The Government of Sierra Leone

National Referral Protocol on Sexual and Gender-Based Violence (SGBV)

Pathways to Service Provision for Survivors of Gender-Based Violence

August 2024

Contents

Available separately

Annex 1: National Strategy for Response to Sexual and Gender-Based Violence (2021-2023)

Annex 2: National Guidelines to Link SGBV helpline (116) and Ambulance Services (112) for SGBV Victims

Annex 3: List of Service Providers across all 16 Districts

Acronyms

BoDs	Board of Directors
BoGs	Board of Governors
CBOs	Community-Based Organisations
CP-IMS	Child Protection Information Management System
CRA	Child Rights Act
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society organisations
CWCs	Child Welfare Committees
DECSEC	Decentralisation Secretariat
FBOs	Faith-Based organisations
FSU	Family Support Unit
GBV	Gender-Based Violence
GBV-IMS	Gender-Based Violence Information Management System
GoSL	Government of Sierra Leone
HRC-SL	Human Rights Commission of Sierra Leone
IASC	Inter-agency Standing Committee
MBSSE	Ministry of Basic and Senior Secondary Education
MDAs	Ministries, Departments and Agencies
MIA	Ministry of Internal Affairs
MLGCD	Ministry of Local Government and Community Affairs
MOPED	Ministry of Planning and Economic Development
MoF	Ministry of Finance
MoGCA	Ministry of Gender and Children's Affairs
MoH	Ministry of Health
MSW	Ministry of Social Welfare
NaC-GBV	National Committee on Gender Based Violence

NGOs	Non-Governmental Organisations
OSC	One Stop Centre
PHU	Peripheral Health Unit
PRS	Poverty Reduction Strategy
PSDO	Principal Social Development Officer
PSS	Psychosocial Support
SEAH	Sexual exploitation, abuse and harassment
SV	Sexual Violence
SLANGO	Sierra Leone Association of Non-Governmental Organisations
SLP	Sierra Leone Police
SOA	Sexual Offences Act
SOP	Standard Operating Procedure
SOMC	Sexual Offences Model Court
SPCs	Strategic Partnership Committees
SRGBV	School Related Gender-Based Violence
SSC	School Safety Committee
TBA	Traditional Birth Attendant
TCoC	Teacher Code of Conduct
TSC	Teaching Service Commission
VAWC	Violence Against Women and children

Foreword

In response to high rates of Sexual and Gender-based Violence (SGBV) in Sierra Leone, the Government of Sierra Leone (GoSL) prepared the first Gender-Based Violence National Referral Protocol in 2012 (GBV NRP, 2012). This was a technical guidance document developed to ensure that survivors of SGBV – including children – receive free, prompt and coordinated responses from service providers, comprising medical care, legal advocacy and advice, and psychosocial support, which is available from the point of a report being made to the completion of a legal case and beyond.

Following the launch of the National Strategy for Response to Sexual and Gender Based Violence (Annex 1) by the Government of Sierra Leone in 2021, the NRP was revised in 2022 to ensure that the dignity, needs, and wishes of the survivor are integrated into service providers' response to a report of violence. This means that there can be an effective, coordinated, child-friendly, gender-sensitive, and disability-inclusive path forward for survivors.

This 2024 update to the NRP is intended to guide the coordination of Ministries, Departments and Agencies (MDAs) and frontline service providers with the roles and responsibilities of actors involved in the delivery of survivor-centred, trauma-informed responses. It defines the coordination mechanisms and National Referral Pathways to help all survivors of SGBV – including women and girls, men and boys, and people living with disabilities – so that they receive prompt, coordinated and effective services from the varied agencies and service providers involved in their care. The 2024 NRP also reflects established standards of professional practice with regards to response services and presents a framework for monitoring and evaluation of the protocol.

The 2024 NRP is just one of several ways in which the GoSL is strengthening its response to SGBV. I encourage everyone to play their part in ensuring that survivors of SGBV receive the services and support they need.

Isata Mahoi (PhD)

Minister of Gender and Children's Affairs

Aknowledgements

The preparation of the 2024 NRP has involved a wide array of government, civil society and development partners, all of whom have a critical role to play in responding to SGBV. I would like to acknowledge and thank them for their sustained support and commitment.

First and foremost, I would like to thank the survivors (children and adults) of SGBV countrywide, who have shared their suggestions on how best to support an effective response to reports of violence.

Appreciation and thanks are due to the Hon. Manty Tarawalli, erstwhile Minister of Gender and Children's Affairs and currently Minister of State in the Office of the Vice President, and Hon. Dr. David Moinina Sengeh, erstwhile Minister of Basic and Senior Secondary Education and currently the Chief Minister of the GoSL, for their political leadership in driving the review of the 2024 NRP.

I wish to acknowledge the support provided by my colleagues in the Ministry of Basic and Senior Secondary Education (MBSSE), the Ministry of Gender and Children's Affairs (MoGCA), the Ministry of Health (MoH), the Ministry of Social Welfare (MSW), the Teaching Service Commission (TSC), the Human Rights Commission of Sierra Leone (HRC-SL), and members of National Committee on Gender-Based Violence (NaC-GBV), including members at the district level.

Thanks also are due to Leh Wi Lan, a programme that is managed by Cambridge Education (a member of the Mott MacDonald Group) and funded by UK International Development, as well as the International Rescue Committee, the Rainbo Initiative, Plan International and the many other non-government actors who have supported the development of the 2024 NRP.

Finally, I am deeply grateful to our partners, the Foreign, Commonwealth and Development Office (FCDO), UNICEF, UNFPA, the World Bank, Irish Aid and others for their support during the preparation of the 2024 NRP.

I will be following the implementation of the 2024 NRP closely and stand ready to provide my unwavering support in responding to, and preventing, SGBV in Sierra Leone.

Conrad Sackey

Minister of Basic and Senior Secondary Education

Objectives of the national referral protocol

For a system to respond effectively to SGBV and to deliver survivor-centred services, a wide range of actors and service providers must coordinate with confidentiality, collaborate effectively and each fulfil their roles and commitments fully. The 2024 NRP sets out the objectives and the terms of coordination and collaboration between the key governmental and non-governmental entities that support the process of reporting and responding to cases of SGBV. It outlines these entities' roles and responsibilities to do so in a way that puts the survivor at the centre of the response.

Delivering a survivor-centred response to SGBV is complex for multiple reasons: (1), survivors face multiple levels of exclusion and marginalisation; (2) survivors have a wide range of needs; (3) individual survivors have differing needs; (4) survivors often face many barriers to accessing support to address their needs; and (5) SGBV stems from discriminatory social and gender norms and power dynamics, and efforts to tackle this often face deep-seated challenges.

In response to high rates of SGBV in Sierra Leone, and recognising the complexity of delivering survivor-centred responses, the GoSL produced the 2012 Gender-Based Violence National Referral Protocol (2012 NRP). This technical guidance document was developed to ensure that survivors of SGBV receive free, prompt and coordinated responses from service providers, including medical care, legal advocacy and advice, and psychosocial support, from the point of a report being made to the time a legal case is completed and beyond.

Significant changes in the legal, political, policy and cultural environment in Sierra Leone have taken place since 2012, most notably the launch of the National Strategy for Response to Sexual and Gender Based Violence in December 2021 (Annex 1). This reinforces the importance of delivering a SGBV response in a way that prioritises the dignity, needs, and wishes of the survivor. These changes prompted a need to revise the original NRP to ensure it is survivor-centred and that services are effective, coordinated, child-friendly, gender-sensitive, and disability-inclusive.

The 2024 nrp review process

This 2024 NRP revision followed consultations conducted by MBSSE and MoGCA through Strategic Partnership Committees (SPC) across the country between 5th – 11th January 2021. SPCs are district-level committees that were set up by MBSSE in every district headquarter for the protection of adolescent girls during the COVID-19 outbreak. These committees are chaired by the Deputy Directors of MBSSE in every district. Members include all partners working on the prevention and response to SGBV, including traditional leaders.

The revised 2024 NRP also incorporates feedback on the SGBV reporting pathway from a workshop with SGBV responders in December 2021. Three consultative meetings were held in Freetown with various stakeholders from UNICEF, UNFPA and relevant NGOs, organisations of people with disabilities (PWD), Children's Forum Network, School Authorities, Line Ministries, Child Protection Partners and the Family Support Unit (FSU). The purpose of the consultation was to validate a draft of the 2024 NRP and incorporate gaps identified by participants.

The 2024 NRP also reflects the diverse views and experiences of PWDs and SGBV survivors countrywide on the proposed pathways, following consultative meetings held on the 12th and 13th April 2024 respectively. The draft NRP was updated by a core technical working group including line ministries, child protection partners, service providers, women- and children-focused civil society organisations in May 2024.

