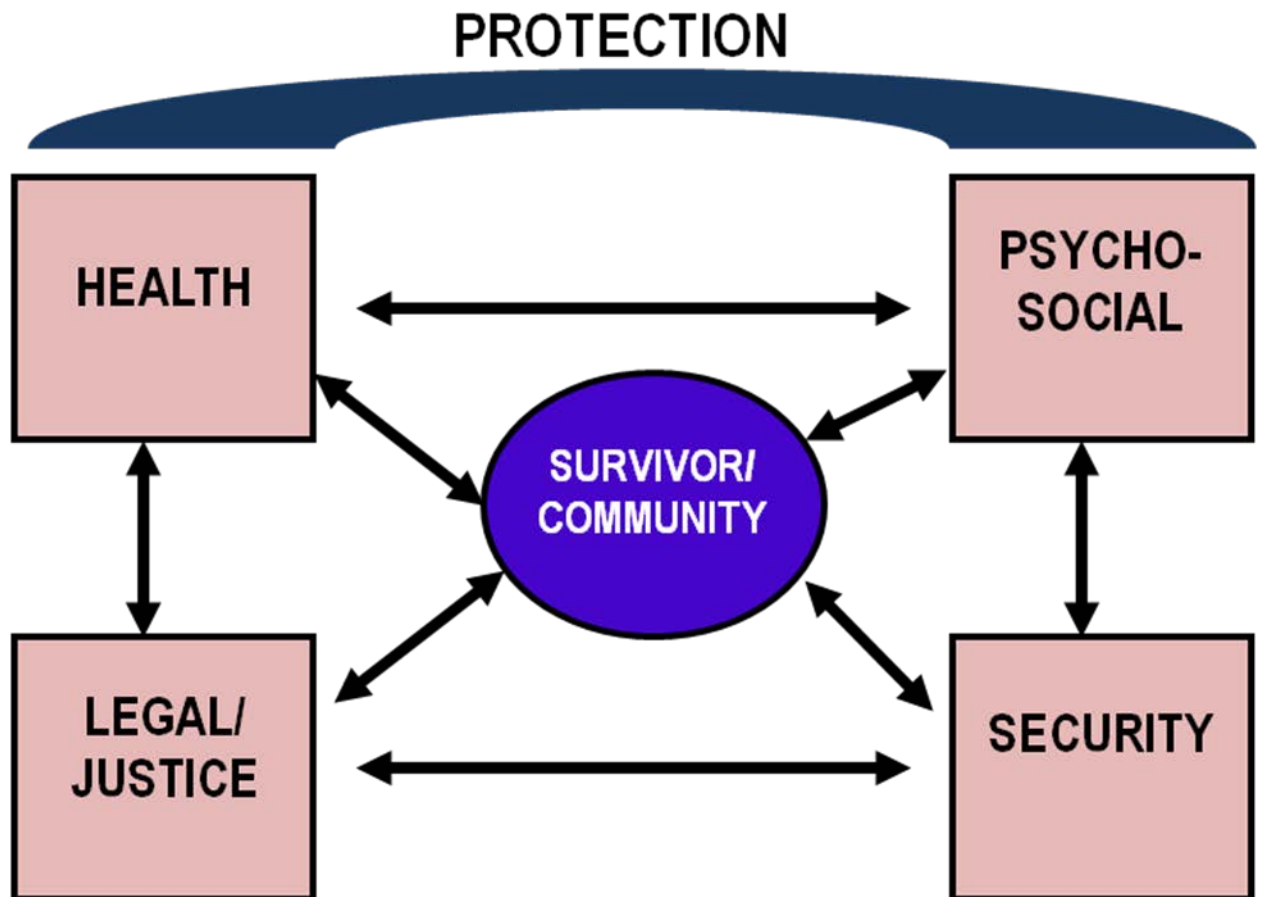
All actors should provide services without discrimination regardless of tribe, age, religion, sex, wealth, language, nationality, status, political opinion, culture, etc.

