



**MINISTRY OF GENDER AND SOCIAL WELFARE AND RELIGIOUS AFFAIRS
(MoGSWRA)**

**STANDARD OPERATING PROCEDURES (SOP) FOR
PREVENTION OF AND RESPONSE TO SEXUAL AND GENDER BASED VIOLENCE (SGBV)
IN
SOUTHERN SUDAN
2009**

ACKNOWLEDGMENT

The journey that began two years ago has finally come to an end. It was indeed a long journey that could not have been accomplished without the support of the following stakeholders who worked tirelessly and even went beyond their mandates to make this a success.

Special thanks are extended to all stakeholders that played a leading role in the development of this document, especially during the state-based consultations. Immeasurable thanks to all the GoSS Ministries particularly the Ministry of Legal Affairs and Constitutional Development, Ministry of Education, and Ministry of Health; all of whom were instrumental in providing support and technical feedback to the document. The MoGSWRA is indebted to UNDP, UNHCR and UNFPA for providing technical and financial support during the inception time till this moment when the document awaits endorsement by the Council of Ministers.

While it is not possible to mention all the individuals and institutions that contributed to the development of the SOPs, the contributions from the local NGOs have been instrumental in this exercise, as their roles at the grassroots levels painted a true reflection of what Standard Operating Standards stands for. This report cannot be complete without mentioning the following institutions:-

- | | |
|--|---------|
| 1. Ministry of cooperative and Rural Development | MoCRD |
| 2. Ministry of Parliamentary Affairs | MoPA |
| 3. Ministry of Health – Central Equatoria, Juba | GoSS |
| 4. World Bank | WB |
| 5. Norwegian People’s Aid | NPA |
| 6. United Nations Police | UNPOL |
| 7. United Nations Mission in Sudan | UNMIS |
| 8. Save the Children (Sweden) | SCS |
| 9. MSF France | MSF |
| 10. Voice For Change – Sudan | VCF |
| 11. South Sudan Women, Disable, widows, children | SSWDWOC |
| 12. Cush Community Relief International | CCRI |
| 13. Upper Nile Youth M. P. Development Agency | UNYMPDA |
| 14. International Organization for Migration | IOM |
| 15. American Refugee Council | ARC |
| 16. Women’s Union | WU |
| 17. NESI Network | NESI |
| 18. Nile Hope Development Forum | NHDF |

**Ministry of Gender, Social Welfare and Religious Affairs
Government Of Southern Sudan
South Sudan**

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ACRONYMS

ARV	Antiretroviral
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CPA	Comprehensive Peace Agreement
CRC	Convention on the Rights of the Child
DRC	Democratic Republic of Congo
GoSS	Government of Southern Sudan
SGBV	Sexual and Gender-Based Violence
HIV/Aids-	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
IASC	Inter Agency Standing Committee
ICSS	Interim Constitution of Southern Sudan
IDP	Internally Displaced Person
MOGSWRA	Ministry of Gender Social Welfare and Religious Affairs
NGOs	Non Governmental Organizations
PEP	Post Exposure Prophylaxis
PHCU	Primary Health Care Unit
PHCC	Primary Health Care Clinic
SOPS	Standard Operating Procedures
SPLM/A	Sudan Peoples Liberation Movement/Army
STIs	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nation High Commissioner for Refugees
VCT	Voluntary Counseling and Testing
WES	Western Equatoria State
WHO	World Health Organization

INTRODUCTION

Developing inter-agency Standard Operating Procedures (SOPs) for the prevention of and response to sexual and gender-based violence (SGBV) is a process that involves discussions and negotiations with all relevant stakeholders. It requires a collaborative, multi-functional, multi-sectoral, inter-agency and community-based approach that results in procedures agreed upon by all stakeholders. A plan of action on prevention of and response to SGBV should follow the SOPs and be reflected in the Government of Southern Sudan's (GoSS) Strategic Plans to address in sub-agreements with other partners to effectively enable full implementation of the procedures to address SGBV in communities. The results should be reflected and reported by respective sectors. Although the reality on the ground is that survivors of SGBV are normally women and girls, men and boys have not been spared either.

Due to the imbalanced distribution of power and resources in the society, it is highly likely that implementers of policies against SGBV will be men. It is thus extremely important that men policy-makers, government representatives, husbands and brothers in the communities, participate in the elaboration of these SOPs and commit to making them an instrument to help all survivors, men and women alike.

The following SOPs were developed with inputs received from representatives from various Ministries of the Government of Southern Sudan (GoSS), UN Agencies, International and National agencies working in collaboration with relevant government departments, NGOs, CBOs and community representatives responsible for programs in the four main sectors: health, psychosocial, legal/justice and safety/security. Other key players were customary chiefs representing indigenous tribes. This was done with a view of establishing clear systems, roles and responsibilities for each individual, group, agency and organization involved in the prevention and response to sexual and gender-based violence affecting communities in South Sudan.

The process that took off on the 18th July 2008, in Home and Away Business Centre, Juba, brought representatives from various institutions. UNFPA and UNHCR funded the two-day workshop where it was agreed that the MOGSWRA would take the lead in coordinating all SGBV prevention and response activities in South Sudan in collaboration with other partners/stakeholders.

A core committee was also established to draft a first SOP document bringing together all the comments expressed by the participants.

On the 12th December 2008, the MOGSWRA convened a follow-up three-day workshop co-funded by UNFPA and UNHCR. The meeting took place at Camp Side Hotel, Juba, with a broader representation from Southern Sudan civil society. This captured women's participation by the invitation of various women associations.

The local chiefs were also invited to paint the grassroots representation. Participants discussed about SGBV in Southern Sudan and how to better prevent and respond to it. The comments and recommendations were added into the draft SGBV-SOP.

A third consultation, consisting of a second review of the draft, took place on the 7th of April 2009 at Sunflower Inn in Juba. The document was reviewed by participants (government representatives, UN agencies, NGOs, local organizations), and comments were incorporated in this document. It was agreed that a second phase of the process, involving consultations in the different States, should commence as from May 2009.

The first of these consultations took place in Yambio, WES. The two-day workshop that began on 25th June 09 drew participants from the State Ministries, legislative assembly, UN agencies, local and international NGOs, women associations, health workers, religious leaders, police, etc. The programme included an overview of gender and GBV theoretical concepts, followed by a review of the draft document chapter by chapter.

Before the review and endorsement of the draft on 30th September 2009 in Juba, two other subsequent consultative meetings had been held earlier at the State levels in Wau and Malakal. These were held on 20th -21st July 09 and 13th to 14th August 09 respectively to capture the entire geographical representation. These three States Headquarters were agreed upon to represent the cultural diversity of the greater Equatoria, Bar El Ghazel and Upper Nile respectively.

The procedures were developed within the framework of the *IASC Guidelines for GBV Interventions in Humanitarian Settings: Focusing on prevention of and response to sexual violence in emergencies* (Geneva, IASC 2005) and also used elements from UNHCR's *Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response* (Geneva, UNHCR 2003).

All involved stakeholders use an expanded definition of SGBV based on **Articles 1 and 2 of the UN General Assembly Declaration on the Elimination of Violence against Women (1993) and Recommendation 19, paragraph 6, of the 11th Session of the CEDAW Committee.**

*At the International level there are several International Human Rights and Humanitarian Laws which **prohibit Sexual and Gender based violence**. Of all these laws, Sudan is signatory to and has ratified only the following:*

- *The Convention on the Rights of the Child*
- *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*
- *The Geneva Conventions of 1949 and Additional Protocols*
- *The Convention against Torture*

However, it is only the *Geneva Conventions of 1949 that Sudan has re-enacted to form part of its Domestic Law and thus applicable in Sudan.* **Other instruments used in Southern Sudan include the Comprehensive Peace Agreement, the Interim Constitution of Southern Sudan and the Penal Code Act 2008.**

1.1 Population

The disputed 2008 population census in Southern Sudan is yet to be resolved; however, Southern Sudan is comprised of people from at least 56 tribes or ethnic communities. A big percentage of South Sudanese like in Darfur have experienced violent conflict that displaced people from their original habitats and forced them into IDP camps while some flee into exile in foreign Countries across the world

Official languages are English and Arabic. Local languages are also recognized. Religious beliefs include Christianity, Islam and traditional beliefs.

Agriculture and livestock are the main sources of livelihood in different States and Counties while the majority of the town dwellers are engaged in business and casual labor. Communities have some cultural beliefs resulting in 'harmful' traditional practices that perpetuate sexual and gender-based violence, particularly on women and girls.

In most communities, men are the final decision makers. For instance, women have not any role or say when it comes to property inheritance, forced and early marriages as well as forced wife inheritance among other practices. Girl child education is wanting compared to the boys. This is attributed to early and arranged marriages and teenage pregnancies.

While there is no legislation in Southern Sudan which contains a specific prohibition on SGBV, the current legal framework in Southern Sudan, comprising, amongst other legal instruments, the Interim Constitution of Southern Sudan, the Child Act, The National Gender Policy Act and the Penal Code, already contains some provisions which implicitly prohibit acts which constitute SGBV.

Furthermore, Sudan has signed and ratified, and is therefore bound by, an array of international legal instruments such as the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the and the African Charter on Human and Peoples Rights, all of which prohibit elements of sexual and gender based violence.