Views and experiences of selected PWDs

Consultations with PWDs, including survivors, highlighted that negative and discriminatory attitudes are experienced when they access services, particularly at the FSU and government hospitals. They reported facing stigmatisation, challenges with physical access, and communication barriers while using SGBV services. There are limited sign language interpreters in police stations and hospitals and no wheelchair access in many public buildings. Persons with hearing impairment cannot directly call the 116 Rape Hotline for SGBV services.

This led to the recommendation of trained and qualified personnel on disability issues to be deployed in care centres, ensure that needs are integrated and PWDs are treated with dignity and respect, and that their records are treated with confidentiality. Survivors with hearing and speech impairments would like access to inclusive reporting services that are on par with the 116 Rape Hotline. They suggested the establishment of PWD desks in all MDAs, increased psychosocial services to build self-confidence, free legal services, accessibility to public spaces, and networking among PWD institutions.

The 2024 NRP incorporates the National Guidelines to Link the SGBV Helpline (116 Rape Hotline) and Ambulance Services for SGBV Victims (Annex 2), which connects four key hotlines. The 2024 NRP also reflects changes within MDAs, such as ministries and institutions that have a stake in SGBV prevention, reporting, response and service provision in Sierra Leone.

The 2024 NRP is updated to reflect developments in child protection and education policy frameworks that strengthen SGBV prevention and response at all levels. It also ensures disability mainstreaming that adheres to best practices and enables the collection and management of disability-related data by age, gender and type of disability, in accordance with the questions set out by the Washington Group on Disability Statistics and supported by the evaluation of the Child and Adult Functioning Models.

Views and experiences of selected survivors of SGBV

Participants who engaged in consultations comprised of survivors who have accessed SGBV services from the One Stop Centre (OSC), Rainbo Initiative, Medecins Sans Frontieres (MSF) and the 116 Rape Hotline, as well as those living in locations without any of these facilities. Survivors identified delays in police investigations and court proceedings, an absence of forensic labs, ill-equipped OSCs, unavailability of livelihood support, and weak or non-existent guidance and counselling departments in schools – all of which has effected the quality of SGBV services received.

Child survivors reported stigmatisation from police and at medical centres while accessing services. They recommended increased government resources for SGBV services to fast track police investigations, court proceedings, and enforcement of SGBV laws, particularly the Sexual Offences (Amendment) Act 2019.

They also asked for an upgrade to the OSC services in existing locations and an extension of OSCs country-wide. They requested more Rainbo centres to be established across the country, as well as Safe Homes, and a national forensic laboratory. They also recommended the provision of livelihood support to families or further educational support as part of re-integration services. They recommended receiving Child and Adolescent Health and Life Skills (CAHLS) and the revitalisation of guidance and counselling departments in schools across the country.

The 2024 NRP establishes the need for service providers to be trained on professional standards in caring for SGBV survivors, particularly in terms of supporting child survivors within and outside the school setting, disability inclusion and supporting survivors with disabilities. With reference to the Interagency SGBV Case Management Guidelines, service providers also need orientation on consistent, confidential and professional SGBV case management. Under their agreed commitments to address SGBV within this protocol, MoGCA, MBSSE, Ministry of Health (MoH), Teaching Service Commission (TSC) and other relevant MDAs will ensure that key stakeholders (the FSU, Social/Case Workers from the government and NGOs, Community

Child Protection structures, school authorities and supporting structures) are trained to support child survivors, to report all incidents of School Related Gender-Based Violence (SRGBV) and SGBV confidentially in accordance with the law and relevant policies, and to explain the reporting mechanisms to others.

This 2024 NRP will serve as a reference document to support and strengthen School Safety Systems that create pathways for all students to safely report and to receive support and service linkages in response to cases of SRGBV (which includes psychological, physical and sexual violence in schools and around schools).

The 2024 NRP is implemented in accordance with existing laws, policies and the guiding principles of respect for confidentiality, dignity and rights of survivors.

The 2024 NRP addresses the National Strategy for Response to SGBV (2021-2023) goal: Provision of accessible and survivor-centred SGBV services in a holistic, coordinated and equitable manner. The 2024 NRP will guide the coordination of MDAs and frontline service providers responding to SGBV by:	
1	Outlining the roles and responsibilities across the range of actors who are responsible for delivering survivor-centred and trauma-informed response services.
2	Reinforcing the importance of providing SGBV survivors with consistent, confidential and professional case management support throughout the process to enable them to make informed choices.
3	Defining coordination mechanisms and National Referral Pathway to help all survivors of SGBV, including women and girls, men and boys, and people with disabilities, to receive prompt, coordinated and effective services from the various agencies and service providers involved in their care.
4	Ensuring that established standards of professional practice are prescribed and followed with regards to response services, including case management and referrals, confidentiality, information sharing, recording of sensitive information and avoiding conflicts of interest. Mandatory reporting guidelines will be developed as an Annex to the 2024 NRP.
5	Presenting a framework for monitoring and evaluation of the protocol.

Roles and responsibilities of ministries, departments and agencies

The 2024 NRP constitutes an agreement of cooperation among the following parties: the GoSL MDAs – MoGCA, MoH, MSW, MBSSE, TSC, the Ministry of Finance (MoF), the Ministry of Internal Affairs (MIA) through the Sierra Leone Police FSUs, Ministry of Justice (MoJ) and the Judiciary, the Ministry of Local Government and Community Affairs (MLGCA) through the Decentralisation Secretariat and the HRC-SL – as well as development partners – including district level SGBV and SRGBV committees – district level child protection committees, CSOs, NGOs, and Community-Based Organisations (CBOs).

At the normative level, Sierra Leone is a signatory to many international and regional Instruments, including: the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the Beijing Declaration and Platform for Action (BDPfA); the Convention on the Rights of the Child (CRC); the African Charter on the Rights and Welfare of the Child (ACRWC); the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol); the Convention on the Rights of Persons with Disabilities (CRPD) – which recognises that women and girls with disabilities are often at greater risk of violence, abuse, neglect, or exploitation – and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa, among others.

At the national level, the GoSL has legislated: the Anti-Human Trafficking, Migrants and Smuggling Act of 2022; the Gender Euqality and Women's Empowerment Act 2022; Domestic Violence Act 2007; Sexual Offences Act 2012; Legal Aid Board Act 2012; Sexual Offences (Amendment) Act 2019, Sierra Leone Persons with Disability Act 2011; and the Prohibition of Child Marriage Act 2024. These all aim at addressing SGBV, especially given that women and girls with disabilities experience the highest rates of SGBV and face double discrimination and stigma on the basis of their gender and their disabilities. Protecting the human rights of women and girls with disabilities may require using human rights instruments for people with disabilities in conjunction with human rights instruments for women.[1]

Through this agreement, the listed agencies commit to ensuring an effective and inclusive response to, and coordination of, survivor-centred services. At all the different stages of the National Referral Pathway, different actors and services have the responsibility to take all the necessary measures to ensure access and provision of survivor-centred services to the survivors of SGBV and SRGBV with a particular attention to child survivors and survivors with disabilities.

[1] 'Human Rights Instruments for Women with Disabilities', Global Disability Rights Now!: https://miusa.globaldisabilityrightsnow.org/human-rights-instruments-women-disabilities/

The listed agencies will play pivotal roles towards achieving sustained coordination in the implementation of the 2024 NRP in Sierra Leone:

1	MoGCA represented by the Minister of Gender and Children's Affairs
2	MBSSE represented by the Minister of Basic and Senior Secondary Education
3	MoH represented by the Minister of Health
4	MSW represented by the Minister of Social Welfare
5	MoJ represented by the Minister of Justice
6	MIA represented by the Minister of Internal Affairs
7	MLGCA represented by the Minister of Local Government and Community Affairs

Ministry of Gender and Children's Affairs

MoGCA advances the rights of women and girls, provides leadership for the development, implementation and monitoring of the policy and legislative framework for welfare services relating to the care of persons under 18 years of age. It incorporates the functions of the National Children's Commission (NCC), the 116 Rape Hotline, the OSCs and Safe Homes. It's role within the 2024 NRP is to:

- Popularise the116 Rape Hotline for reporting SGBV.
- Create links between the 116 Rape Hotline to other services in the National Referral Pathway, including the school safety referral pathways and 8060 school helpline, to facilitate access to services for pupils.
- Provide comprehensive services to survivors of SGBV in OSCs within Government District Referral Hospitals in the country.
- Facilitate the provision of Safe Homes and community shelters for victims and witnesses of SGBV, including caregivers or parents of minors, when this is appropriate and safe for the survivor.
- Assign staff to serve as Centre Managers for the day-to-day coordination of service provisions to survivors of SGBV in the OSCs.
- Assign Senior Social Services to the Sexual Offences Model Court (SOMC) to support survivors facing court proceedings.
- Set up and chair the National Stakeholder Steering Committee for coordinated SGBV Response.

