



MINISTRY OF AGRICULTURE AND FOOD SECURITY

Productive Safety Net for Socioeconomic Opportunities Project (SNSOP)

Sexual and Gender Based Violence (SGBV) Prevention and Response Action Plan

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List of Acronyms

AC	Appeal Committee
BAC	Boma Appeal Committee
BDC	Boma Development Committees
BVS	Beneficiary Verification Survey
CEDAW	Convention on Elimination of All forms of Violence Against Women
GESS	Girls Education South Sudan
CMA	Community Mobilization assistant
CMC	Community Mobilization Clerk
CPC	Contracts and property committee
CCT	County Core Team
CST	Community Supervision Team
DG	Director General
DIS	Direct Income support
DoSD	Director of Social Development
ECD	Early Childhood Development
ED	Executive Director
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESSAF	Environmental and Social Screening and Assessment Framework
FGD	Focus Group Discussion
FGM	Female Gentle Mutilation
SGBV	Sexual Gender Based Violence
GBV	Gender-based violence
GRM	Grievance Redress Mechanism
GRSS	Government of Republic of South Sudan
HH	Household
IP	Implementing Partner
LIPW	Labour Intensive Public Works
MAFS	Ministry of Agriculture and Food Security
MGCSW	Ministry of Gender, Child Social Welfare
MIS	Management information system
MoFP	Ministry of Finance and Planning
NAC	National Advisory Committee
NTC	National Technical Committee
P DC	Payam Development Committee
PCU	Project Coordination Unit
PSEA	Protection of Sexual Exploitation and Abuse.
PMT	Project Management Team
POM	Project Operations Manual

QAC	Quarter Council Appeals Committee
RFI	Request for Information

Executive Summary

This Sexual and Gender-Based Violence (SGBV) and Child Protection Action Plan outlines the operational measures to assess and mitigate risks of gender-based violence, including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), throughout the project lifecycle. The plan includes comprehensive procedures for preventing, mitigating, and responding to SGBV, as well as managing related grievances.

Key components of the Action Plan include:

- **Risk Assessment and Mitigation:** Strategies to identify and minimize SGBV risks associated with the project.
- **Response Procedures:** Clear protocols for addressing reported SGBV cases within the project area.
- **Grievance Management:** Effective mechanisms for handling SGBV-related complaints, including the roles of project related community structures such as GBV focal persons and hotline operators, and detailed referral and reporting procedures.

Additionally, the plan outlines the integration of SGBV measures into the project's Grievance Redress Mechanism (GRM) and Management Information System (MIS). It also emphasizes coordination with other partners and GBV sub-clusters, particularly in relation to the SNSOP Project in both the parent project counties and the new counties for additional financing.

The Action Plan includes a table detailing specific actions and monitoring results to evaluate the project's impact within the Productive Safety Net for Socioeconomic Opportunities Project (SNSOP).

1.1 Project Description

The parent project is a US\$129 million grant from the International Development Association (IDA) and will support four components, to be implemented over a 4-year period. The components are: (i) Cash Transfers and Complementary Social Measures; (ii) Provision of Economic Opportunities; (iii) Strengthened Institutional Capacity and Social Protection System; (iv) Project Management, Monitoring and Evaluation, and Knowledge Generation. There is a proposed additional Financing (AF) of US\$70 million (US\$ 50 million from IDA20 Window for Host Communities and Refugees (WHR)) that will provide an opportunity for SNSOP to expand safety net assistance to vulnerable and displacement-affected populations (refugees, host communities, and South Sudanese returnees) utilizing the existing delivery systems. This is in response to the inflow of refugees and returnees to South Sudan following the Sudan crisis in April 2023.

The objective of including refugees and hosts in the SNSOP is to foster their socio-economic integration through longer-term and more predictable support through their participation in Labour-intensive Public Works (LIPW) and Direct Income Support (DIS) which would promote social cohesion and socio-economic integration. In addition to cash transfers, the proposed AF will also accompany complementary social measures aimed at supporting human capital development and economic inclusion of both hosts and refugees. The project will be guided by principles of government ownership, capacity strengthening and close collaboration with partners for strengthened humanitarian-development-peace nexus.

1.2 Background GBV Context

About 65% of women and girls in South Sudan have been the victim of physical and sexual violence at some point in their lives, with the majority of them experiencing it for the first time before the age of 18. In 33% of the cases, the violence was experienced during military raids from a non-partner while in 51% cases it was from an intimate partner. Early and forced marriage is another expression of GBV in South Sudan. About 52% of girls get married before reaching 18. This practice is also linked to poverty and on-going conflict. Many families receive a bride price, which makes men think of their wives as commodities and thus the wives lose the rights to speak up for themselves (GBVIMS report 2022).