The Sudan Constitution and the Southern Sudan interim Constitution recognize women's right to Liberty, Life, Freedom of Association and Speech, and Protection from Discrimination. Although there is no specific law covering Gender-Based Violence, the Government of Southern Sudan has been developing legislation which touches upon related aspects. This is the case of the Child Act (passed in August 2008) and the Gender Policy (currently under final discussions).

The Penal Code Act, 2008 and the Interim Constitution of Southern Sudan 2005 (provisions of Article 59(2)(b) together with Article 85(1) of the Interim Constitution of Southern Sudan 2005) –also have some provisions related to SGBV (e.g. Chapter XVIII – Rape, Other Sexual Offences Against Morality; Chapter XX – Offences involving Infringement of Liberty, Dignity, Privacy or Reputation.

The fundamental human rights of all persons include the right to life, to bodily integrity, to health, to liberty and to equality, rights all of which are violated by acts of SGBV. These are rights which are protected in an extensive litany of international instruments which have been signed and ratified by Sudan and are therefore binding on all State actors. The prohibition of SGBV, while not specified in any legislation in Sudan, is proscribed clear in Article 13 (3) of ICSS - Bill of Rights and The Penal Code Act, 2008: Chapter XX Article 276

1.2 Government authorities & administration

Southern Sudan borders Uganda, Kenya, Ethiopia, Central Africa Republic and the Democratic Republic of Congo (DRC). The ten States of Southern Sudan include Central, Eastern and Western Equatoria, Lake State, Northern and Western Bahr-el-Ghazal, Warrap, Unity, Jonglei and Upper Nile. States are further divided into Counties, then *Payams* and *Bomas*.

The central authority is the Government of Southern Sudan (GoSS). At the State level, the highest authority is the Governor, followed by Ministers and Chairmen of the Commissions and Advisors. The highest government authority at the County level is the County Commissioner, working with County Heads of Departments. Civil Administrators (CA) at Payam level and Boma Administrators at Boma level work closely with Boma and village Chiefs to oversee all government-related issues in their respective communities.

1.3 Basic services

Basic services such as health, water/sanitation and education are very limited in Southern Sudan. In many parts within the territory, structures are experiencing strain with the come back of returnees and IDPs.

Since 2005, many NGOs and UN agencies have been in handy to complement the government responsibilities such as construction of schools, drilling of boreholes and primary health care units/centers. However, many facilities are malfunctioning due to the lack of government capacity to meet the operating costs. Institutional services to support survivors of SGBV, including material assistance, clearly are not spared either, with some areas hardly possessing any.

1.4 SGBV Root Causes:

The underlying root cause of SGBV is the historically 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 - although most survivors of SGBV are women and girls.

Forced displacement, poverty, harmful traditional & culture practices that violate women and children's rights, illiteracy and substance abuses are factors which worsen these unequal power relations. It is important to note that quantitative data on SGBV in Southern Sudan is scarce and disperse and that no studies on SGBV prevalence and causes specific to the Southern Sudanese context are available at present.

1.5 SGBV consequences:

Survivors of SGBV are at high risk of severe health and psychosocial problems, sometimes even death in the absence of medical treatment. The probable long-term physical trauma and emotional effects should never be underestimated. Understanding the potential consequences of SGBV will help actors to develop appropriate strategies to respond to these aftereffects and prevent further harm.

SGBV consequences can be summarized as follows:

- ✓ Health: Fatal outcomes may include: suicide, maternal and infant mortality and AIDS-related mortality. Non-fatal include injury, shock, disease and chronic infections, disability and other disorders and the reproductive health-related problems such as miscarriage, unwanted pregnancies, unsafe abortion, sexually transmitted infections, including HIV/Aids, etc.
- ✓ Psychosocial: Emotional and psychological consequences include: fear, anxiety, anger, insecurity, mental illness and suicidal thoughts. Many societies tend to blame the survivor leading to rejection and emotional erosion like shame, self hate/blame or depression, as well as fear or shame to report SGBV incidents.

- ✓ Legal/ justice: National laws should provide adequate safeguards against SGBV, or/and non-discriminatory practices in the judicial and law enforcement systems. Community attitudes are reflected in courts, and as a result many SGBV-related offences are dismissed, or suspected perpetrators are given light sentences. The emotional damage to survivors is compounded by the implications that the perpetrator is not at fault.

- ✓ Safety/ Security: Survivors may feel insecure, threatened, afraid, unprotected and at risk of further violence. Police and security workers should be sensitive to the survivor's needs for immediate care, dignity and respect to prevent further harm and trauma.

2.1 General terms

Perpetrator or Assailant is the alleged attacker.

Survivor is the survivor of the crime; in the context of SGBV this term is often used instead of "victim".

Incident is the SGBV event / crime

Case is used when referring to a court case; sometimes used to refer to the survivor herself/himself.

Actor refers to individuals, communities, organizations, groups, and institutions involved in prevention and response to SGBV.

Community refers to the persons living in villages situated in the States, counties and *Payams* in South Sudan. A community may be formed by returnees, displaced, host population, refugees, of a mixed population of the former.

Minor is a person under the age of 18years.

2.2 SGBV definitions and terms

Gender-based violence is violence that is directed against a person on the basis of his/her 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 survivors of gender-based violence, women and girls are the main survivors.

...shall be understood to encompass, but not be limited to the following¹:

- a. Physical, sexual and psychological violence occurring in the family, including battering, sexual exploitation², sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.
- b. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in education institutions and elsewhere, trafficking in women and forced prostitution.
- c. Physical, sexual and psychological violence perpetrated or condoned by the State and institutions, wherever it occurs."

Sexual Violence is any act, attempt or threat, which is sexual in nature, done with force or without force and without the consent of the person/survivor. This includes acts of forcing another individual, through violence, threats, deception, cultural expectations, weapons, or economic circumstances, to engage in behavior against his or her will. Although rape and attempted rape are the crimes most often associated with sexual violence, there are an abundance of sexual crimes committed during flight, in refugee and IDP camps/settlements and upon return. Wars have resulted in massive amounts of abductions, forced pregnancies, rapes, sex slaves and sexual torture.

¹ UN General Assembly Declaration on the Elimination of Violence Against Women, Article 1 (a), (b) and (c)

² Specific procedures for dealing with sexual exploitation are further elaborated in the Secretary General's Bulletin on Sexual Exploitation and Abuse (2003).

2.3 Terms and definitions to be used by actors

There are two different sets of terms and definitions to categorize SGBV cases, used by government authorities, UN Agencies, NGOs and other SGBV /Protection Working Group actors:

- ◆ Legal definitions and criminal charges, specified in the Interim Constitution of South Sudan, the Chukudum Convention 2004 set by the SPLM (Sudan Peoples Liberation Movement) and Penal Code 2008 and used by police and judiciary in South Sudan.
- ◆ Categories and definitions of SGBV which are less specific than the law and more useful in a social services and community context. These terms are used by community groups, health, psycho-social and SGBV workers. They are listed and defined below.

✓ Rape

An act of non-consensual sexual intercourse. Any penetration is considered rape, and may include: statutory rape (of minors) - even if the minor was agreeing to the act, he/she cannot legally consent when is under 18 years of age - ; **Gang rape**, if there is more than one assailant; male rape, sometimes known as **sodomy**.

✓ Attempted rape/Sexual assault

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

✓ Physical assault

Physical violence that is not sexual in nature. Examples include hitting, slapping, cutting, shoving, honor crimes of physical nature.

✓ Sexual harassment

Any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another. Sexual harassment may include a one-off incident or a series of incidents. It is normally deliberate, unsolicited and coercive. Both women and men can be the survivor or offender.

✓ Economic abuse

Money, normally household resources, is withheld by an intimate partner or family member, preventing the use to pursue livelihood activities. Examples are: a widow prevented from accessing an inheritance, a husband using his salary to buy alcohol and thus depriving his family from basic needs etc.

✓ Forced marriage

This occurs when parents or others (can include perpetrator of a previous rape or sexual assault) force someone to marry another against her/his will. The marriage can be forced by exerting pressure, by ordering a minor to get married, for dowry-related purposes, or in other circumstances. The affected person / survivor in this category can be either a minor child or an adult. Any non-consensual sexual intercourse resulting from such a relationship constitutes rape. The Penal Code Act 2008, Article 273 – prohibits any act of kidnapping or abducting a woman to compel her to marriage;

✓ Forced wife inheritance

In certain communities in Southern Sudan, it is customary that when a man dies, his wife is to be inherited or given to another brother or cousin within the family or clan as a wife. This aims at ensuring that the children born of that union continue the family lineage of the deceased man. In circumstances where a woman fails to choose her next partner, the family forces her to take one. If a woman refuses to be inherited by the family and marries an outsider, the family of the deceased may take the new man to court and charge him of committing adultery.

If a child is born from this marriage, the child belongs to the deceased husband /family. If the woman insists to remain with the new man, it becomes a divorce case, whereby the former family claims the property paid as dowry and further denial of custody of children regardless of their age. This system has repercussions in terms of emotional and physical trauma.