- Set up and provide secretariat support for the Survivor Trust Fund.
- Provide leadership in the coordination of services for survivors.
- Jointly collaborate with MBSSE to lead the implementation of the 2024 NRP and ensure that SRGBV is fully integrated in the national response system.
- Strengthen staff capacity to ensure effective implementation of the protocol.
- Conduct regular assessments and monitoring to improve implementation of the 2024 NRP.
- Collaborate with MBSSE to provide resources for implementation of the 2024 NRP.
- Implement terms of reference for the National Committee on Gender Based Violence (NAC-GBV) at national and regional levels.
- Organise key stakeholder engagement at national, regional and district levels to facilitate implementation of the 2024 NRP.
- Finalise the memorandum of understanding with the MoH to formalise links between the 900 Police Emergency Helpline, the 117 Ambulance Service and the 116 Rape Hotline, ensuring effective coordination of medical emergency services for survivors of SGBV. National Emergency Medical Services (NEMS) will support the transportation of survivors to access services in emergency situations.
- Organise half yearly review meetings to strengthen the implementation of the 2024 NRP.
- Advocate for increase of funds for SGBV coordination.

Ministry of Basic and Senior Secondary Education

MBSSE has a mission to provide free, quality, affordable and accessible primary and secondary education for the children of Sierra Leone at government institutions. Its responsibilities in relation to the NRP 2024 are as follows:

- Ensure all staff (Deputy Directors, teachers, guidance counsellors, mentors etc) understand that they must report any disclosure of SGBV by a learner to the MBSSE and TSC Deputy Directors for appropriate action. Training should cover SGBV basic concepts and psychosocial first aid to ensure no harm is caused by them as first responders.
- Ensure any case of abuse at school level is referred along the pathways outlined in the NRP so all needs of the survivor and their family are met urgently and thoroughly.
- Enable School Safety Committees (SSCs) to work with child protection professionals so that members can confidentially discuss pupil reports of SGBV and agree how to proceed.
- Ensure SSCs are monitoring behaviour patterns of pupils and making referrals of cases of concern to the relevant authorities.

- Encourage all SSCs to include a pupil representative to ensure it is more child participatory.
- Incorporate the 8060 reporting line into the National Referral Pathway to facilitate pupils' access to SRGBV response services. Calls to the 8060 reporting line related to SGBV will be transferred to the 116 Rape Hotline for response. More details of the connection between the 8060 and 116 lines are explained in the pathway.
- Ensure all schools, including private schools, non-governmental and government schools, are included in the National Referral Pathway.
- Encourage all schools to set up and train personnel on school safety systems and include activities for the prevention of violence.
- Enforce the implementation of the Teachers' Code of Conduct (TCoC) and create clear punitive measures for teachers that are found to be violating the NRP.
- Strengthen the partnership with TSC and others to popularise the TCoC and other policies in the best interests of children.
- Coordinate with the TSC in their termly and annual monitoring of, and reporting on, the implementation of the TCoC.
- Work in partnership with the TSC in the event that a teacher commits SGBV against a learner. MBSSE will conduct administrative investigation and ensure that all necessary punitive measures are taken in line with the outcome of an FSU investigations and the judicial process, including blocking the teacher's pin code, suspension from work and salary or termination of services. This is to happen alongside the law taking its full course.
- Report and follow up on SRGBV cases that occur within the school environment using national reporting procedures.
- Ensure a designated person within the school authorities supports the investigation of a report of SGBV against a learner, regardless of where the act has taken place, to ensure justice.
- Establish administrative proceedings that can swiftly look into matters of SRGBV.
- Integrate child safeguarding processes in the school system with urgency.
- Organise half yearly review meetings to strengthen the implementation of the 2024 NRP and other relevant policies for the comprehensive safety of pupils.
- Revitalise child protection structures and girls' education movement structures to support implementation of the 2024 NRP.
- Jointly collaborate with MoGCA to lead the implementation of the 2024 NRP in schools and provide necessary resources, and to ensure that SRGBV is fully integrated in the National Strategy for Response to SGBV.

- Strengthen coordination and staff capacity to ensure effective implementation of the 2024 NRP.

- Work with MoGCA and partners to conduct regular assessments that improve implementation of the NRP.

- Ensure all staff understand that sexual harassment is considered to be violence, in line with provisions of the Sexual Offences Act 2012, and that psychological violence (which is currently classified as non-reporting abuse) is reportable, because they are equally serious. Staff must understand that all issues of sexual abuse should be considered an offence and must be addressed as prescribed by law.

- Consider how the sections that describe types of SRGBV issues can be potentially addressed at school in alignment with provisions of the Sexual Offences (Amendment) Act 2019, which clearly defines punishable offences, as suggested by participants during the 2024 NRP consultation.

Teaching Service Commission

The roles and responsibilities of the TSC in relation to the NRP 2024 are as follows:

- Monitor and supervise teachers' commitment to work and towards all learners' safety in the classroom and at school.

- Strengthen the partnership with the MBSSE Gender Unit to ensure SSCs exist and are functional in schools.

- Ensure collaboration with relevant MDAs and school and community school structures that deal with SRSGBV for effective service provision.

- Partner with MBSSE to enforce the Radical Inclusion Policy in schools.

- Ensure effective implementation and popularisation of the TCoC and ensure it is upheld by teachers. Enforce punishment for teachers who breach the TCoC.

- Monitor and prepare reports on the implementation of the TCoC and disseminate across the relevant MBSSE Directorates.

- Ensure referrals of SRGBV matters are made to the appropriate institutions.

- Ensure timely decision making and take disciplinary action is taken against teachers alleged to have abused pupils.

- Report and follow up on SRGBV cases that occur within the school environment.

- Support police investigations into any teaching staff who have been accused of SGBV and appropriately enforce punishment based on the outcome of the police investigation, for example withholding salaries and/or terminating services of perpetrators.

- Immediately report cases of abuse to the 116 Rape Hotline, the FSU and appropriate channels according to the National Referral Pathway.

- Ensure schools have effective and functional systems to protect children from violence, abuse and exploitation.

- Carry out background checks and police clearance on all teachers whether they are paid or unpaid.

Ministry of Health

The MoH is responsible for the provision and running of OSCs, Government Hospitals, Primary Health Units (PHUs) and the NEMS (including the 117 Ambulance Service). Its roles and responsibilities under the 2024 NRP as as follows:

- Provide free medical examination, treatment and report for all survivors of SGBV (including domestic violence) as mandated by the Domestic Violence Act 2007, Sexual Offences Act 2012, and Sexual Offences (Amendment) Act 2019.

- Provide drugs and other essential health services to the OSCs across the country.

- Provide spaces to establish OSCs in all Government District Referral Hospitals to provide comprehensive services to all survivors.

- Assign trained medical doctors to undertake clinical assessment and treatment of survivors.

- Ensure that Medical Superintendents and District Medical Officers endorse survivors' medical reports within 24 hours of examination.

- Incldue services for survivors in the Free Healthcare Policy.

- Provide accreditation to private healthcare institutions that have the capacity to examine, treat and write medical reports for survivors.

- Enforce confidentiality guidelines in health policies for the protection of survivors

- Maintain high level of confidentiality in service provision at all times.

- Provide counselling to survivors.

- Where necessary, ensure Mental Health Officers are assigned to Government District Referral Hospitals to provide mental health services to survivors.

- Provide witness account in courts as and when necessary.
- Train staff on DNA equipment and analysis.
- Ensure midwives receive training on clinical management of SGBV cases.
- Incorporate guidance on handling of SGBV cases into the National School Health Policy.
- Finalise the memorandum of understanding with MoGCA to formalise links between the 112 Emergency Helpline and the 116 Rape Hotline for effective coordination of medical emergency services for survivors of SGBV. NEMS will support the transportation of survivors to access services in emergency situations.
- Participate in half yearly review meetings to strengthen the implementation of the 2024 NRP.
- Create harmonised data collection and reporting systems on responses to SGBV.

Ministry of Social Welfare (incorporating the National Commission for Persons with Disability)

The MSW provides leadership for the development, implementation and monitoring of the policy and legislative framework for welfare services relating to the care of persons aged 18 and above. This includes the control of drug abuse among the youth population; liaison with the development agencies and NGOs operating in the social services sectors and collaboration with the MDAs working on social welfare issues. The MSW will perform the following functions under the 2024 NRP:

- Provide psychosocial first aid to survivors and their affected families, as needed and requested.
- Collaborate with relevant Line Ministries and partners to implement and popularise the Positive Parenting Strategy.
- Monitor the welfare of survivors in Safe Homes or community care services, including foster families.
- Support community engagement initiatives to prevent SGBV and support social reintegration of survivors into the community.
- Fully participate in the central and district steering committees to ensure holistic service provision and accountability and quality assurance
- Assign social workers for court monitoring of SGBV cases in the SOMC.
- Assign a Case/Social Worker to manage reports cases of SGBV made to the Ministry.