### **3.5 Child Survivors**

While working with a child survivor, the best interest of the child and all the guiding principles should be applied

### **3.6 Multi- sectoral approach**

The SOP shall apply a well-coordinated multi-sectoral approach in all GBV prevention, protection and response programmes. With the survivor and her/his community (and their needs, rights, demands, and contexts) at its core, the multi-sectoral model argues that effective prevention and response must consider each of these elements. The below figure describes the inter-connectivity of all of these core sectors, under the umbrella of protection (which is basically short hand for ensuring that all of the guiding principles are followed).



### **3.7 Community participation**

Equal and active participation of community leaders, local authorities, women/girls and men/ boys in GBV protection, prevention and response programmes should be promoted.

### **3.8 Accountability**

All service providers/ stakeholders need to be accountable and responsible in respect to the provision in SOP.

## **4.0 GBV REPORTING AND REFERRAL MECHANISM**

Government has a clear reporting and referral system through which GBV survivors can seek redress. The reporting and referral mechanism varies on the nature of GBV case.

### **4.1 Reporting GBV Case**

The GBV survivor has the freedom and right to report an incident to anyone. She/he may seek help from:

- Leaders in the community; i.e. Boma leaders, chiefs, headmen, religious leaders, women's group leaders, etc.
- GBV actors in the community / working groups
- Health, Community Workers, NGO staff
- Anyone whom the survivor believes can be of great assistance to her/him (friend, relative, neighbor etc).

The person receiving the initial report will attend to the survivor and make a timely and appropriate referral according to the nature of the case either to the Local authorities, Police, Attorney General, and Health Practitioner.

The Service Provider should adhere to the guiding principles of the SOP.

### **4.2 Referral**

A survivor has the right to make informed choice on services she/he needs. When you refer the survivor, explain what services are available and conditions. For instance, 72 hours' time limitation for (Post -Exposure Prophylaxis (PEP) in case of a sexual abuse survivor, police report is mandatory.

The Illustration below indicates prioritized response actions for GBV survivors.



**Prioritized response actions for GBV survivors:**

- a) Medical examination and treatment of the survivor
- b) Early psycho-social counseling to avoid or reduce traumatic feeling for the GBV survivor;
- c) Police investigation and protection intervention for physical safety Social re-integration where deemed necessary
- d) Access to Justice
- e) Education
- f) Place of safety/shelter
- g) Basic needs
- h) Livelihood/economic support

### **4.3 Special Procedures for Child Survivors:**

In case, the survivor is a child, the consent of parents or guardians should be sought where it is in the best interest of the child if they are not the perpetrators. However, where parents/guardians refuse to pursue the case in the court of law on the child's behalf, with clear evidence, the Department of Gender/Child Welfare should take up the role and pursue the case on the child's behalf to ensure that he/she is protected. Parents/guardians should have been counseled first and thereafter, taken to task by filling a case against them, for denying the child her/his rights. All service providers providing interventions to child survivors must have trained staff in child friendly procedures of handling cases. A child survivor should continue to go to school while procedures are ongoing and all efforts should be done to ensure her/his protection.

In addition to this, all the above reporting and referral procedures should be applied

### **4.4 Special Procedures for Child Perpetrators**

In this context, a child perpetrator is a boy or girl under 18 years of age who has allegedly committed an act of GBV against another person.

In regard to child perpetrators, Juvenile justice procedures should apply. Child Perpetrators should go under rehabilitation and psycho social counselling.



## **5.0 ROLES FOR SPECIFIED INSTITUTIONS AND SERVICE PROVIDERS**

### **5.1 Roles and Responsibilities of key stakeholders:**

#### **5.1.1 Ministry of Gender Child and Social Welfare (MGCSW)**

The MGCSW's roles and responsibilities include;

- Development of policies and strategies to ensure that gender issues are addressed in all government processes, post-conflict reconstruction, resource planning, and human resource development activities.
- Undertake advocacy alongside overseeing the execution of these policies in coordination with line Ministries and other relevant stakeholders.
- Support training of social workers and Gender focal persons from line Ministries on Gender mainstreaming, human rights and psychosocial skills to handle cases related to GBV.
- Ensures that structures are put in place to prevent, protect and respond to GBV at all levels.
- Responsible for the development of programs addressing gender inequalities in South Sudan.