✓ **Early /Arranged marriage**

This occurs when a girl under 18 years gets married with parents/guardians consent. Under the Penal code 2008, Chapter 18 – Article 247, sub article 2, girls are not allowed to marry before the age of 18 year of age, and this is also reflected in the Child Act 2008 include; Right to Protection from Torture - Article 22 (1) and (2); Right to Protection from Marriage and other Negative and Harmful Cultural and Social Practices – Article 23 (1) and (2); and Rights of the Female Child – Chapter 26 (1).

✓ **Domestic Violence**

This is type of violence taking place within the household or within the family. Domestic violence includes both physical and psychological abuses and affects men and women in the household/family. Domestic violence 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.

✓ **Other categories of Gender-Based Violence**

Use this category for SGBV cases that do not fit into any of the other categories.

Some of the cases reported as SGBV are not really sexual or gender-based violence in nature. It is tempting to label these cases as SGBV because they may be "at-risk" for SGBV. These should not be categorized as SGBV cases, but should be taken into account when describing the program's actions and activities in reports, particularly for the area of prevention. Examples:

- Child abuse (child-beating which is not gender-based);
- Family disputes, such as arguments over family properties;
- Domestic arguments and problems; e.g., polygamy-related problems, children with behavior problems;
- Reproductive health problems, such as impotency, infertility, sexually transmitted diseases, unwanted pregnancy, etc.

Guiding principles are a set of norms which are considered best practice by international standards. They are not enforceable by law, but they are discussed and agreed upon all intervening actors in order to ensure that a minimum standard is achieved when dealing with a SGBV case.

All actors commit to extend the fullest co-operation and assistance to each other in the prevention and response to SGBV and agree to adhere to the following principles as guides for their behavior, intervention, and assistance:

3.1 Guiding principles for working with individual survivors

3.1.1 Confidentiality

At all times, the confidentiality of the affected person(s) and their families will be respected. This means that information will be shared only with others who need to know in order to provide assistance and intervention, or as requested and agreed by the survivor. All written information will be maintained in secure, locked files/cabinets (if available). If any reports or statistics are to be made public, the coordinating body will have the authority to release such information (Focal Person - Ministry of Gender, Social Welfare and Religious Affairs - GoSS). Any identifying personal information (name, address, etc.) will be withheld.

3.1.2 Respect

Actions and response of all actors will be guided by respect for the wishes, the rights, and the dignity of the survivor. Examples include:

- ✓ Be a good listener;
- ✓ Maintain a non-judgmental manner; do not judge the person or her/his behavior;
- ✓ Be patient; when possible, do not press for more information if she/he is not ready to speak about it;
- ✓ Survivors will be asked only relevant questions;
- ✓ Avoid requiring her/him to repeat the story in multiple interviews;
- ✓ Do not laugh or show any disrespect for the individual or her/his culture or family or situation;
- ✓ Interviews will be conducted in private settings; and
- ✓ Interviews and examinations will be conducted by staff of the same sex as survivor (e.g., woman survivor **by** woman interviewer) unless there is no other staff available.

3.1.3 Security and Safety

Ensure the safety of the survivor and family at all times. Remember that she/he may be frightened, and needs assurance that she/he is safe. In all types of cases, ensure that she/he is not placed at risk of further harm by the assailant. If necessary, ask for assistance from security, police, village headmen and chiefs or others who can provide security.

Maintain awareness of safety and security of people who are helping the survivor, such as family, friends, health care workers, etc.

The survivor should be provided with food and shelter, access to sanitation, and continued counseling.

3.1.4 Initial report

The SGBV survivor has the freedom and right to report an incident to anyone. For instance, she/he may seek help from:

- ✓ Leaders in the community; i.e. *Boma* leaders, chiefs, headmen, religious leaders, women's group leaders, etc.

- ✓ SGBV actors in the community / working groups
- ✓ Health, Community Workers, or staff working with relevant agencies per specific location.
- ✓ Anyone whom the survivor believes can be of assistance to her/him (friend, relative, neighbor etc).

3.1.5 Non Discrimination

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

3.1.6 Child survivor

If the survivor is a child, the principle “best interest of the child” should inform decision about what type of care and support is to be provided. For further guidance please refer to 4.6.

Any person who suspects that a child is being abused should report it through the appropriate channels.

3.2 Guiding principles for all actions of stakeholders

3.2.1 Multi-sectoral collaboration

Extend the fullest cooperation and assistance to each other in preventing and responding to SGBV, including sharing of situation analysis and assessment information, in order to avoid duplication and maximize a shared understanding of the situation.

Establish and maintain carefully coordinated multi-sectoral and inter-organizational interventions for SGBV prevention and response (see chapter 5 for definition of sectors).

3.2.2 Community participation

Engage the local government authorities and communities fully in understanding and promoting gender equality and power relations that protect and respect the rights of women and girls. Customary practices should be reviewed to accommodate women’s participation at the traditional court.

Ensure equal and active participation of women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programs through the systematic use of participatory methods.

SGBV issues should be incorporated into the school curriculum so as to try to change harmful gender roles. It is also recommended that a SGBV unit is established in every school, and that school committees are comprised of 60% female members.

3.2.3 Accountability

Ensure accountability of all stakeholders at all levels. All actors signing this document of SOP assume a responsibility to ensure that guiding principles reflected in the SOP are respected when dealing with SGBV cases, and that procedures are followed as much as possible.

3.2.4 Code of Conduct

The Government of Southern Sudan (GoSS), through the Ministry of Gender, Social Welfare and Religious Affairs (MOGSWRA), should ensure that all persons involved in prevention and response to SGBV, including interpreters, understand and sign a Code of Conduct or a *similar document setting out professional standards of conduct when dealing with cases of SGBV*. Endorsing a Code of Conduct also means assuming responsibility for the fair treatment of SGBV cases in the community.

3.3 Roles and Responsibilities of stakeholders (Refer to chapter 5)

3.3.1 Coordinating body: Ministry of Gender, Social Welfare and Religious Affairs: Formulate policies and legislation; undertake advocacy besides overseeing the execution of these policies in

coordination with line Ministries and other relevant stakeholders. Ministry also supports training of social workers and personnel from line Ministries on various human rights and psychosocio skills to handle cases related to SGBV. The ministry also ensures that structures are put in place to prevent and respond to SGBV right from the Boma to GoSS level.

The Ministry also coordinates and support public education and awareness by the use of mass media. The Ministry collects, analyze and develops reports before disseminating to the stakeholders for a response and intervention. Monitors and evaluates and makes recommendations for action to be taken by relevant stakeholders.

The Ministry ensures that the relevant Ministry Department dealing directly with SGBV i.e. the police (SPU) and health centers are well equipped to handle all cases of SGBV.

3.3.2 Government of Southern Sudan (GoSS) and State authorities: Police, Security and Judiciary systems provide the security, law enforcement, and judicial functions.

3.3.3 The Community: leads the efforts to respond to and prevent SGBV in their community. Legislative assembly should take communities into account when drafting bills. SGBV committees should be formed within the community.

3.3.4 SGBV Working Groups: supports the community by providing necessary support and assistance to affected survivors. These groups provide counseling, assistance, and advocacy for affected persons / survivors, training, and community education. There should be close collaboration among all actors from all sectors.

3.3.5 Health Services: provides medical examination and treatment. Health staff provides medical documentation of injuries, which is required for legal proceedings and follow up. Health centers should be adequately staffed and stocked with Post Exposure Prophylaxis (PEP)/Rape kits that include ARVs for HIV prevention, emergency contraception and the STI prevention at all levels (county, Payam, Boma). Transport for survivors should be made available.

3.3.6 Psychosocial support: Conduct community awareness activities and provide emotional support /counseling to survivors and family members; carry out training of trainers targeting community members

Chapter 4: Reporting and Referral Mechanism

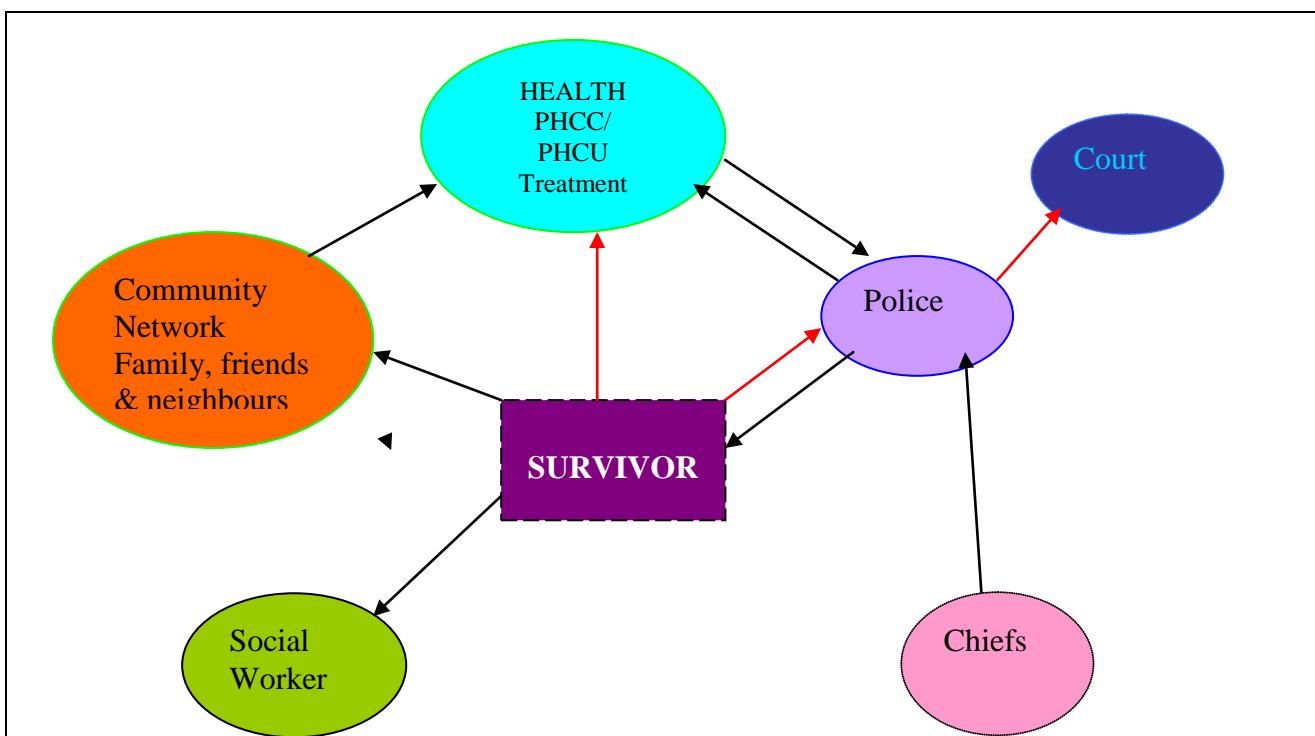
The survivor should be at the centre of any reporting and referral mechanism, reflecting the principle that the best interest of the survivor should always be kept in mind.