- Liaise with the Inter-Religious Council of Sierra Leone to undertake the following:
    - Raise awareness on SGBV and its consequences in their churches and mosques;
    - Sensitise the public about laws that protect women and children from violence;
    - Give support to SGBV activities, including community follow up and psychosocial support, and coordinate other welfare support.

Ministry of Finance

- Mobilise funds for the establishment of a forensic laboratory to facilitate prosecution of SGBV cases.
- Alternatively, provide funds to the MoH for the procurement of DNA equipment to support prosecution of more SGBV cases.
- Provide funds to support the operations of the 116 Rape Hotline, Safe Homes and the SGBV Survivor Trust Fund.
- Be adequately represented at the NaC-GBV, coordinated by MoGCA
- Serve as a Board Member for the Survivor Trust Fund.
- Provide funds to MoGCA and MOH for the running of the OSCs for effective service delivery to survivors of SGBV.

Ministry of Justice

- Facilitate speedy trials of all SGBV cases, especially sexual penetration and rape.
- Commit all sexual penetration matters to the High Court by the Office of the Attorney General and Minister of Justice for speedy trial.
- Ensure State Counsels speedily review files sent by the FSU for prosecution within three working days. Collaborate with the Judiciary of Sierra Leone to:
    - Implement sentencing guidelines for SGBV cases.
    - Establish SOMC at district level to facilitate and operationalise a sex offender register.
    - Establish survivor- and child-friendly courts for SGBV at district or at regional level.
    - Hold courts for sexual offences matters in camera for survivors that cannot face the perpetrators or public.

- Strengthen the operations of the SOMC to fast track prosecution of SGBV cases.

- Provide adequate training on survivor-centred, trauma-informed approaches on SGBV.

- Ensure files are reviewed by three technical people together to avoid more people being involved.

Ministry of Internal Affairs (incorporating FSU)

The FSU is a specialised unit of the Sierra Leone Police charged with the responsibility of handling sexual, domestic and other child abuse matters. In addition, the FSU carries out functions outlined below:

- Ensure staff thoroughly investigate all SGBV cases in full consultation with, and following, survivor wishes within the shortest possible timeframe.
- Complete investigations and report to State Counsels for advice within five days of receipt of a report.
- Compile disaggregated data on all SGBV cases.
- Support prosecution of all SGBV cases in the Magistrate or High Courts.
- Provide safety and protection for survivors and witnesses in SGBV cases.
- Secure all evidences to support prosecution of SGBV cases.
- Ensure confidentiality of all SGBV cases at all times.
- Make referrals through MoGCA for provision of services to survivors during case management.
- Be represented by the Inspector General of Police (or his representative) at the NaC-GBV and by the Local Unit Commander at District Steering Committees.
- Engage school authorities in identifying and investigating issues of reported SGBV cases in a highly confidential manner following the NRP and confidentiality protocols.

If the FSU are to be effective in the delivery of service, the following should be considered:

- Sierra Leone Police Training Curriculum to include handling of all SGBV and domestic violence cases.
- Develop capacity of staff to handle investigations and evidence gathering.

- Provide separate budget for logistical support, including stationery and tools to enhance performance.

- Provide mobility for the FSU to visit crime scenes, arrest alleged suspects or perpetrators among others.

- Assign more trained female FSU personnel to the OSCs.

Ministry of Local Government and Community Affairs (incorporating Local Councils, Traditional and Religious Leaders)

MLGCA provides oversight functions for the Local Councils and Chiefdom Administration. The Ministry will therefore ensure that Local Councils and chiefdom authorities do the following:

- Support the District Health Management Teams (DHMTs) in the delivery of services to survivors of SGBV, including domestic violence.

- Provide budgetary allocation for the provision of comprehensive services, including medical supplies, transportation for survivors to and from their communities, PSS, accommodation and other services.

- Ensure understanding that no local authority, including chiefs, should adjudicate on SGBV cases as they are criminal matters.

- Engage communities through sensitisation to prevent SGBV within communities and, where it happens, to report to OSCs; 116 Rape Hotline; Rainbo Centres or the nearest FSU.

As part of their oversight responsibilities for the traditional leaders, MLGCA to ensure:

- Chiefs monitor the implementation and enforcement of the Prohibition of Child Marriage Act 2024 and ensure that case sare not compromised.

- Chiefs refer all cases of SGBV against children to the FSU and other competent authorities in a confidential manner so as not to bring additional harm to the survivors.

- Refer survivors and family members immediately to medical and psychosocial support.

Human Rights Commission Human Rights Commission Sierra Leone

The HRC-SL was established by the Sierra Leone Parliament in 2004 (Act No 9) as recommended by the Lome Peace Agreement of 1999 and the Truth and Reconciliation Commission Report 2004. The vision of the Commission is to take the lead role in building a culture of human rights (including respect for individual responsibilities) that maintains human dignity for all in Sierra Leone in full compliance with the Constitution, laws, international and regional instruments through effective partnerships and collaboration. Its roles and responsibilities under the 2024 NRP are specified as follows:

- Monitor and document SGBV cases.
- Conduct investigations in collaboration with the FSU on SGBV as appropriate.
- Make referrals to other partners such as MoGCA, MSW, SLP/FSU, hospitals, etc.
- Raise awareness on SGBV across the country in collaboration with partners.
- Bring SGBV issues to the fore, both locally and internationally, through the State of Human Rights in Sierra Leone, an annual flagship report of the Commission.
- Influence the development of legislation, policies and programmes of the government regarding SGBV issues.
- Monitor the government's commitments to international standards relating to women's rights, including SGBV issues, having in mind the Sexual Offences Act 2012.
- Submission of the annual report to parliament on the implementation of Sexual Offences (Amendment) Act 2019.
- Monitor the Security Sectors on SGBV issues.
- Hold different institutions accountable in the area of human rights violation at the institutional and community level.

Civil Society Organisations (including NGOs, CBOs etc)

CSOs are made up of a wide range of organisations: community groups, NGOs, labour unions, indigenous groups, charitable organizations, faith-based organisations (FBOs), professional associations, and foundations. It is acknowledged that CSOs by their nature have differing roles and activities, for example, legal advocacy, vocational/skills training, monitoring, counselling, etc. This section summarises the general principles and activities that apply to those working with SGBV survivors:

- Upon receiving a report SGBV, ensure the National Referral Pathway is followed, i.e. by referring the case to the FSU, local MoH service provider, the 116 Rape Hotline, and/or MoGCA Offices in accordance with the stated wishes of the survivor, and following confidentiality protocols.

- Provide medical, counselling and other forms of PSS as per their funded mandate and areas of expertise. Ensure that such services are provided on an acceptable professional standard taking into account the importance of confidentiality in handling such cases and always act in the best interest of and according to the wishes of the survivor.

- Actively participate in District Child Welfare Committee, SGBV Committee and Chiefdom Child Welfare Committee meetings in their geographical areas of operation, and register their activities with MoGCA, Ministry of Development and the Sierra Leone Association of Non-Governmental Organisations (SLANGO).

- Ensure residential care or established orphanages are registered with both MoGCA and the Local Authority in their geographical area of operation, and adhere to prescribed minimum standards in the Alternative Care Policy.

- Provide technical and financial support to the government and CBOs.

- Provide technical assistance to the OSCs.

- The Rainbo Initiative and Aberdeen Women Centre will complement government effort in providing specialised SGBV services as indicated in the referral pathway.

- Follow up on cases of SRGBV in communities.

- Provide safeguarding training across all relevant MDAs.

Preamble

Whereas the Government of Sierra Leone and its Ministries, Departments and Agencies/ Institutions/ Commissions:

1	Are aware of and greatly concerned about the negative impact of SGBV on all survivors, particularly women, girls and persons living with disabilities.
2	Acknowledge that SRGBV must be integrated in national SGBV response mechanisms.
3	Commit to ensuring that national SGBV response mechanisms meet the needs of people with disabilities, particularly women and girls with disabilities, who are both at higher risk of SGBV and face higher barriers to accessing services.
4	Acknowledge that MoGCA in collaboration with its partners has established OSCs in hospitals in seven districts (Port Loko, Karene, Koinadugu, Moyamba, Bonthe, Pujehun and Kailahun) to provide survivor-centred SGBV case management, including PSS, as well as medical, and legal services and referrals to Safe Homes, all in one location..
5	Acknowledges that the Rainbo Initiative operates Rainbo Centres in eight districts (Western Area Urban, Western Area Rural, Kono, Makeni, Bo, Bombali, Kambia and Kenema) to provide survivor-centered medical, including clinical management of rape, psychosocial and legal services, referrals to Safe Homes and case management to survivors of SGBV. There is a SGBV Centre at the six Government Hospital supported by Médecins Sans Frontières.
6	Take into consideration subsections (i and ii) of Section 39 of the Sexual Offences (Amendment) Act, 2019, which state that: a. A survivor of SGBV shall be entitled to free medical treatment and a free medical report from any Government Hospital in Sierra Leone or from any other health unit duly accredited by the MoH for the provision of medical treatment for sexual offenses and related Health Care Services. b. Medical treatment shall include counselling, psychosocial support and mental health services. c. Recognise that many rape cases continue to be thrown out of court for lack of adequate evidence. Out of the 10,830[2] cases recorded by the SLP in 2023, only 790 went to court with zero/no convictions (reflecting a conviction rate of 0%). d. Acknowledge discrepancies in the evidence against perpetrators of SGBV which are due to lapses in the exhibits and reports.