#### **5.1.2 Ministry of Health (MOH)**

The MOH's roles and responsibilities include;

- Ensure provision of health and psychosocial services to survivors of GBV through appropriately trained personnel who include consultants, registrar, medical officers, clinical officers, medical assistants and midwives.
- Ensure that Non-state health actors provide the services free of charge within the state owned facilities throughout the country.
- Provision of comprehensive services that include the examination of survivors, provision of required treatments (PEP, EC, STI), collection of forensic evidence, completion of Police form 8, testify in court regarding

the evidence collected as may be required by the court and follow up medical care of the survivor.

### **5.1.3 Ministry of Interior (MOI)**

The MOI is responsible for;

- Ensuring the welfare of the people in crisis and emergency, through security institutions that are accountable, adequate, affordable and appropriate.
- Providing safety of the survivor and the family in cases where the survivor is frightened and need assurance of safety.
- Ensure training of police and the army in handling GBV cases, combating of GBV and strict prohibition of security forces from inflicting GBV to civilians as part of the rules and regulations of professional code of conduct
- Ensure establishment of SPUs in the all police stations and detention centers.

### **5.1.4 Ministry of Justice (MoJ)**

Ministry of Justice has the responsibility of;

- Enforcing and maintaining law and order,
- Provide equitable access to justice through ensuring a functional and effective criminal justice system,
- Promoting and protecting human rights for all,
- Provision of legal aid to GBV survivors.
- Create legal awareness with regards to GBV and the law.

### **5.1.5 Ministry of Education (MoE)**

The MoE's major role is;

- To create awareness on GBV issues at all levels

- Sensitization on GBV prevention, reporting and referral mechanisms.
- Develop strategies to address GBV in schools.
- Promote Girl Child education and ensure a safe and friendly school environment for GBV survivors.

### **5.1.6 Development Partners**

The Development Partners roles and responsibilities include;

- Promotes and support GBV prevention, protection and response.
- Support GBV related legal and policy reforms.
- Research, capacity building and awareness creation on GBV.
- Support the GBV Management Information System
- Monitor implementation of the International and Regional GBV related Legal instruments.
- Advocate for ending of all forms of GBV.

### **5.1.7 Civil Society Organizations**

Civil society Organizations have responsibility to;

- Provide GBV prevention, protection, care and management services
- Advocate and lobby for enforcement and implementation of GBV related laws, policies and programs
- Raise awareness on GBV prevention, protection and response.

### **5.1.8 Community Leaders**

The roles of the community leaders include;

- Ensure peace among and between the communities and
- Facilitate reconciliation and mediation process of GBV cases within their jurisdictions and provide referrals to formal courts as a means of peace building and conflict mitigation..
- Create awareness on GBV prevention and protection as well as the reporting and referral system.

### **5.1.9 Community**

They have the responsibility to;

- Prevent GBV occurrences within their communities
- Create awareness on GBV prevention and protection
- Inform GBV survivors on the existing GBV protection, response, reporting and referral systems.
- Participate in GBV awareness programs.

At large, general public and others both in rural and urban, can lead the efforts to respond to and prevent GBV in their community.

## **5.2 Roles and responsibilities of specific service providers**

While performing these roles, the service providers should apply and uphold the guiding principles outlined in Section 3 of the SOP.

### **5.2.1 Community Members**

- Assist survivors and accused perpetrators to seek necessary assistance.
- Prevent and stop stigmatization GBV survivors and assist in their re-integration to the community.
- Rehabilitation and reintegration of Perpetrators

- Advocate for establishment of community safe shelter for GBV survivors.
- Promote positive traditional practices that prevent and protect against GBV.
- Encourage open discussions about GBV and empower survivors to speak out in order to break the “culture of silence”.
- Provide psychosocial support to the GBV survivors.
- Carry out GBV prevention and protection sensitization among the community members.
- Establish community structure and protection committees like peer educators, gender and youth forums to advocate for GBV prevention, protection and response.
- Participate in GBV prevention, protection and response programs at community level, ensuring involvement of men and boys.