A clear referral system ensures that the survivor knows where to go and receive timely assistance.

The essential steps of such a mechanism are summarized in the chart below (*):

4.1 Summarized chart showing referral system

(Note: Survivor may decide to report directly to the health facility or police without informing the community leaders, depending on location or accessibility of services and severity of incident. In that case, arrows point from survivor to hospital or any other safe place)



(*) This is a general chart. In urban settings, services may be more readily available so some steps may be skipped (for instance, reporting to community network. The survivor may be able to go directly to the police).

4.2 FOLLOW UP AND ASSISTANCE- THE ROLE OF INSTITUTIONAL ACTORS

4.2.1 COMMUNITY LEADERS (chiefs, head of Boma etc)

- Promote community understanding and acceptance of Survivor.
- Assist Survivor (and often Assailant) to re-integrate in the community.

4.2.2. PSYCHO-SOCIAL GROUPS :

- Monitor Survivor's social functioning, provide counseling and assistance.
- Encourage participation in socialization and self-support activities.

4.2.3 HEALTH SERVICES (NGO/GOVERNMENT):

- Follow up medical care and treatment, as needed.
- Form 8 should not be a barrier towards accessing health services.

4.2.4 SGBV FOCAL PERSONS AND LEGAL/PROTECTION PERSONNEL.

- Follow up on social support and assistance, as needed
- Protection – monitor status of legal proceedings, assisting as needed

4.2.5 FORMAL AND INFORMAL SECURITY ORGANS:

- Police monitors security issues and assisted by other organized groups, e.g. youth clubs organize patrols in villages/Bomas and where police is not present promote community policing.

4.2.6 POLICE / COURT:

- Legal proceedings, court hearings, trial, sentencing (assailants)
- Form 8 is necessary in (criminal) cases, either if the survivor decides to pursue justice immediately, or at a later date after changing her/his mind.

4.3 PREVENTION OF FUTURE INCIDENTS:

ALL ACTORS: Gain understanding of the community's SGBV problems through monitoring and analyzing data from all incidents. Continuously develop, implement, and review strategies for prevention and methods to improve response. Mandatory training for medical staff and police in the use of Form no. 8 to enable immediate treatment of survivors. Form 8 should be available in police stations and health centers, at all levels (Payam, Boma, etc).

Parents should be sensitized through different media programs to prevent them against discriminating their children;

Government, in collaboration with other partners to fully support this program in every State.

4.4 REFERRAL SYSTEM AND AVAILABILITY OF SERVICES

In many instances, necessary services may not exist:

- **Health level:** no medical examination is possible because there are no doctors, nurses or midwives;
- **Legal:** no judges, only chiefs and head men;
- **Psychosocial counseling:** no services apart from support of chiefs and elderly.

In such cases, an effort should be done to refer the survivor to the next administrative level where he/she can receive appropriate assistance.

Likewise, referral steps may differ by locality, depending on the services available and the actors present. However, the best interest of the survivor and respect for the survivor wishes should guide the whole process.

4.4.1 Detailed explanation of referral system

a) Initial Report

The SGBV 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.
- ✓ SGBV 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 according to the needs and problems identified by her/him, and refer the individual as required by health care, counseling, security, and legal needs. The person receiving the report should consider escorting the individual to the health center, police or any other place ensuring timely and appropriate assistance (see chapter 5 for details on available services).

Survivors of violence require a supportive environment where they can be reassured of the confidentiality of their ordeal.

The following measures should be borne in mind:

- a) Female survivors should be interviewed separately, in absence of male family members, *unless their presence is being requested by the survivor*;
- b) Survivors should be informed of the choice to have interviewers and interpreters of the same sex as themselves. In principle, women and girls should be automatically assigned a female interviewer. Interviewers and interpreters should also be aware of and responsive to any cultural or religious sensitivities or personal factors such as age and level of education, and should be trained on psychosocial counseling.
- c) An open and reassuring environment is often crucial to establishing trust between the interviewer and survivor, and should help the full disclosure of sometimes sensitive and personal information. The interview room should be arranged in such a way as to encourage discussion, promote confidentiality and to lessen any possibility of perceived power imbalances.
- d) The interviewer should take time to introduce him/herself and the interpreter (if any) to the survivor, explain clearly the roles of each person and the purpose of the interview.
- e) The survivor should be assured that her/his claim will be treated with utmost confidentiality, and information provided by the claimant will not be provided to members of his/her family.
- f) The survivor has the right to control how information about her/his case is shared with other agencies or individuals and the decision should be respected in case the survivor does not wish to pursue security or police action and does not wish to inform UN or NGOs despite ongoing protection and security risks.
- g) The interviewer should remain neutral and objective during the interview, and should avoid body language or gestures that may be perceived as intimidating or culturally insensitive or inappropriate. The interviewer should allow the claimant to present her/his story with minimal interruption.
- h) Focal persons at each entry point (health, police, psycho-social) are responsible for filling the **Incident Report Form**, maintain records/data, and prepare monthly/periodic reports to the coordinating body of the SGBV Working Group. The Focal point appointed by Ministry of Gender, Social Welfare and Religious Affairs (GoSS) is responsible for receiving reports from other entry/focal points, maintaining data and compiling monthly and other periodic reports to

share with other stakeholders. The Focal person at County level compiles a monthly report and submits to the State Focal person and further to the Director of Gender and Social Welfare (GoSS).

4.4.2 Types of SGBV Incidents in Incident Report Form

To ensure confidentiality, incidents will be identified in the Incident Report Form using numbers thus:

- Rape =1 (1a = Rape, 1b= Sodomy)
- Attempted Rape/Sexual Assault = 2
- Sexual Harassment = 3
- Early Marriage = 4
- Forced Marriage = 5
- Forced wife inheritance = 6
- Domestic Violence = 7
- Physical assault = 8
- Economic Abuse = 9
- Other Gender Based Violence = 10

NOTE FOR ALL TYPES OF SGBV: For reporting purposes, **only one** of the category codes will be listed as "Type of Incident" and counted in reports. If several types of SGBV occur in one incident, the most relevant for program intervention will be listed as "Type of Incident" the other as "additional incident type". Examples:

- rape + forced marriage should be counted as Rape (code 1)
- forced marriage + domestic violence = Forced Marriage (code 5)
- attempted rape + domestic violence = Attempted Rape (code 2)
- sexual harassment + Gender Based Violence = Sexual harassment (code 3)

4.4.3 For each case, the following documentation should be completed immediately or at the most convenient time in case of emergency:

- a) SGBV Incident Report Form, fully completed (**See Annex A**)
- b) Written and signed statement by survivor describing the incident in her/his own words, in those cases where it is appropriate to do (*This is important to minimize repetitive questioning and protect survivor from further intimidation and trauma*) If survivor is illiterate, write her/his exact words, read loudly to her/him to understand before she/he can append signature with a thumbprint. In case the survivor resists writing the statement, SGBV incident form is sent to coordinating agency/body.
- c) Copy of completed Form 8 by a qualified medical doctor (forms should be easily available at hospitals/ dispensaries).

4.4.4 Referral System

There are certain prioritized response actions for SGBV survivors:

- Medical examination and treatment of the survivor should be the first prioritized action, if required;
- Early psycho-social counseling is highly necessary to avoid or reduce traumatic feeling for the SGBV survivor;
- Police investigation and protection intervention for physical safety becomes necessary for some cases;
- Social re-integration should be pursued for the survivor who is discriminated against, isolated and even persecuted by his/her family, community and society at large.
- For those survivors who opt for legal action, report to police at the earliest opportune for further legal redress.

Confidentiality of survivor's information must be maintained as stated in Chapter 2 of this SOP.

4.5 Special Procedures for Child survivors:

In this context, a child survivor is a boy/girl under 18 years of age who has been survivor of an act of SGBV.