Based on the above, each of the key MDAs and partners named herein commit to faithfully and to the best of their abilities undertaking the roles and responsibilities assigned to them and detailed herein and in their respective Standard Operating Procedures.

[2] Sierra Leone Police Annual General Crime Statistics Report 2023

Principles guiding actions taken under the 2024 NRP

The 2024 NRP is guided by the principles set out in the National Strategy for Response to SGBV:

1	**Survivor-centred:** All responses should be underpinned by respect, compassion, and human dignity, and prioritise the rights, needs, wishes, and choices of the survivor while upholding confidentiality
2	**Inclusive:** Support should be provided to all survivors without discrimination based on gender, poverty, class, ethnicity, tribe language, religion, age, ableness, sexual orientation and gender identity.
3	**Socially transformative:** Services should be gender-responsive and transformative to reduce inequality and gender-driven differences driving SGBV.
4	It is also underpinned by a new principle of do no harm, through risk management and mitigation.

These principles underpin a survivor-centred and trauma-informed approach for the 2024 NRP.

The survivor-centred approach is put in place through a set of principles that guide the work of all peoples – no matter their role – in all their interactions with survivors of SGBV.

1	Right to safety: 'Safety' refers to both physical safety and security, as well as to a sense of psychological and emotional safety for people who are highly distressed.
2	Right to confidentiality: Confidentiality refers to the right of a person to have any information about them treated with respect. It promotes safety, trust and empowerment.
3	Right to dignity and self-determination: SGBV is an assault on the dignity and rights of a person, and all those who come into contact with survivors have a role to play in restoring dignity and self-determination.
4	Non-discrimination: All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation or social class.

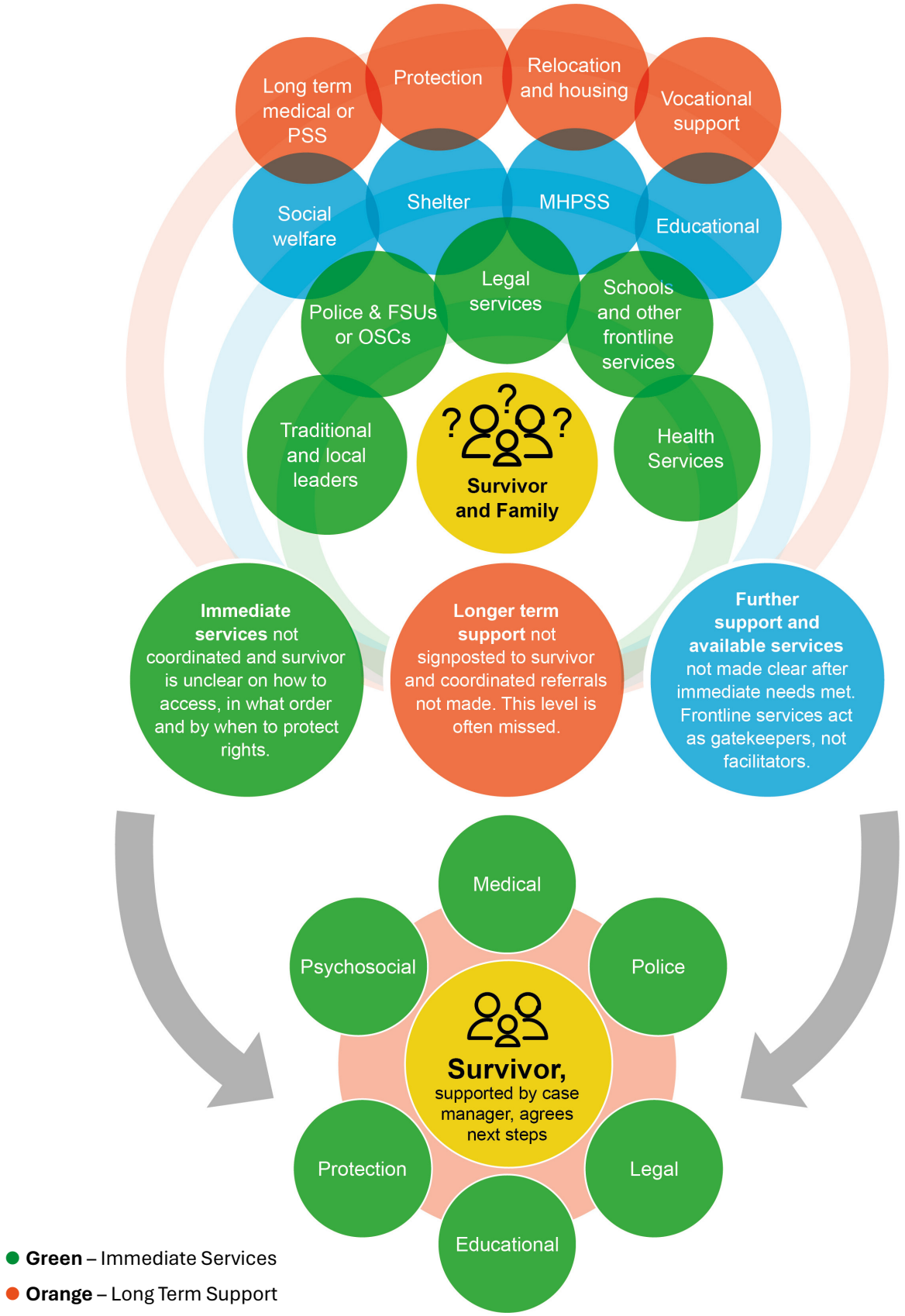
By working to enshrine these principles in actions undertaken by the 2024 NRP, service providers and agencies seek to ensure that they: minimise a range of risks to the survivor as well as to others affected by the incident and the case; balance service delivery and legal and ethical obligations to achieve a fair process; and protect the survivor, anyone who reports a case, as well those who are accused and not yet convicted and those who may never come forward but are at risk of further harms.

As such, while a survivor-centred approach seeks to ensure the dignity, voice, and choice of the individual survivor, it does not obviate the commitments and obligations of service providers, agencies, and key actors to build a system that can deliver a fair process and protections to all affected and actively minimise any harms such a system might cause.

A critical feature of a survivor-centred and trauma-informed approach is that services collaborate and coordinate, and that effective case management supports a survivor to engage with and navigate the system. It also enables the system to work without harming the survivor, while building trust, respecting confidentiality, and ensuring non-discrimination.

This is demonstrated in Figure 1.

Figure 1: A demonstration of how services can be co-ordinated to support survivors



Case management is key: SGBV case management is a structured method for providing help to a survivor. It involves one organisation, usually psychosocial support or a social services actor, taking responsibility for making sure that survivors are informed of all the options available to them and that issues and problems facing a survivor and her/his family are identified and followed up in a coordinated way, and providing the survivor with emotional support throughout the process.

Case management evolved from the recognition that people seeking health and mental health care often have a range of other social service needs, and that a function was needed to coordinate these often fragmented services. Thus, the 'case management' function became a specialised role within health and social services, providing information and coordination of care and services to individuals and families, while advocating for the quality of care and services.

The digital SGBV Information Management System, Primero, will be made available for formalising and harmonising the existing case management system. Efforts will be made to align the Primero system and procedures with the 2024 NRP where necessary to ensure effective signposting and formal referrals. NGOs, MDAs (including FSUs), CSOs and other interested parties would ideally partner with government as and when necessary in order to establish the structures needed to implement such a case management system.

Ministries, institutions and service providers working in the prevention and response of SGBV must abide by agreed guidelines and ways of working that include:

Operating within the law: All professionals working with vulnerable people, which may include women and children and people with disabilities, should be aware of and respect the relevant legislative framework. This includes the Child Rights Act 2007, Domestic Violence Act 2007, and Sexual Offences Act 2012 as amended in 2019, and the Convention on the Rights of Persons with Disabilities (CRPD) which recognise that women and girls with disabilities are often at greater risk of violence, abuse, neglect, or exploitation. It also includes the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa, which includes the Washington Group set of questions, and the Sierra Leone Persons with Disability Act 2011 and their own professional and institutional guidelines.