The culture of violence and impunity that has emerged from decades of conflict continues to provoke violent behaviour toward women inside and outside their home.

The economic hardship and loss of livelihoods caused by the conflict forced many women and girls to engage in sexual exploitation and abuse to make a living. Even many female members of the armed groups report physical abuse or rape by fellow group members. Also, conflict and violence exacerbate the exposure and vulnerability of women to GBV. The lack of confidentiality surrounding SEA/SH and domestic violence issues, including physical violence, sexual assault, economic exploitation, and emotional abuse, is widely acknowledged (UNIFEM, 2001). This perpetuates a culture of silence within communities, hindering the reporting of gender-based violence cases. Further to this, most social and government institutions that handle sexual and domestic violence cases are male-dominated, which discourages women and girls from reporting for fear of retaliation or social ostracism. (South Sudan Gender Analysis, 2017, pp. 44, available at: <https://oxfamilibrary>)

Women often face GBV related conflicts such as rape, sexual harassment, road ambushes when accessing to health facilities (UNICEF 2021). Many survivors of GBV continue to suffer from the physical and psychological impact of violence, and report feelings of depression, hopelessness, anxiety, and suicide and have difficulty focusing, sleeping, and performing routine tasks. Existing health services across South Sudan offer inadequate medical and psychosocial support to

survivors. According to CARE international, it was found that among GBV survivors, only 37% reported the incident to police or hospitals and received any psychological support

Women experience great insecurity, and are at risk of sexual violence, including rape, when they leave their homes, often walking long distances, in search of food, water, firewood, and other livelihood options. Women and girls also face protection concerns when seeking to access water or sanitation facilities. This invariably impacts on their health outcomes and demonstrates the intersectionality of violence and women's health. Where a woman or girl is placed at risk of sexual violence including rape, they may still be further punished or blamed by family members including through violence, as rape may affect the family's prospects for receiving a dowry price. (World Bank Group and the United Nations Population Division: executive summary," 2019)

1.3 Key Definitions of GBV, SEA/SE and Related concepts

Terminology	Definition
Gender-based violence (GBV):	An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.
Sexual exploitation:	Any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.
Child:	A person under the age of 18 years of age, This definition of a child is in line with the UN Convention on the Rights of the Child (CRC), which is a globally recognized and almost universally ratified convention
Code of conduct:	A set of standards about behaviors that staff and volunteers of government or non-government organization are obliged to adhere to.

Complaint:	A specific grievance of anyone who has been negatively affected by an organization's action or who believes that an organization has failed to meet a stated commitment.
Complainant:	The person making the complaint, including the alleged victim/survivor of the sexual exploitation, abuse or harassment, or another person who becomes aware of the wrongdoing.
Grievance Redress Mechanism or procedure:	Process that allows individuals or beneficiaries of SNSOP to report concerns such as breaches of Projects, policies or codes of conduct. Elements of a complaints mechanism may include GBV Focal Person, Help desk and Hotline establishment.
GBV Focal point:	A person designated to receive reports of cases of Gender based violence, sexual exploitation and abuse, and support the referrals process during implementation of SNSOP.
Sexual abuse:	An actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions
Sexual Harassment	Any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.
Hotline/helpline:	<p>A telephone number that allows persons wishing to report wrongdoing to do so.</p> <p>A hotline may be complemented with other technology-based reporting mechanisms, such as WhatsApp number, an online request form or email address.</p>
PSEA:	Protection against sexual exploitation and abuse, the term used by the UN and NGOs to refer to the measures taken to protect vulnerable people from sexual exploitation and abuse by their own staff and associated personnel.
Referral pathway:	The various support and referral services available to victims/survivors of SEA.
Safeguarding:	The responsibility of government to make sure their staff, operations and programs do no harm to children and adults at risk or expose them

	to abuse or exploitation. This term covers physical, emotional and sexual harassment, exploitation and abuse by staff and associated personnel, as well as safeguarding risks caused by program design and implementation.
Confidentiality:	An ethical principle that restricts access to and dissemination of information. In investigations on sexual exploitation, abuse, fraud and corruption, it requires that information is available only to a limited number of authorized people for the purpose of concluding the investigation. Confidentiality helps create an environment in which witnesses are more willing to recount their versions of events, and builds trust in the system and in the organization.
Survivor or victim:	The person who is, or has been, sexually exploited or abused. The term 'survivor' implies strength, resilience and the capacity to survive. The term 'victim' has protective implications, as it implies the victim of an injustice which we should seek to redress.
Victim/survivor-centered approach:	An approach in which the victim/survivor's wishes, safety and well-being remain a priority in all matters and procedures.