- a) A child survivor should be able to go to the nearest local authority in the area (chief, head men, police) for protection. These actors should be thus adequately trained and prepared to offer such protection even from the child's relatives who may try to retaliate.
- b) Upon receiving initial report from a child survivor or any other source at the Police Special Protection Units or the SGBV working group/ focal person, a well-trained and skillful interviewer should be immediately tasked with making an assessment on the child's needs for medical, physical, psychosocial, and legal assistance.
- c) The parents or guardian of the child should be informed about the ongoing interview. At the same time, child survivor's security and safety should be ensured, particularly in cases of sexual violence and harmful traditional practices. Special Protection Units should be used to provide this security and safety.
- d) The interviewer is to be cognizant of the fact that some perpetrators are family members, and therefore need to take necessary measures to interview the child when no other family member is present, but ensure that the parent or guardian is informed that an interview is going to be conducted.
- e) If the child survivor insists she/he needs the presence of a relative that should be respected. In some cases it may happen that the child may not feel free to share some information with SGBV staff and will share more information with a family member.
- f) All organizations and groups that are involved in providing services must have trained a staff that is able to handle the specific needs of child survivors. For example the health centre should have child and adolescent friendly services and understand how to examine a child or adolescent for trauma caused by sexual abuse. Trained professionals should be available to handle the psycho-social needs. Furthermore, the GoSS justice system should assess the "child friendliness" procedures and in the absence of the said procedures, actors involved in SGBV should introduce and support innovative practices. Such practices could be the inclusion of social workers/community psycho-social support workers in sessions in which children are expected to deliver official statements to the police or courts.
- g) In a case where the survivor is a child and 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 could take up the role and pursue the case on the child's behalf to ensure that he/she is protected. However, parents/guardians should have been counseled first and thereafter, taken to task by filing a case against them, for denying the child her/his rights.
- h) Confidentiality in the case of child survivors should be even more strictly enforced through a coding system and the code of conduct by the actors involved.
- i) A child survivor should continue to go to school while procedures are ongoing and all efforts should be done to ensure her/his protection.
- j) The population should be made aware of the protection risks and negative impact to women and girls of early and forced marriage.

4.6 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 SGBV against another person.

- a) Special considerations also need to be taken into account regarding child perpetrators. Juvenile offenders must be protected from suffering abuse while they are in prison. This can be achieved through fast-track hearings and monitoring. They should also be assisted in their psychosocial rehabilitation.
- b) Laws and procedures that ensure proper safeguards for juvenile offenders must be promoted where they do not exist and properly implemented where they do. Unfortunately, some criminal justice systems are not necessarily guided by the same principles that guide international agencies and NGOs working with children, and many young offenders often find themselves incarcerated with adults and offered no counseling or rehabilitation.
- c) Response providers must work with partners to promote the creation of national systems and where systems exist, provide support to juvenile justice authorities and social workers/welfare offices or work with the competent authorities in finding alternative solutions. In the absence of national structures, actors should also consider exploring alternative solutions with the community leaders or judiciary body/elders.
- d) Reformatories for juvenile offenders with basic services, including education, should be planned and budgeted for.

4.7 Acting in the Best Interest of the Child

Response providers shall be guided by the Convention for the Rights of the Child (CRC) which states that children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents unless this may hurt the child.

- a) Article 9, CRC, indicates that a decision to separate a child from his/her parents falls within the competence of States.
- b) Where SGBV actors become aware of serious situations of abuse or neglect by parents its first responsibility is to (i) inform the Government and relevant authorities in order to take appropriate action and (ii) monitor that the decision on separation is done with the safeguards included in Article 9, CRC.
- c) Where the government is unwilling or unable to take responsibility, national and international organizations will advocate for the implementation of CRC at government level and organize capacity building for staff responsible for the protection of children (i.e. Department of Social Welfare, Department of Gender and Child Welfare).

CHAPTER 5. ROLES FOR SPECIFIED INDIVIDUALS AND GROUPS IN SGBV PREVENTION AND RESPONSE

5.1 Community members

Community members are all persons living in a village, neighborhood or other group of people. It includes all men, women, boys and girls irrespective of their traditional status in the community.

When necessary and appropriate, traditional methods, such as traditional dispute settlement mechanisms (chiefs, elders) may be used to assist in resolving certain limited types of SGBV. These traditional methods serve to support the community, resolve minor disputes, and promote respect for the rights of each individual.

Traditional methods should be fair. Women, chiefs and elders should be encouraged to participate in dealing with cases of SGBV after adequate training. However, these traditional methods must not be used in cases of attempted rape, rape or any case resulting in a severe injury.

Response	Prevention
<ul style="list-style-type: none"> • Assist survivors and accused assailants to seek proper assistance; e.g. escorting to the hospital, SGBV counselors, or police • Promote acceptance of assailants and survivors, and assist in their re-integration to the community • Encourage the community to establish a safe place where survivors can go for appropriate services. • Use positive traditional methods to provide emotional support to survivors. • Encourage open discussions about SGBV and contribute to break the "culture of silence". • Constitute groups where the survivor can discuss her/his experiences. • Provide counseling to the survivor while keeping confidentiality. 	<ul style="list-style-type: none"> • Raise awareness among the community on the problems of gender violence, sexual violence, and abuse of children and the rights of women and children. • Additional awareness activities can be organized through church, school, youth and women groups. • Promote increased respect of those rights. • Encourage the community to form and/or strengthen peer educators, gender and youth forums • Establish systems to assess regularly SGBV occurrence in the community so that new cases can be identified and assisted and alleged perpetrators reported • Establish protection committees to advocate for prevention of SGBV. • Assist accused assailants by providing advice and support to change their behavior • Help and work with government and agencies concerned with SGBV issues, to prevent occurrences of sexual and gender based violence.

5.2 Psycho-social services

Most societies promote and refer to spiritual and religious beliefs and practices to shape and change people's behaviour and healing. It is important to work with communities to build on these mechanisms provided they respect individuals and human rights. It is also essential to support and promote social networks and develop group activities for survivors/survivors for group therapy counselling. Psychosocial service providers are responsible for the following activities:

Response	Prevention
<ul style="list-style-type: none"> • Provide immediate emotional support and "counseling" to survivors as well as their family members in a designated place; • Refer/escort survivor to appropriate timely 	<ul style="list-style-type: none"> • Conduct community awareness activities on prevention and response to SGBV, and support the community in conducting these activities.

<p>services (health, police etc)</p> <ul style="list-style-type: none"> • Ensure the survivor seeks medical evaluation and treatment as soon as possible (in any case within 72 hours for preventive medical reasons for rape cases; and 24 h for collection of forensic evidence). This should involve escorting her/him to the hospital and serving as support person and advocate during evaluation and treatment (upon consent of survivor- except case of children). Ensure she/he complies with any suggested follow up health care and treatment. • Hold consultation and "counseling" with the family, teachers, and close community of the survivor to support her re-integration to family, school and community. Again, the worker must be careful to consider the confidentiality and respect for the survivor. In many cases, however, the general situation is well known by the community, and it may be appropriate for the worker to acknowledge this and work with family, community, and teachers. • Ensure respect for the best interests of the survivor. If the survivor's rights/protection and family wishes are in conflict, provide family counseling, and consider seeking assistance from elders or other family members. In these difficult situations, use special care to maintain client confidentiality. • Referral of perpetrators to appropriate organization(s) for "counseling" • Ensure social networking linkage and reintegration in the community. • Church to offer counseling services and spiritual guidance to support survivor, perpetrator and family. • Establish different centers where survivor can receive support (recreation, women, cultural centers, etc). 	<ul style="list-style-type: none"> • Participate in community prevention and response activities (capacity building, raising awareness on various psychosocial issues). • Promote and support community-based support groups • Referral of perpetrators to appropriate organization(s) for "counseling" • Ensure social networking linkage and reintegration in the community •
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5.3 Health services

The "*Clinical Management of Rape Survivors*" (World Health Organization) provides a clear protocol on the health response to survivors and highlights the specific needs of children. Information and support should include HIV/AIDS prevention and treatment of opportunistic infections and reproductive health needs.