Managing conflicts of interest: In the event of a conflict of interest, e.g. when a family member or close associate of the professional is involved in a case, as victim or perpetrator or material witness, the professional should notify their line manager and request that the case is managed by a colleague.

Ensuring inclusion and non-discrimination: Professionals should ensure that when managing cases of SGBV affecting people with disabilities, it is important to keep in mind that the survivor may have communication and physical barriers that prevent them from clearly explaining what has happened and what they wish to access in terms of services and support.[3]

[3] SOP SGBV Prevention & Response

Being child friendly: It is important to practice the best interest determination in cases of child survivors and to ensure protection from further abuse. Ensuring the best interest of the child would include considerations of whether or not to engage with a caregiver based on the child's safety. Their dependency on their caregiver may affect what they can disclose as well as what services they can access, especially if the caregiver controls what the survivor can do, including the choices they can make.

Protecting confidentiality: Professionals must ensure maximum confidentiality about the survivor's situation at all times bearing in mind that it can be difficult because the SGBV incident may have been reported by somebody else in the community, and not by the caregiver or the survivor.

Ensuring good communication: Information on the progress of the case of the survivor must be relayed in a timely and inclusive manner to the individual or to the parents/ carers of the child survivor. Before taking any further steps, the professional must seek the informed consent of the survivor or parents/carers of the survivor, if a child.

Adhering to national SGBV Standard Operating Procedures (SGBV SOPs): SGBV service provision will be guided by the Sierra Leone SGBV SOPs to ensure a collaborative and coordinated process that adheres to the principles and guidelines outlined in the 2024 NRP. It is also important for individual organisations to develop internal SOPs that guide service provision and outline policies, and protocols staff need to adhere to. Currently, the OSCs, Rainbo Centres and the FSU all have SOPs for SGBV response. Other agencies such as education actors, health actors, and the judiciary are encouraged to develop SOPs. New SOPs should be built on these existing best practices to help ensure harmonisation in line with this protocol.

Standard Operating Procedures for SGBV interventions (SGBV SOPs) are specific procedures and agreements among organisations in a particular context that outline the roles and responsibilities of each actor working to prevent or respond to SGBV.

SGBV SOPs are developed through a collaborative process that can include, government, UN agencies, NGOs, women-led organisations, CBOs, organisations led by persons of concern and representatives of the diverse parts of the community in which services are being provided.

SOPs will ensure activities, practices and procedures that are put in place for the care and protection of SGBV survivors (regardless of age, sex, or disability) are of acceptable standards and safety. They should include detailed information on how the principles of 'do no harm', risk management and mitigation as well as the survivor-centred approach will be implemented in practice, as well as how confidentiality will be respected, and information shared in a context where reporting is made mandatory.

Obtaining informed consent: Informed consent is the voluntary agreement of an individual who has the legal capacity to give consent (age 18 or over). Consent must be given per action and referral, and does not endure indefinitely; consent to one action or referral by a service provider does not constitute consent for any other actions. Survivors have the right to revoke consent at any time. Consent should be written if possible; if it is not possible, survivors can give verbal consent, which is recorded by the service provider. To provide informed consent, the individual must have the capacity and maturity to understand the services being offered, be legally able to give their consent, and have the relevant information to understand the implications of the decision they make.

Informed assent is the expressed will of the child to participate in services. A child's "informed assent" should be sought with children who are too young (by definition younger than 18) to give informed consent, but old enough to understand and agree to participate in services.

This includes taking time to watch and listen, always talking directly to the survivor, paying attention to how the survivor wishes to communicate, and not putting pressure on the survivor to disclose or agree to anything.

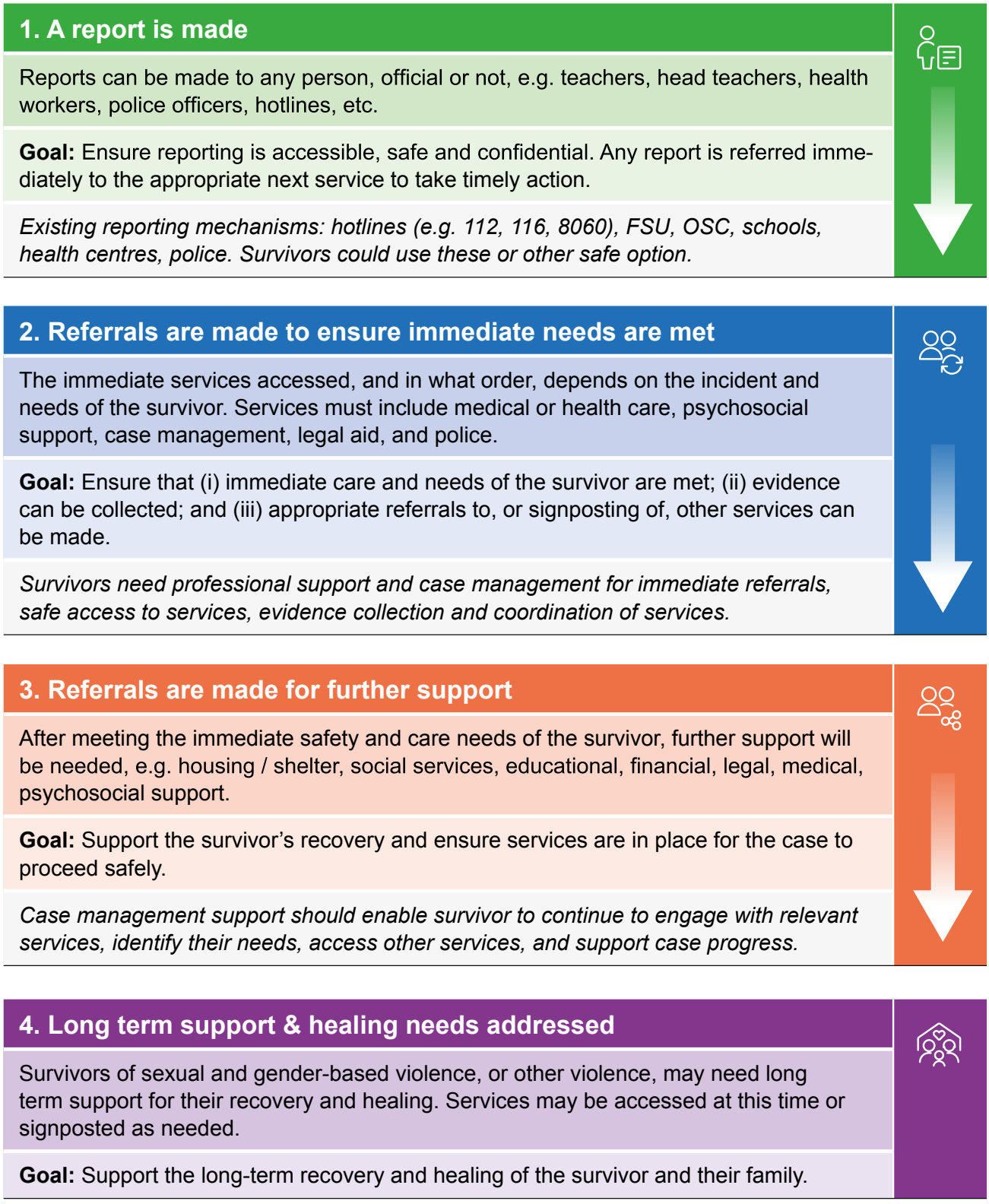
The Referral Pathway

There are four major phases of the National Referral Pathway. In the first a report is made and referred; in the second, immediate and urgent care and support are received to address immediate physical and other harms and to collect evidence; in the third, referrals are made and other services are signposted so that the survivor can get care and support and so that a case can proceed; and finally, the long term impacts of the case and incident are addressed with further referrals and links to services.

The four phases of the National Referral Pathway are shown in more detail in Figure 2.

The National Strategy for Response to SGBV lists many of the services available at each phase. It is critical for services to be mapped at the local, district and national levels and for key agencies, such as health, schools and the police, to be aware of local service providers and relevant referral pathways. A draft mapping by district is provided in Annex 3.

Figure 2: Four phases of the referral pathway



There will be specific considerations at each phase for survivors with disabilities (see Figure 4). The relevant MADs and partners will draw up particular protocols and guidelines for managing cases when the survivor or the perpetrator are PWDs. They will be harmonised with this protocol and other SOPs, and will be introduced through training, targeting the National Commission for Persons with Disabilities and Sierra Leone Union for Disabilities.