### **5.2.2 Psycho-Social Service Providers**

- Provide counseling to GBV survivors and their family members.
- Make appropriate and timely referral of GBV survivors.
- Where necessary, accompany the GBV survivor to the service provider referred to.
- Support reintegration process of GBV survivor and perpetrators.
- Conduct community awareness creation activities on GBV prevention, protection and response.
- Carry out capacity building on GBV psychosocial counselling.
- Promote and support community-based psychosocial support groups.

### **5.2.3 Health Service Providers**

- Training of health workers in gender sensitive approaches to providing appropriate medical care ,treatment and management to GBV survivors
- Provision of medical care and basic needs of the GBV survivor.
- Ensure that health workers are sensitized about and apply the Clinical Management of Rape Survivors (WHO) guidelines.

- Ensure availability of adequate equipment and medical supplies to treat GBV cases, supplies should be inclusive of; Rape kit, PEP, EC, Tetanus and Hepatitis B Vaccine, HIV testing counselling.
- Document medical evidence for legal proceedings on the Form 8 and provide testimony of medical findings in courts of laws.
- Referral of GBV survivors to other service providers.
- Provide follow-up medical services as may be required
- Conduct awareness creation on GBV health implication and the services available to address GBV effects.

#### **5.2.4 Police**

- Establish Special Protection Units (SPU) within police stations to provide sensitive services to GBV survivors.
- Conduct training of SPU officers on appropriate GBV case management.
- Provide pre-service training on gender and GBV to all police personnel.
- Receive complaints from GBV survivors, provide immediate psychosocial counselling.
- Proper investigation and documentation of GBV cases
- Ensure availability and accessibility of form 8 free of charge.
- Receive adequately filled form 8 and a register of these forms distributed and returned.
- In accordance with standard police procedures, conduct investigations, arrest accused persons, prepare the docket, and send to court.
- Serve summons, follow up cases in the court until completion, and keep the records.
- Make appropriate referral.
- Maintain proper record management of GBV cases.
- Participate in GBV prevention, protection and response Programmes.
- Conduct awareness raising on GBV at all levels.

## **5.2.5 Legal Service Providers**

### **Formal Court**

- In accordance with standard procedures, administer legal proceedings in cases of GBV; such as admitting cases, presiding at hearings and trial, summoning witnesses, passing judgment and sentences.
- Provide legal aid to GBV survivors
- Establish special courts to handle cases of GBV
- Provide adequate training of judiciary personnel on sensitive GBV case management in court.
- Increase recruitment of female judicial officers.
- Refer GBV survivors to appropriate services.
- Conduct and participate in awareness-raising on GBV related laws and procedures.
- Prevent further acts of violence by prosecuting efficiently and ending impunity.

### **Customary Court:**

- Handle GBV cases reported that are within their jurisdiction.
- Ensure proper record management of cases reported, handle and referred.
- Promote positive cultural practices that promote gender equality and women empowerment
- Make appropriate referrals.
- Review and harmonize existing customary laws with existing legal framework in South Sudan
- Train traditional courts in GBV prevention, protection and response.
- Sensitize traditional leaders in human rights promotion and protection.
- Appoint women in traditional courts to promote gender sensitive views and women's participation in decision making
- Conduct community awareness on GBV issues and promote involvement of men and boys in GBV prevention and protection programme.

## **6.0 CO-ORDINATION MECHANISM**

The MGCSW takes the lead in GBV prevention, protection and response at national level whereas at the state level, the mandate is with State Ministries of Social Development The Ministries collaborates with Line Ministries (MOH, MOJ, MOI,) UN Agencies, Development Partners, and Civil society Organizations on addressing GBV.