Response	Prevention
<ul style="list-style-type: none"> • Training of health centers staff and community health workers on sensitive approaches and appropriate medical examination and treatment to SGBV survivors 	<ul style="list-style-type: none"> • Awareness raising in the communities on SGBV, prevention of unwanted pregnancies and STIs, including HIV/AIDS (targeting community leaders, youth, men and women groups)

<ul style="list-style-type: none"> • Provision of medical care and basic needs of the survivor, and recording all findings carefully in the clinic records with legible letters. • In case of rape, ensure that appropriate GoSS/international Guidelines are followed. • Ensure that health Centres have a copy and are familiar with the guidelines Clinical Management of Rape Survivors (WHO). • In the government hospital, this examination should be done by a Medical Doctor (trained in treatment of SGBV cases). In the absence of a medical doctor, other clinicians could do the examination; the findings can be shared with the doctor later. When possible, ensure choice of male/female doctor. • Advocacy for modification of procedures regarding reporting and filling of form 8 (in the sense of health care to be provided to survivor independently of decision to report to police). • Filling of form 8 and clinical history. In case form 8 is filled by an NGO doctor, the County Health Department needs to approve the statement. The Form to be sent to police upon agreement of survivor. • Ensure basic gynecological equipment and "rape kits" are available (emergency room, laboratory) • Ensure that survivors have access to a VCT centre. • General mental status of survivor and perpetrator must be assessed in order to determine supportive measures required. • Form 8 should be available inside hospital to ensure swift and effective medical treatment of patient. • Police station/police officer should be established/based inside hospital • Active participation of medical personnel needs to be improved, especially in emergency unit. Medical staff should be trained in SGBV and be available 24/7. • . 	<ul style="list-style-type: none"> • Media campaigns led by the Ministry of Health, in cooperation with the international community, to educate on health hazards resulting from SGBV. • Ensure that traditional chiefs understand the importance to the survivor of rapid and easy access to health services and do not constitute a barrier to ensure medical assistance. • Training in hospital for health staff and counselors (on SGBV, Form 8, etc).
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5.4 Legal/Protection/Community Services (National & International agencies)

The Ministry of Gender Social Welfare and Religious Affairs remains the focal point in receiving, analyzing and disseminating of all the national reports/information. Protection agencies work in collaboration with all actors/ GoSS and States to develop and maintain systems for responding to and preventing SGBV.

Response	Prevention
<ul style="list-style-type: none"> • Receive Incident Reports from focal points. • Compilation of data in monthly report and analysis of case data in order to plan and revise program activities in response to trends and problems. • Follow up cases with police and courts. This includes: Monitor charges filed and the progress of each case, counsel and support clients as necessary; appear in court as observer, provide or facilitate support for witnesses and parties to attend court hearings. Maintain records and data on all SGBV cases, including information provided by all sectors. • Advocate for Community participation. • Ministry of Gender to advocate for a realistic budget from GoSS to carry out capacity-building activities (SGBV training) in collaboration with partners and States to ensure implementation of activities. • “Mob justice” to be discouraged • Ensure full participation of local authorities • Improve speed and effectiveness of legal procedures so that sentences for perpetrators are passed quickly and emotional condition of survivors is not compromised. 	<ul style="list-style-type: none"> • Conduct training and awareness-raising activities among NGOs, government officials, police, and local communities on rights, responsibilities, and laws related to SGBV. • Secure funding to have Legal Aid Centres • Increase awareness through media (radio, TV) • Conduct awareness-raising sessions starting at grassroots e.g. training in schools and other community groups on SGBV prevention and response. • Engage community leaders (chiefs) in all programs • Intensive information campaigns need to take place to facilitate implementation of the Sudanese laws (CPA, Penal Code, ICSS, etc). • Laws need to be translated into local languages (written and verbally through radio) so that communities understand them better. • Ministry and local authorities should inform communities about their responsibilities and be part of information campaigns. • Peace-advocacy and peace education activities to be implemented.

5.5 Police

Security/Safety concerns may be addressed by police and neighbourhood watch teams. These actors should ensure that they uphold human rights and are not allowed to levy fines or punishments and must make referrals as designated by the referral mechanism. They should be trained on prevention of SGBV, human/ women’s rights and when appropriate on Sexual Exploitation and Abuse.

Response	Prevention
<ul style="list-style-type: none"> • Receive complaints from survivors, provide form 8, and receive completed form 8. Maintain a register of these forms distributed and returned. • In accordance with standard police procedures, arrest accused persons, conduct investigations, prepare charges and serve summons. • Refer to appropriate services (health, psycho social) • Make use of Special Protection Units (SPU) to keep track of cases and compile reports as indicators of functions of the gender desks. • Keep files with information of the circumstances of every SGBV incident, including location, witnesses, perpetrators or suspects. Files should be kept in a secure place. 	<ul style="list-style-type: none"> • Participate in training workshops conducted by government, UN, NGOs, etc. • Conduct and participate in awareness-raising activities. • Collaboration with youth clubs in communities to institute patrolling in places where police is not present (Police Unit present only at Payam level, not at Boma level or in the villages) • Form popular committees within the community, train and equip them to prevent and provide adequate response to SGBV cases

5.6 The court /Judiciary

- In accordance with standard procedures, administer legal proceedings in cases of SGBV; such as admitting cases, presiding at hearings and trial, summoning witnesses, passing judgment and sentences, etc.
- Court officials at all levels to include women representatives (customary leaders, judges, paralegals, secretaries, etc) should be trained on management of SGBV cases.
- Maintain confidentiality
- Provide legal aid to survivors
- Provide access to the inmates who need to be visited to establish problems encountered in detention.
- Participate in awareness-raising activities to prevent and respond to SGBV in the community.
- Link between courts, police, traditional courts/communities
- Prevent future acts of violence by prosecuting efficiently.

5.7 Ministry of Gender Social Welfare and Religious Affairs (GoSS and State Ministries of Social Development)

The Ministry and its Departments and particularly the Department of Gender and Child Welfare and the Department of Social Welfare, as well as the State Ministries of Social Development, are fully involved in the following functions:

- Coordinate SGBV prevention and response mechanisms and consolidate reports from focal persons;
- Develop monitoring and evaluation mechanisms;
- Chair Gender/SGBV Working Group meetings on different levels (Payam/county/state) with the support of other organizations if requested.
- Collaborate with partners and other ministries to ensure these SOPs are implemented.
- Conduct assessments to better understand the reasons behind the situation of street children and the causes of juvenile crime.
- The establishment of SGBV prevention and response mechanisms in States, counties, Payam and *Bomas* with the support of partners and other stakeholders.
- Recommend and coordinate training and workshops in collaboration with partners.
- Establish **focal points** in State, counties, Payams, *Bomas*, to coordinate SGBV prevention and response activities
- Take the lead in developing a GBV policy and strategy which can be translated into laws, in collaboration with other Ministries.
- Ensure that sufficient provision is made in national budgets for addressing GBV.
- Advocate and coordinate with the Ministry of Legal Affairs to provide legal aid service to women who are wrongfully detained for GBV-related matters (e.g. women accused of adultery sitting in prison because of lack of information on the part of the police).
- Advocate for GBV survivors.
- Promote implementation of South Sudan laws (CPA, Penal Code, Child Act, ICSS, etc) and disseminate information to communities. Announcements should be made through media (mainly radio) and in the languages used in each particular State.

The Ministry of Gender, Social Welfare and Religious Affairs (GoSS), in collaboration with the State Ministries of Social Development, ensures that regular information- sharing, coordination, and feedback among all actors take place through regular meetings and written reports. Initiate the SGBV Working Group in collaboration with other partners.

6.1 SGBV Working Group Meeting at different levels

SGBV actors for any given location may decide to convene a meeting on *ad hoc* basis to share information. At State level, regular GBV Working Groups should be chaired or co-chaired by the Ministry of Gender. Focal point on behalf of the responsible coordinator initiates and chairs these meetings with various groups on bi-weekly or monthly basis, where issues related to SGBV are part of the agenda (for instance: progress reports from stakeholders, program plans or activities, training and workshops). The actors include, but are not limited to, government representatives, national and international NGOs and community representatives. This meeting is a forum to share information, discuss and resolve specific issues, and to co-ordinate activities related to protection of men, women, girls and boys in that respective area. It is desirable that an annual general meeting is held once a year at GoSS level.

6.2 SGBV Monthly Coordination Meetings:

The SGBV coordinator – MOGSWRA initiates and chairs monthly meetings at any convenient time for all SGBV focal points and actors in the main sectors of health, psycho-social, legal/justice and safety/security. The police, community-based groups, including chiefs, religious leader and elders, national and international NGOs, and different government departments participate in the meeting. This is a forum for discussion and resolution of issues and coordination of activities. Actors look into trends, challenges and general program development for Southern Sudan or respective areas. State Ministries of Social Development will decide and convene on a meeting schedule at State level.

6.3 Quarterly Multi-sectoral, inter-agency Gender/SGBV Coordination Meeting

The Gender/SGBV meeting takes place on quarterly basis for discussion, coordination of activities and program development at regional level for all stakeholders involved in SGBV programs in relevant locations (County, State etc).

6.3 Annual Multi-sectoral, inter-agency Gender/SGBV Coordination Meeting

Once a year, all actors from all locations/ respective sectors come together, to review SGBV prevention and Response Activities in the region. This is the forum for information sharing among stakeholders, reports and data analysis, recognition of best practices, identification of gaps and challenges aiming at strategies for improved prevention and response activities in various fields.

7.1 Documentation and data management

The SGBV Committee agreed upon an Incident Report Form (see Annex A) to support the collection of data in different sectors/locations. Focal persons at each entry point (health, police, CBOs, NGOs, psycho-social) are responsible for filling the Incident Report Form, maintain records/data, and prepare monthly reports to the County Focal person who is also responsible for receiving reports from other entry/focal points, maintaining data and compiling periodic/ monthly reports for submission to the State coordinator for further forwarding to the Ministry.

Original filled Incident Report Forms are forwarded to Focal persons, in a sealed envelope, usually within one working day and in any case not later than 5 working days. Due to the sensitivity and confidentiality of information it contains, these forms are maintained in locked cabinets. Copies of the forms are maintained by sectors dealing with SGBV in locked and secure cabinets in their respective offices.

If the survivor does not consent to share information and follow-up intervention, SGBV actor (s) provides to coordinator only incident data and non-identifying information.