Similarly, particular considerations will be needed if the survivor is a child and/or if a case constitutes SRGBV (see figures 4 and 5). In cases of SRGBV, the education sector, including key Ministries, TSC, agencies, partners and officials, will need to be consulted and involved throughout the process. Confidentiality should be maintained, and information shared on a need-to-know basis. Disciplinary actions against employees in the sector, such as teachers, will be part of the process, as well as any legal proceedings. Education sector providers should communicate training clearly to teachers, and it is advised that refresher trainings be organised. Teachers' knowledge on reporting procedures should be monitored and checked to ensure they understand what is expected of them and consequences when rules are flouted.

Additionally, the long-term impact of trauma or violence on a child will require specialised care and support for the child and for their family and possibly for peers who were affected.

Finally, it is important to note that referral pathways are not rigid or linear. Good coordination and collaboration between service providers and information sharing should be led by MoGCA and must include the wishes of the survivor and maintain confidentiality protocols. This will enable the process to progress effectively. As such, when agencies and partners assess the effective of the system, again led by MoGCA, they should include measures that assess quality of care, adherence to guiding principles, evidence of coordination and collaboration amongst key actors etc., as well as speed of resolution of cases or numbers of cases.

Figure 3: Where to Refer a Report of SRGBV

NATIONAL REFERRAL PROTOCOL: HOW DO I REFER A REPORT OF VIOLENCE?

STEP 1

Provide a caring and supportive response

- ✓ Tell the child it's not their fault, that you believe them, and you can help.
- ✓ Check with the child that they are OK for you to contact the Principal and School Safety Committee (SSC) for guidance.
- ✓ Assure the child you will not contact the perpetrator or anyone connected to them.
- ✓ Do not ask questions about how the incident occurred.

STEP 2

Contact a trusted adult

- ✓ Ask the child who they would like you to contact for support (e.g. parent or caregiver).
- ✓ Explain to the child and accompanying adult that services will support them and keep them safe.
- ✓ Ensure the child and accompanying adult understand that all services will maintain confidentiality.
- ✓ Get permission from the child to contact services. If permission is not given, referrals must be anonymous.

STEP 3

Explain the next steps

- ✓ Clearly explain the steps below and services to the child and accompanying adult. Ensure they understand.
- ✓ Contact necessary services, as advised by the SSC or Principal: hospital, One Stop Centre, Rainbo Centre, case worker, Family Support Unit, police.
- ✓ Ensure the child is taken to a medical facility if they are in pain or have survived a sexual assault (within 72 hours of the incident).
- ✓ Report any cases of sexual violence to the police (only information the child gives you permission to share).
- ✓ Consider additional needs the child has (e.g. a hearing impaired child may require a sign language interpreter).
- ✓ Explain that a case worker and legal professional will support them throughout.
- ✓ Explain additional support from specialist services (e.g. psychosocial support, legal advice).
- ✓ Report the case to the Teaching Services Commission if the perpetrator works at the school or in education.

STEP 4

Maintain confidentiality

- ✓ If you feel worried or upset after dealing with a report, only seek support from people involved in the referral (e.g. the Principal or SSC.)
- ✓ Do not discuss the incident with anyone other than the relevant services who need to know about it.

Figure 4: Considerations for PWDs and child survivors

1. A report is made		
Considerations for survivors and services	**Considerations for survivors with a disability**	**Considerations for child survivors**
Reports can be made to any person, e.g. teachers, head teachers, health worker, police officer, hotline, etc. **Relevant services:** Rainbo Centres, OSC, FSU, Police, Hotlines (e.g. 116, 8060)	May face challenges depending on the nature of their disability, particularly if they are children. They and their carers may be need support. **Additional services:** e.g. sign language or braille; trained disability specialists; additional support for carers	May face challenges with reporting depending on age. They and their carers may be need support. **Additional services:** e.g. child specialists; trained individuals; additional support for family or carers.

2. Referrals made to ensure immediate needs are understood and met by specialists		
Registration of survivor and case.		
Medical examination...	...with a disability specialist.	...with a child health specialist.
Survivor's statement taken by police...	...with support to enable communication.	...with support to enable communication.
Initial PSS support given to survivor and family...	...with disability specialist.	...with child specialist.
Paralegal assigned...	...who can communicate and work with survivor.	...who can communicate and work with child and carers.
Police Medical Form is endorsed.		
Case manager assigned...	...with disability training.	...with training to work with children.

3. Referrals for further support		
Referrals to services may include: e.g. further medical care; shelter; social protection; social welfare; psychosocial support; further legal services. Additional services and support are signposted as needed.		
Case manager assesses needs and risks with survivor and carer(s) as relevant.	...paying attention to ensure needs are fully understood and carer's role is assessed.	...paying attention to ensure needs are fully understood and carer's role is assessed.

4. Long term support & healing needs addressed		
Long-term needs assessed and further services signposted, or further referrals made. **Relevant services may include** legal aid, vocational and economic independence training, psychosocial support, medical, relocation and shelter, social welfare and protection support, etc.	Long-term challenges may be greater and more difficult to assess and meet for survivors with a disability and their carers. Additional case management support needed. **Relevant services may include** legal aid, vocational and economic independence trainings, psychosocial support, medical, relocation and shelter, social welfare and protection support.	Long-term impacts will be greater and more difficult to assess and meet for child survivors and their family. Additional case management support needed and links with schools and other key services maintained. **Relevant services may include** legal aid, vocational and economic independence training, psychosocial support, family support, medical, relocation and shelter, social welfare and protection support.

Data collection, management and protection

Collecting survivor data safely

Survivor data encompasses:

- personal identifiable data about the survivor accessing services which are required to render quality SGBV response services;
- details about the SGBV incident (e.g. type of violence, location of incident etc.); and
- case management data, including information about the support provided and received by a survivor through the SGBV case management process.

All types of survivor data should only be collected in the framework of service provision, and only when reported directly by the survivor, i.e. not by a third party. Collection of SGBV data from a third party should only be done in instances where the age, maturity, level of cognitive development of the survivor prevents them from reporting the incident themselves. In these instances the survivor's caregiver - in the presence of the survivor - can make the report, if appropriate.

The data should allow disaggregation by age, gender and disability, using the Washington Group set of questions and complemented by the Child and Adult Functioning Models. Such disaggregated data will help to better develop prevention and response activities and budgets.

Data Protection

Service providers and key stakeholders in the National Referral Pathway will have access to sensitive protection data. Data should be recorded in an anonymous standardised reporting form to ensure safe data collection across all service providers in the country.

To ensure safety and confidentiality, all data must be anonymised when shared and will be treated with the highest standards of data protection at all times. Potentially identifying information on the survivor, their family, the perpetrator and, in some cases, the service providers will not be included or shared in any data report.

In keeping with the 'need to know' basis, no information about the survivors, perpetrators or other key people in any case will be shared without the informed consent of the survivor and this consent should be noted on the case file. Identifying case information (e.g. referral forms) will only be shared within the context of a referral and with the consent of the survivor. Survivor data will not be shared with anyone who is not authorised or does not have a reason to know this information. Full medical reports should only be shared between health services and the FSUs; full records of counselling sessions should not be disclosed to other agencies.

Data management

Currently, case files in the OSCs and Rainbo Centres are both paper and electronically based, while police case files are mostly paper-based. All service providers should maintain a confidential file in both hard and soft copies on their work with each survivor.

All case files, whether paper or electronic, should use a coding system to ensure details are anonymised – of the staff providing SGBV case management service referrals or services, and of the survivor.

When it is fully operational, all data will be submitted and managed electronically through the Primero. This open-source software platform uses a web platform and is designed for managing protection-related data that facilitates SGBV case management, including the provision of referrals between organisations. An SGBV incident monitoring information management system, GBVIMS+, will also be available.

Paper file security

Paper documentation files should be structured, maintained in good order, and updated on a regular basis. The paper documentation, especially the intake form and the consent form, should be stored in two separate locked filing cabinets or rooms. One locked filing cabinet can be used to store the consent form and the survivor code only. No detail of the incident should be in this file. In the second locked filing cabinet, the intake form together with paper case management documentation (that contains NO identifiable information) can be stored. It is recommended to organise the files by month.

Paper documentation for each SGBV incident should be stored in its own individual file and labelled with its coded incident number. No identifying information, e.g. client names, should be on the outside of paper files. All paper case files should be stored in a locked cabinet, and only be made accessible to individuals specified at the organisation level. No one else should be given independent access to the paper files without permission.

Electronic data security

Computers containing data on survivors must have a secure password at all times. All soft copies of SGBV data are coded and stored in computers with passwords. Staff should be made aware that if digital information is being transferred that this be done by encrypted and password protected files and that at least two digital backups should exist per site level.

Training of data collectors

Service providers must be trained on data management, including how to set up, use, monitor and protect survivors' data. Only trained caseworkers in government institutions and partners that are providing services to survivors will collect survivor data and will continuously ensure that the benefits of data collection outweigh the risk.