GBV coordination is done through GBV Sub cluster which is under the Gender Coordination Forum. The GBV Sub cluster aims at having a coherent and effective GBV prevention, protection and response through the mobilization of key government Institutions, UN Agencies, Development Partners and International and National Non-Governmental organizations (NGOs) at national and state level. The key members include MGCSW, MOH, MOI, MOJ, UNFPA, UNICEF, UNHCR, NRC, ARC, IRC, media and National NGOs.

Alongside the GBV sub cluster, there are several coordination forums which play a role in GBV. These include child protection sub cluster, prevention of sexual exploitation and abuse task force, Psycho social support technical working group.

All actors have a responsibility to contribute to efforts towards GBV prevention, protection, and response For coordination to be effective , there is need to respect all partners in the coordination process by setting up a regular procedure for coordination, including: allocating sufficient human and financial resources to facilitate coordination; having a specific and accessible meeting time and place; maintaining ground rules and clear objectives; using time wisely; and being action-oriented.

The GBV sub cluster Terms of Reference to guide its operation and procedures (Annex 2).



## **7.0 GBV INFORMATION MANAGEMENT SYSTEM**

For proper GBV case management, record keeping and management information is very vital for all service providers. Collecting, documenting, and monitoring data on GBV should be based on the guiding principles stated in the SOP.

For effective information management, the GBVIMS was introduced in South Sudan in 2010 and has been used by 5 agencies. The goal is to train more organizations to use this system. In April 2013, The GBVIMS was standardized for psycho-social services using the GBVIMS Psychosocial Intake and Assessment Form (see Annex A) for the collection of data in different sectors/locations. GBV Focal Persons at field level in different organizations (health, police, CBOs, NGOs, psycho-social) are responsible for the correct completion of the Intake Forms, ensure data is encoded, and prepare monthly reports with anonymous statistical data, which should be forwarded to the lead agent responsible for consolidating and analyzing the data. The reports generated are to be shared with the relevant GBVIMS data gathering agencies, Ministry of Gender, pre-approved agencies and with other actors upon approved request. An Information Sharing Protocol should be developed and signed by the relevant data gathering agencies together with the designated GBVIMS lead agent. The Information Sharing Protocol is a set of guiding principles that describe the procedures for sharing anonymous statistical data on reported cases of GBV. The protocol aims to facilitate the ongoing information sharing between participating actors for purposes of advocacy, programming and fundraising for GBV programmes. Organizations intending to use the GBVIMS are advised to register and receive appropriate training through facilitation of the GBV Sub cluster co-chairs.

The GBVIMS was created to harmonize data collection, storage and analysis on GBV, The intention of the GBVIMS is both to assist service providers to better understand the GBV cases being reported as well as to enable actors to share data internally across project sites and externally with organizations and

agencies for broader trends analysis and improved GBV coordination and programming..

## **8. 0 MONITORING & EVALUATION**

The MGCSW in collaboration with State Ministries of Social development and all other relevant stakeholders should monitor the implementation of this SOP in relation to the roles and responsibilities accorded to the various institutions and service providers. Inter- agency and multi-sectoral field missions and review meeting to assess success, challenges, and identifying gaps in GBV prevention, protection and response will be conducted. Participatory and community based methods to monitor and evaluate the effectiveness of the GBV prevention, protection and response services and the roles played by the different stakeholders will be employed. The Ministry will develop monitoring and evaluation indicators to measure the progress of SOP implementation.

**KEY STAKEHOLDERS SIGNATURES**

**MINISTRY OF GENDER CHILD AND SOCIAL WELFARE**

Representative \_\_\_\_\_  
\_\_\_\_\_

Title-----  
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Signature  
\_\_\_\_\_

**Ministry of Justice**

Representative \_\_\_\_\_  
\_\_\_\_\_

Title-----  
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Signature  
\_\_\_\_\_

**Ministry of Interior**

Representative \_\_\_\_\_  
\_\_\_\_\_

Title-----  
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Signature  
\_\_\_\_\_

**Ministry of Health**

Representative \_\_\_\_\_  
\_\_\_\_\_

Title-----  
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Signature  
\_\_\_\_\_

## **ANNEX I: GLOSSARY OF KEY GBV RELATED TERMS**

**Perpetrator:** is a person, group or institution who carries an act of violence against another person.

**Survivor/victim:** is a person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably.

**Service provider:** refers to individuals/institutions responsible GBV prevention and case management

**Rape:** is carnal or sexual intercourse with another person without his or her consent.

**Sexual Assault:** any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, gestures , unwanted kissing, fondling, or touching of genitalia and buttocks, Female Genital Mutilation/ Cutting (FGM/FGC). .