Based on non-identifying information, the focal point /coordinator provides a monthly report that contains data about reported incidents, action taken, and outcomes across sectors. These data are used to analyze trends and determine strategies for prevention and response, as well as to identify viable solutions for individual persons. The Monthly report (Annex B) should reflect the situation in the particular Boma, Payams, County/ and State.

7.2 Monitoring and Evaluation

Evaluations entail an analysis of the effectiveness and efficiency of the multi-sectoral team's response to the survivors. Evaluation criteria should include the "sustainability" of response activities, individual solutions found, coordination and consistency, and the effectiveness of monitoring and reporting systems. It is important to agree on some basic standards and indicators.

Each sector, health, legal/justice, psychosocial, and safety/security, will collect and analyze both the qualitative and quantitative data, including results of focus group discussions, rumors of SGBV incidents, community perceptions of risky areas or suspicious activities, and any issues that may be recognized or suspected. These are presented at the SGBV Coordination Meeting. Each sector will also develop, share, and monitor indicators for responses to SGBV. (*Use Annex C – Monthly report for compilation*)

Participatory Assessments and community-based approaches are tools to monitor and evaluate the effectiveness of the SGBV prevention and response services and the roles played by the different actors.

Below is a checklist for monitoring and evaluation activities.

Sector / Function	Checklist for Monitoring and Evaluation
Multi-sectoral, Inter-agency Plan of Action	<ul style="list-style-type: none"> All stakeholders develop a joint Annual Plan of action generated from SOP as part of the State, County, Payam and Boma protection strategy (Developed and agreed upon at Inter-State Coordination Meeting).
Coordination body –Ministry of Gender, Social Welfare and Religious Affairs and State Ministry of Social Development	<ul style="list-style-type: none"> Has a multi-sectoral response mechanism been put in place and is the SOP being reviewed and revised on a regular basis (6 months)? Are coordination meetings taking place at scheduled interval and well documented (minutes)? Are statistics available indicating trends and progress? Are relevant working tools (Guidelines, report forms etc) fairly disseminated to all actors & locations? Does each of the sector focal persons have guiding principles/first line of action (health, psychosocial, legal/protection and police)?
Human Resources	<ul style="list-style-type: none"> Are SGBV trainings and capacity building sessions being scheduled and conducted for all actors engaged in prevention and response including the community? Are staff members being trained in how to address the needs of child survivors and child perpetrators? Is the data base for SGBV resource persons available & functional?
Psychosocial Programs-	<ul style="list-style-type: none"> Are all members of the community being included in prevention and awareness raising initiatives (in particular, men and boys)? Are community-based social safety nets being explored in relation to psycho-social supports and community based emotional support? Are survivors and perpetrators being reintegrated in the community?
Health Services	<ul style="list-style-type: none"> Is there an SGBV training curriculum for health staff and is it being used? Is the safe place for reporting available and user-friendly? Have health care staff successfully completed SGBV training Is rape/PEP kits and emergency contraception available in the health center? Are SGBV Health leaflets distributed to the population that informs the necessity of seeking health care within 72 hours of the incident, or is this information disseminated as part of an overall awareness raising campaign? Is the Health Center able to collect standard surveillance data and is the data shared with other actors at the SGBV coordination meeting while maintaining confidentiality.
Safety/Security-Police	<ul style="list-style-type: none"> Has a designated place ("safe place") been established in health centers (governmental hospital, PHCU, PHCC) and in the counseling centers (Boma and Payam level)? Are Interviews conducted in private settings? Are interviews and examinations being conducted by staff of the same sex as the survivor (e.g., woman survivor by woman interviewer) unless there is no other staff available? (also applicable to health services) Are there female police staff and if not, has advocacy been done with local government counterparts to engage more women in the police? Have the security/police completed SGBV training?

	<ul style="list-style-type: none"> • Have the security/police been trained to meet the needs of male, female and child survivors? • Is there an SGBV training curriculum for security staff and is it being used?
Judicial System	<ul style="list-style-type: none"> • Are interpreters available that speak the same language as the survivor? • Are there child friendly services available within the justice system and if not, are advocacy initiatives taking place to assist in adapting the system in favor of children? • Is there administration of justice training taking place with traditional/alternative dispute resolution mechanism?

**SOPs for Prevention and Response to SGBV
in
Southern Sudan –**

ANNEXES

Reporting Forum

Annex A - Incident Report Form

SGBV INCIDENT REPORT FORM

Instructions:	<ul style="list-style-type: none"> Form to be completed by staff trained on SGBV (focal persons) Copy to be maintained in the respective offices Original to be delivered to Focal person at County Level for further actions/follow up and report compilation), in sealed envelope, within 5 working days of the date the incident was reported
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TYPE OF INCIDENT (CODE)	Additional incident types,(codes)
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Case No.	Place: Village/Boma/Payam	Date and Time of Interview
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Previous Incident/Numbers for this Client (if any)

SURVIVOR

Name	Age	Yr of Birth	Sex
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Address	Tribe/Ethnic group	Marital Status	Nationality
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No. of children/dependants	Ages	Head of family (Name & Relationship)
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Occupation/ level education	Special needs/vulnerability;
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If victim is a child: Name of Caregiver	Relation
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THE INCIDENT

Location	Date	Time of Day
----------	------	-------------

Description of Incident (describe in detail situation, circumstances, what exactly occurred, what happened afterward). Attach extra information as annex to this incident form.

PERPETRATOR INFORMATION

Name	No. of Perpetrators	Sex
Address	Nationality	Tribe/Ethnic group
Relationship to Survivor	Marital Status	Age
		Occupation/ level education

If perpetrator unknown, describe, including any identifying marks

Current location of perpetrator, if known:

Does the survivor believe that the perpetrator is a continuing threat?

If perpetrator is a child: Name of Caregiver: _____ Relation: _____

WITNESSES
Describe presence of any witnesses (including children):

Names and Addresses

ACTION TAKEN

Reported to	Date Reported	Action Taken
POLICE Name/Title		
SECURITY Name/Title		
AGENCIES Name/Title		
LOCAL LEADERS Name/Title		

FAMILY/NEIGHBORS		
Name/Relation		
HEALTH CARE		
Name/Title		
OTHERS		
Name/Title		
MORE ACTION NEEDED AND PLANNED ACTION /		
Has the survivor received any kind of counseling – if yes, which kind?		
Is survivor going to report the incident to the police? Yes No		
What follow up will be done by Social Development/Gender workers?		
What more action is needed? Who and where?		
Form completed by (Print Name):		Agency/County:
Signature:		Date:

**Annex B:
SGBV MONTHLY REPORT (for each actor)**

Prevention & Response to Sexual & Gender-Based Violence

Location (County): _____ MONTH: _____ YEAR: _____

I Planned Activities for the Month:

List activities planned, according to work plan

II Activities & Achievements this Month:

a) Raising Awareness

List each awareness raising activity separately, as shown-

Activity & Topic: _____

Date(s): _____

Attendance (# of people): _____

Targeted Groups: _____

Achievements for this Activity _____

Constraints for this activity: _____

Action taken to address constraints: _____

Results of this activity

Activity Evaluation: _____

Participant action plans: _____

Activity & Topic: _____

Date(s): _____

Attendance (# of people): _____

Targeted Groups: _____

Achievements for this activity _____

Constraints for this activity: _____

Action taken to address constraints: _____

Results of this activity

Activity Evaluation: _____

Participant action plans: _____
Activity & Topic: _____
Date(s): _____
Attendance (# of people): _____
Targeted Groups: _____
Achievements for this activity _____
Constraints for this activity: _____
Action taken to address constraints: _____
Results of this activity: _____
Activity Evaluation: _____
Participant action plans: _____

If you had more than 3 activities, use additional pages

Case Management – Direct Services to Survivor / Family / Community

Number of clients counseled and or assisted: _____
Number of clients that came for follow up: _____

Optional information: Number of sessions: _____

Number of survivors who were assisted / counseled by community: _____

These are survivors you are NOT counseling/assisting; they are getting help from the community

Number of assailants assure by the community: _____

Achievements: _____

Constraints: _____

Action taken to address constraints: _____

Outcomes

(For month of September, report actual numbers. Beginning in October or later, calculate the percentage of change, either increase or decrease)

_____ total number SGBV cases reported this month

_____ % increase/decrease over last month

_____ total number SGBV cases referred to police this month

police referrals were ____% of total SGBV cases reported this month

____ % increase/decrease in police referrals since last month

____ total number of different referral sources this month

____ % increase/decrease in number of different referral sources over last month

____ total number of requests from community for education/awareness raising this month

____ % increase/decrease over last month

____ total number of requests from community for education

____ total number of awareness raising activities initiated by community this month

____% increase/decrease since last month

____ total SGBV cases tried in "local courts/elders"

____ % of these that were decided in favour of survivor rights

Is this higher than last month? Higher than the first month of the year?

____ type of SGBV predisposing factors/high risk circumstances/locations of high incidence identified this month AND for which prevention strategies have been developed

Analysis of Outcomes / Constraints:

Are the numbers showing progress or not? Why or why not?

Plan for addressing constraints and problems in these outcomes:

Data/Statistical Analysis

See attached Statistics

Analysis of Statistics:

Describe trends and issues, such as age groups/locations; high or low incidence; predisposing factors, etc.