It is recommended that data collectors receive regular training. Training should include safeguarding and inclusive data collection. In addition to training, all service providers will submit a copy of their organisational safeguarding policies, including Child Safeguarding Policy, and Protecting Vulnerable Adults Policy to the National and District Child Welfare and NaC-GBV to ensure that minimum standards are being followed with regard to confidentiality and safeguarding the dignity of survivors.

The Child Welfare Committee and NaC-GBV should also be made aware of specific confidentiality requirements contained in the Professional Codes of Conduct of Personnel of Service Provider (e.g. medical, school and nursing practitioners etc).

Measuring progress on the NRP

All monitoring and evaluation activities will be coordinated through the District and National Child Welfare and NaC-GBV established by MoGCA. The 2024 NRP shall be reviewed annually after the date of implementation by MoGCA and partners.

Each agency with a role in the 2024 NRP and SGBV response should develop standardised monitoring forms and indicators. These will show the quality, nature and quantity of services provided. They will be agreed by each agency or Ministry responsible and coordinated by MoGCA. They will be used to report effectiveness of their work in SGBV response. The purpose for the collection of this data should also be jointly defined.

MoGCA, led by the Chief Director of Protection, will develop a set of indicators, agreed with the other signatories to this 2024 NRP, that measures the level and quality of collaboration, coordination, and communication between agencies and service providers and the quality of services provided. MoGCA will collaborate with partners to provide training on data collection, management and analysis for service providers.

Commitments and signatures to the 2024 NRP

Minister of Gender and Children's Affairs	Date
Minister of Basic and Senior Secondary Education	Date
Minister of Health	Date
Attorney General and Minister of Justice	Date
Minister of Finance	Date
Minister of Social Welfare	Date
Minister of Internal Affairs	Date
Minister of Local Government and Community Affairs	Date

Glossary: definitions of terms and concepts*

Case conference or meeting: Case conferences are small meetings with appropriate service providers (e.g. those already involved in the survivor's care), which are scheduled when the person's needs are not being met in a timely or appropriate way. The purpose of the case conference is to gather the appropriate service providers (and relevant support people in the survivor's life, as appropriate) to identify or clarify ongoing issues regarding care. Case conferences provide an opportunity to: review activities, including progress and barriers towards goals; map roles and responsibilities; resolve conflicts or strategise solutions; and to adjust action plans.

Child abuse: Child sexual abuse is defined as any form of sexual activity with a child by an adult or by another child who has power over the child. By this definition, it is possible for a child to be sexually abused by another child. Child sexual abuse often involves body contact. This could include sexual kissing, touching, and oral, anal or vaginal sex. Not all sexual abuse involves body contact, however. Forcing a child to witness rape and/or other acts of sexual violence, forcing children to watch pornography or show their private parts, showing private parts to a child ("flashing"), verbally pressuring a child for sex, and exploiting children as prostitutes or for pornography are also acts of sexual abuse.

Domestic violence: Domestic violence includes: physical or sexual abuse; economic abuse; emotional, verbal or psychological abuse; harassment (including sexual harassment and intimidation) – all within a domestic context. It also encompasses conduct that in any way harms, or may harm, another person including any omission that results in harm and either: endangers the safety, health or wellbeing of another person; undermines another person's privacy, integrity or security; or detracts, or is likely to detract, from another person's dignity or worth as a human being.

Case management: A way of organising and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and/or referrals, and in accordance with a project or programme's objectives.[4]

Child protection: The measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children. Child protection means safeguarding children from harm. Harm includes violence, abuse, exploitation and neglect. The goal of child protection is to promote, protect and fulfil children's rights to protection from abuse, neglect, exploitation and violence as expressed in the UN Convention on the Rights of the Child (UNCRC) and other human rights, humanitarian and refugee treaties and conventions, as well as national laws.[5]

Child safeguarding: Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means: protecting children from abuse and maltreatment; preventing harm to children's health or development; ensuring children grow up with the provision of safe and effective care; and taking action to enable all children and young people to have the best outcomes. Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.[6]

---

[4] IASC Guidelines for Case Management definition 2014
[5] Save the Children 2017 Adopted Definition
[6] National Society for the prevention of Cruelty to children

Disability: Any long-term physical, mental, intellectual and/or sensory impairment which in interaction with various barriers may hinder someone's full and effective participation in society on an equal basis with others[7]. These barriers to participation are not inherent to people with disabilities but are social and environmental.

Disability mainstreaming: A strategy through which concerns, needs and experiences of PWD are made an integral part or dimension of the design, budgetary allocation, implementation, monitoring and evaluation, and reporting of policies and programmes in all political, economic and societal spheres so that PWDs benefit equally and inequality is not perpetuated.[8] It is the process of incorporating the UN's Convention on the Rights of Persons with Disabilities (CRPD) in protection principles, promoting the safety and dignity of PWD, and ensuring they have meaningful access to support and can participate fully in interventions in all sectors and all phases of the programme cycle.[9]

Disability inclusion: Achieved when PWD meaningfully participate in all their diversity, when their rights are promoted, and when disability-related concerns are addressed in compliance with the CRPD. It is related to the concept of 'social inclusion', which has been defined as "the process by which efforts are made to ensure equal opportunities – that everyone, regardless of their background, can achieve their full potential in life. Such efforts include policies and actions that promote equal access to (public) services as well as enable citizen's participation in the decision-making processes that affect their lives."[10]

First point of contact: The first point of contact is defined as the service provider or individual to whom the survivor first reports an incident of abuse (e.g. MoH, MOGC, FSU, CSOs, NGO, CBO, parent/guardian, teachers, community leader).

Perpetrator: A person, group or institution that inflicts, supports or condones violence or other abuse against a person or groups of persons.

People with disabilities (PWDs): PWDs include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Psychosocial support: The term 'psychosocial' is used in place of 'psychological' to recognise that a person's mental well-being is not just determined by their psychological makeup, but also by social factors. The 'social' and 'psychological' factors also influence each other.

School-Related Gender-Based Violence (SRGBV): Refers to acts or threats of sexual, physical, or psychological violence occurring in and around schools, perpetrated as a result of gender norms and stereotypes and enforced by unequal power dynamics. It can affect both girls and boys. SRGBV has very real consequences in learners' lives, ranging from low self-esteem and depression, to early and unintended pregnancy and sexually transmitted infections such as HIV. This violence also has a serious impact on educational outcomes, with many pupils avoiding school, achieving below their potential, or dropping out completely. Examples of SRGBV are corporal punishment, sex for grades and bullying.

---

[7] The Convention on the Rights of Persons with Disabilities.
[8] 2018-2022 National Disability Mainstreaming Strategy,kenya
[9] IASC Inclusion Of Persons With Disabilities In Humanitarian Action 2019
[10] IASC Inclusion Of Persons With Disabilities In Humanitarian Action 2019

Sexual and Gender-Based Violence (SGBV): An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed differences between males and females.[11] SGBV is often based on gender norms and unequal power relationships (e.g age or sexual orientation). It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys.[12] SGBV encompasses an array of acts where power is abused and can include, but is not limited to: verbal harassment, inappropriate touching, assault and rape, sexual harassment in the workplace, sexual exploitation and forced prostitution, abuse towards beneficiaries of aid/ support, domestic violence, trafficking, forced/early marriage, harmful traditional practices such as female genital mutilation, honour killings, widow inheritance.

Sexual harassment : Any unwelcome sexual advance, request for sexual favours or other verbal or physical conduct of a sexual nature. Any behaviour, comment, gesture or contact of a sexual nature, which treats the recipient as a sexual object and makes the person feel uncomfortable and/or unsafe. It takes many forms. It may be wolf whistles, leering, sexual innuendo, comments or other unwanted sexual attention.

Sexual penetration: Any act which causes the penetration to any extent of the vagina, anus or mouth of a person by the penis or any other part of the body of another person, or by an object, 'touch' or 'touching' includes kissing, nabbing, feeling, fondling or caressing any part of a person's body with any part of the body or with an object.[13]

Sexual violence: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work. It involves psychological intimidation, blackmail or other threats, for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent, for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation. Sexual violence includes, at least, rape/attempted rape, sexual abuse and sexual exploitation.[14]

Survivor/victim: A person who has experienced SGBV. The terms can be used interchangeably, although 'victim' is generally preferred in the legal and medical sectors, and 'survivor' in the psychological and social support sectors.

Suspect: A person believed to be guilty of a specified offence or crime without proof.

* These terms and definitions are taken from the Interagency SGBV Case Management Guidelines

[11] IASC GBV Case Management guidelines
[12] UNHCR definition
[13] Sexual Offences Act 2012
[14] IASC GBV Case management Guidelines 2017

UK International Development

Partnership | Progress | Prosperity