**Physical Assault:** is an act of physical violence that cause bodily harm. 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.

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

**Economic Violence:** is denial of rightful access to economic resources/asserts or livelihood opportunities, education, health or 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 etc. Reports of general poverty should not be recorded.

**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 and/or menacing nature, destruction of cherished things, etc.

**Child Marriage:** refers to marriage of a person under the age of 18 years with or without a consent.

**Domestic Violence:** An act or omission which cause harm, injury, or endangers health, safety and wellbeing of another person with in domestic relationship. Domestic relationship to persons living and working within the same household. Domestic violence includes both physical and psychological and may take many forms, such as: beatings, murder or life threats, male control and dominance over woman's access to food, water, shelter, and fertility (forced pregnancies and abortions), girls who are not allowed to go to school because of her gender, etc.

## **ANNEX II: TERMS OF REFERENCE FOR GBV PREVENTION AND RESPONSE SUB CLUSTER**

### **Context and Background**

The aim of the Cluster Approach in humanitarian settings is to ensure coherent and effective response through the mobilization of government agencies, international organizations, UN Agencies, Programmes and Funds, and Non-Governmental organizations (NGOs) to respond in a strategic manner that closes gaps, increases predictability and strengthens the capacity of humanitarian actors across all key areas of activity in an emergency. GBV has been designated as one of the five Areas of Responsibility under the Protection Cluster.

### **Objectives of GBV Sub cluster**

The GBV Sub Cluster in South Sudan aims, in collaboration with and in support of the relevant government ministries, UN agencies, and local and international NGOs, to consolidate and coordinate the activities of all relevant stakeholders to improve and support the prevention of and response to GBV in South Sudan. The GBV Sub Cluster aims to consider all types of gender based violence in its coordination, planning, and advocacy activities, and will give special emphasis to increasing access to holistic services and support to survivors of GBV at all geographical levels.

### **Functions of the GBV Sub cluster**

1. Developing GBV prevention and response strategy in line with the protection cluster response strategy.
2. Developing GBV emergency response plans, in close consultation with actors in field locations.
3. Promoting the implementation of Standard Operating Procedures for GBV and ensure survivors of GBV receive quality care.
4. Ensuring that analyses are carried out on the GBV situations in humanitarian settings and documented for all actors to use.

5. Ensuring that GBV indicators are mainstreamed in all inter-sectorial assessments, and assist in the collection and analysis of sex-disaggregated data.
6. Mapping and updating relevant GBV prevention and response actors in humanitarian settings (3Ws)
7. Establishing reporting and monitoring mechanisms to ensure coordination of efforts and activities of members and relevant stakeholders.
8. Engaging in inter-agency, multi-sectoral field missions to assess programming success and challenges and identify gaps in GBV programming.
9. Training humanitarian actors from other clusters on how to integrate GBV in their response plans, according to the GBV Guidelines in humanitarian settings.
10. Ensuring that prevention and response to GBV are mainstreamed into resource mobilization efforts such as the Consolidated Appeals Process and Common Humanitarian Fund;
11. Advocate for designated funding for prevention and response to GBV;
12. Exchange information on ongoing and planned GBV-related activities by members aiming at minimizing duplication.
13. Promote cooperation and technical support towards capacity-building of government institutions in the area of prevention of GBV both on national and state level;
14. Coordinate the planning of joint advocacy activities to end GBV, promote human rights, specifically women's rights and empowerment in general (International Women's Day, 16 Days of Activism, etc);
15. Facilitate policy development related to GBV in coordination with government counterparts.