Plan of Action for addressing issues, trends, problem areas:

How do you plan to address the problems you learned about when analyzing your statistics? This is a general plan – objectives and activities for next month and beyond. Below, in the next section, you will list next month's activities.

Planned Activities Next Month

Activities included in previously developed Work Plan;

Activities for next month, based on Analysis of this month's data and issues:

Annex C:

SGBV Monthly Data Detail

SGBV MONTHLY DATA

LOCATION: _____ MONTH: _____ YR: _____

TOTAL SGBV INCIDENTS

<u>TYPE OF INCIDENT</u>	NUMBER REPORTS MONTH	OF THIS	NUMBER REPORTS TO DATE	Sept 08	OF 08
Rape (in/near/around village)					
Rape (during return, in home or host country; before arrival in village)					
Rape (Sodomy)					
Attempted Rape					
Sexual Harassment					
Early Marriage					
Forced Marriage					
Forced Wife Inheritance					
Domestic Violence					
Physical assault					
Economic Abuse					
Other Gender-Based Violence					
TOTAL SGBV INCIDENTS					
Non-SGBV cases served					

REFERRAL SOURCES (# cases referred by source)		
Self-referred		
Parent/Guardian/Relative		
Health Centre		
Community leader (chief/headman, women's rep, etc.)		
Local Tribunal		
School		

Religious Group		
Police		
Other (specify):		
TOTAL REFERRALS (should match total # SGBV cases, above)		

Detailed statistics for each type of incident are included on the following pages.

ANALYSIS OF RAPE CASES (page 1 of 3)

DETAILS	NUMBERS
Location of incident	
Nearby village (state exact location)	
Before arriving in camp (during flight, or other refuge country)	
Time of Day: Number of cases that occurred...	
Early morning (midnight to 07:00)	
Day (07:00 – 17:00)	
Evening (17:00 – 20:00)	
Night (20:00 – midnight)	
Day of Week: Number of cases that occurred on...	
Monday or Tuesday	

ANALYSIS OF RAPE CASES (page 2 of 3)

Circumstances/Predisposing Factors: Number of cases involving	
Survivor alone in home	
Ethnic conflict	
Other (list to the right)	
Perpetrator Information	
Number of perpetrators, one, two or.....	
Sex of Perpetrator (Male or Female)	
Age of Perpetrator in years (15, 25 or 56 etc)	
Unknown age	
Nationality of Perpetrator: /Unknown	
Perpetrator's Relationship to survivor	
Stranger, relative, friend or	
If Perpetrator is Minor (under 18 years)	
Lives with Parents (both mother and father)	
Lives in single parent household (mother or father)	

ANALYSIS OF RAPE CASES (page 3 of 3)

Survivor Details	
Sex (Male /Female)	
Age (10, 30, 70 or unknown age)	

If Survivor is Minor (under 18 years)	
Lives with Parents (both mother and father)	
Lives in single parent household (mother or father)	
If Survivor is Adult (18 or older)	
Survivor is Head of Family, single, married, widow etc)	
Separated/Divorced	
Number of children living with survivor	
Assistance Received for cases reported this month	THIS MONTH ONLY!
Medical care	
Medical exam and treatment received	
Medical exam within 3 days of incident	
Emergency contraception received	
Police and justice system	
Reports to police	
Survivor does not want to report to police	
Perpetrator arrested	

ANALYSIS OF ATTEMPTED RAPE CASES (page 1 of 3)

DETAILS	NUMBERS
Location of incident	
Nearby village	
As above	
Before arriving in camp (during flight, in home country or Tanzania or other refuge country - before arriving in this camp)	
Time of Day: Number of cases that occurred...	
Early morning (midnight to 07:00)	
Day (07:00 - 17:00)	
Evening (17:00 - 20:00)	
Night (20:00 - midnight)	
Day of Week: Number of cases that occurred on...	

ANALYSIS OF ATTEMPTED RAPE CASES (page 2 of 3)

ANALYSIS OF ATTEMPTED RAPE CASES (page 3 of 3)

Survivor Details	
Sex -Male or Female	
Age; 15,39 or unknown	
If Survivor is Minor (under 18 years)	
Lives with Parents (both mother and father)	
Lives in single parent household (mother or father)	
If Survivor is Adult (18 or older)	
Survivor is Head of Family	
Number of children living with survivor	

Assistance Received for cases reported this month	THIS MONTH ONLY!
Medical care	
Medical exam and treatment received	
Medical exam within 3 days of incident	
Emergency contraception received	
Police justice system	
Reports to police	
Survivor does not want to report to police	
Perpetrator arrested	
Community leaders/local tribunal intervention (if any)	
Case finished, survivor satisfied	
Case finished; survivor not satisfied	

ANALYSIS OF SEXUAL HARASSMENT CASES (page 1 of 2)

Relative or friend	
Survivor Details	
Sex (Male/Female)	
Age: 20, 46 or unknown	

ANALYSIS OF SEXUAL HARASSMENT CASES (page 2 of 2)

If Survivor is Minor (under 18 years)	
Lives with parents (both mother and father)	
Lives in single parent household (either mother or father)	
UAM in foster care	
UAM living alone/no foster care	
AM	
If Survivor is Adult (18 or older)	
Survivor is Head of Family	
Single, married, widow etc	
Other Information (circumstances, predisposing factors, outcomes)	

ANALYSIS OF FORCED MARRIAGE CASES (page 1 of 1)

Husband Information	
Age; under 15, 19, 30 etc	
Wife (Survivor) Information	
Age of Survivor	
Family information	
Parents / Family supported the marriage	
Someone/anyone in family did NOT support the marriage	
Survivor did NOT want to be married	
Husband did NOT want to be married	
School/Community Information	

Survivor dropped out of school due to marriage	
Teachers expressed concern / opposed the marriage	
Local tribunal acted on the case	
Survivor and family satisfied with case outcome	
Survivor NOT satisfied; family satisfied	
Outcomes (of cases reported this month)	THIS MONTH ONLY!
Separation/annulment (ending of the marriage)	
Survivor returned to family home	
Survivor returned to school	
Other Information (predisposing factors)	

ANALYSIS OF DOMESTIC VIOLENCE (SGBV) CASES (page 1 of 2)

Incident	
Domestic violence - wife beaten by husband	
Domestic violence - husband beaten by wife	
Other Gender Violence in home/among family members	
Gender Violence outside family	
Location	
Village/Block/Zone ___	
Time of Day	
Early morning (midnight to 07:00)	
Day (07:00 - 17:00)	
Day of Week	
Circumstances/Events leading to the incident	
Alcohol or drug abuse	
Polygamy or girl/boyfriend problem	
Other (list to the right)	

ANALYSIS OF DOMESTIC VIOLENCE (SGBV) CASES (page 2 of 2)

Outcome (of cases reported THIS MONTH ONLY)	
Local leaders / tribunal acted on the case	
Survivor and Assailant satisfied with case outcome	
Survivor NOT satisfied; Assailant satisfied	
Survivor satisfied; Assailant NOT satisfied	
Separation;	
Married couple reconciled problems; living together	
Police report made; charges pending for court	
Counselling in progress; no outcome yet	
Other Information on GBV cases	

Annex D:
SGBV Monthly Reporting Form (for compilation of all reports in Southern Sudan)

Office	Region/	Location							
Reporting Officer:									
Month/Year:									
Type of Incident	Reported Incidents		Total*		Previous Month		Cumulative Since Sept. 08		
	F	M	F	M	F	M	F	M	
Rape (new this month)									
Adults			0	0					
Under 18			0	0					
Attempted Rape									
Adults			0	0					
Under 18			0	0					
Sexual Harassment,									
Adults			0	0					
Under 18			0	0					
Early / Arranged Marriage									
Under 18									
Forced Marriage									
Adults			0	0					
Under 18			0	0					
Forced Wife Inheritance									
Adults			0	0					
Under 18			0	0					
Domestic Violence									
Adults			0	0					
Under 18			0	0					
Economic Abuse									
Adults									
Under 18									
Other Gender-Based Violence									
Adults			0	0					
Under 18			0	0					
Non-Gender-Based Violence									
Adults			0	0					
Under 18			0	0					
Total All Types									
Total Adults*	0	0	0	0	0	0	0	0	
Total Under 18*	0	0	0	0	0	0	0	0	

LEGAL / PROTECTION

Indicators	No	Indicators	No
Total no of SGBV cases pending in court		No of convictions after six months	
Total no of cases filed during the month		No of cases dismissed	
Total no of cases re-filed in court		No of acquittals within 6 months of filing charges	
No of conviction within 6 months		Total no of cases pending at the end of the month	
Comments			
HEALTH			
Indicators		No.	
- Total number of rape cases seen in health centres for examination and treatment			
Comments			
COMMUNITY/PSYCHO-SOCIAL			
Indicators		No.	
- Total number of clients receiving emotional and or material support.			
- No of clients re-integrated into community social life et			
Comments			
(General situation, achievements and challenges if any)			
SAFETY/SECURITY			
Indicators		No.	
- Number of SGBV cases reported to police			
General Comments:			
PREVENTION ACTIVITIES			
<i>(Description of all prevention activities, e.g meetings/training/ focus group discussions or any other interventions)</i>			