**Membership:**

- In order to ensure a holistic and multi-sectoral approach in the prevention of and response to GBV, membership of the national sub cluster will consist of government representatives from various ministries (in particular those involved in providing health, psycho-social, legal and



security services), UN Agencies, Funds and Programmes, UN Mission in South Sudan and donors.

- National and international NGOs working on GBV in more than one state in the country will be members of the national Subcluster, while organizations working only in one state shall be encouraged to enrol in the State level GBV working group.
- National GBV SC will solicit participation of gender focal points from other Clusters to ensure complementarities and the development of integrated approaches to protection from GBV in emergencies.
- Chairs and co-chairs of state level GBV working groups shall also be members of the national Sub cluster.

#### **Leadership arrangements:**

The GBV Sub cluster will have a co-leadership structure of Government and UN or UN with NGO. UNFPA and UNICEF, as global GBV AoR co-leads, are responsible for supporting the GBV Sub cluster as co-chair and should establish who has the capacity to take on this role. The decision to have an NGO co-chair should be related to its strategic positioning within the Protection Cluster, its programmatic capacity, relations with other relevant GBV actors and experience addressing GBV in the country. Furthermore, each of the GBV Subcluster co-leads must have a suitable staff member to effectively meet the co-lead requirements and with capacity for logistical support for convening meetings, circulating minutes and other communications and provide linkage with other coordination mechanisms. The co-chair arrangements will be changed on an annual basis or when capacities change. An evaluation of the performance of the co-chairs shall be done at the end of the year to facilitate improvements in the coordination mechanism.

UNFPA and American Refugee Council shall co-chair the GBV SC for one year from date of adoption of these ToRs, following which the above leadership arrangements shall be effected.

**Core responsibilities of the co-chairs include:**

- Establish and maintain coordination mechanisms , including with the existing Government structures, chair coordination meetings and ensure that the GBV WG members are continuously engaged in the Cluster meetings and activities and that other potential external stakeholders are also engaged
- Facilitate operationalization of the SC's functions.
- Represent the GBV SC in Protection Cluster and ICWG
- Make sure that all Clusters take specific actions to prevent and/or respond to gender-based violence and respect humanitarian principles in their interventions.
- Ensure the IASC *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* is used by all as a tool for planning and coordination
- Ensure mainstreaming of HIV/AIDS in GBV prevention and response
- Ensure application of core principles of the Secretary General's Bulletin on Special Measures for the Protection from Sexual Exploitation and Abuse
- Ensure effective and coherent cluster needs assessments and analysis
- Ensure appropriate planning and strategy development (identification of gaps etc) for GBV response in emergencies.
- Ensure application of standards that exist (national protocols, existing policy guidance etc)
- Ensure regular Monitoring and Evaluation of GBV efforts across Clusters
- Ensure the use of checklists/tools across Clusters as well as the adherence to established referral pathways
- Advocacy and resource mobilization
- Training and capacity building for SC members and other Clusters and stakeholders (e.g. other Clusters for efficient mainstreaming, other humanitarian workers, translators, Law Enforcement Agents)

**Arrangements for meetings:**

The GBV Sub Cluster will meet every second and fourth Thursday of the month at UNDP Eric DE Mull Hall from 10a.m-12noon. Adhoc meetings may be called to address urgent issues.

**Reporting**

- Members of the Subcluster will share reports of their planned work and achievements made at the regular GBV Subcluster meetings, including submission of information on key agreed indicators for purposes of cluster reporting. Members' reports will highlight issues their field counterparts are addressing, the challenges they are facing and highlight any issues that require actions by the GBV SC.
- GBV Sub clusters at state level will share minutes of their meetings with the co-chairs of the national GBV Sub - cluster and highlight issues for which they require national level intervention.
- The co-chairs of the GBV sub-cluster will report to the Protection cluster at its scheduled meetings and will contribute to any and all relevant activities, initiatives, and documents supported and prioritized by the overall Protection cluster.

**Amendments**

This TORs is a working document and may be altered to meet emerging needs of all members by agreement of the majority of the members.