2.Existing Risk Management System

The Ministry of Agriculture and Food Security, along with the Ministry of Gender, Child, and Social Welfare, has developed various GBV-related risk management procedures to ensure the protection and well-being of vulnerable populations, staff, and the community at large. These measures aim to create safer, more equitable environments that foster sustainable development. By identifying, mitigating, and responding to GBV risks, these procedures enhance the effectiveness and inclusivity of development initiatives. The mechanisms put in place include the following:

2.1 SEA/GBV/SOCIAL SAFEGUARD GUIDELINES

Implementing partners and contractors are required to have in place a SEA/GBV/social safeguard policy and guideline that protects workers and community members against GBV/SEA/SH. Any act of SEA constitutes serious misconduct and is a ground for disciplinary measures, including dismissal and referral to enforcement authorities for criminal prosecution, where appropriate.

The policies on SEA cover acts which occur at or away from the workplace, during or outside working hours, including sexual relations with children (a person under the age of 18 years old). Implementation of SGBV/ prevention and response activities in SNSOP will be guided by the GBV/SEA Action Plan and Grievance Redress Mechanism (GRM) manual

2.2 CODE OF CONDUCT

It is mandatory for staff and contractors including all workers sign a Code of Conduct (CoC) that specifies appropriate behavioural conduct, responsibility and penalties for non-compliance with SEA/SH, among other social misconducts. The CoC prohibits sexual relations with minors, subordinates, vulnerable groups, and protects SNSOP beneficiaries as well as staff against any forms of sexual harassment. Communities will also be made aware of the CoC provisions by the UNOPS and other specialised Implementing Partners (IP) during sensitizations, labour intensive public works (LIPWS), Cash Payments and Intensive Complementary Social measures (I-CSM) trainings. IPs will have the prerequisite qualifications and experience required to engage women and men in a sensitive manner. SPCU shall print some information education and communication materials on SGBV on standing banners that will be used to sensitize the staff, contractors and beneficiaries.

2.3 TRAINING AND ORIENTATION

To ensure safety, confidentiality, and a survivor-centered response to SGBV complaints/cases, all relevant staff of the PCU, Hotline Operator, and IPs will receive training on handling and managing these complaints, including the project referral systems, during the initiation phase of their engagement. IPs, contractors, and firms are responsible for regularly training or orienting their staff on SGBV basics and disciplinary measures against SEA. They are also responsible for carrying out targeted sensitization of community stakeholders and beneficiaries on reporting and responding to potential cases of SGBV including what to report, where to report, and how to address and refer some of the GBV/SEA complaints. There will be close mentoring of the community GBV focal person for better receive, record and referral of GBV cases for other services. The GBV focal persons and Hotline Operators will be trained on key protocols including referral, reporting and informed consent protocols to receive those cases in an appropriate manner and immediately refer them to the SGBV referral system.

2.4 GOVERNMENT OF SOUTH SUDAN

The Government has made efforts in bringing justice to victims of sexual violence through key measures that were undertaken within the criminal justice system. A training manual on the investigation and prosecution of SGBV was developed in 2017 by the Ministry of Justice with technical support from the Ministry of Gender child social welfare. Also, a Department of Women

and Juvenile Justice was established under the Directorate of Public Prosecution in Juba and at the states women and children desk.

In 2014, the Government developed Standard Operating Procedures (SOPs) for Prevention and Response to Sexual and Gender-based Violence (SGBV). The SOPs were developed through a consultative process with inputs from various government institutions, UN Agencies, International and National non-governmental Organisations and Traditional Chiefs at National and State level. The document is in line with the Republic of South Sudan's legal and policy framework and other international frameworks such as the Inter-Agency Standing Committee (IASC) Guidelines for GBV Interventions in Humanitarian Settings, UNHCR's Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons, and Guidelines for Prevention and Response.

Despite the government efforts to mitigate GBV risks across the country, law enforcement services remain weak and police are under-trained and under-resourced. Aside from the Police Special Protection Units (SPUs) that handle SGBV, police are given little training on how to handle cases of GBV and for the most part, they have little knowledge on women's rights and consequences of GBV on women and girls (NPA survey 2022).

3. SNSOP SGBV Reporting Mechanism

GBV and SEA/SH reporting will provide timely and safe reporting of incidences which will be guided by a survivor centric approach. It outlines professional standards and work ethics for the protection of the survivors that includes confidential consent, respect and non-judgemental.

Under SNSOP, SGBV reporting will be conducted through two channels: the community-based Grievance Redress Mechanism (GRM), which includes Appeal Committees and GBV focal persons, and the project's toll-free Hotline, to ensure timely and safe procedures. In the Refugee hosting communities, SPCU and UNOPS will coordinate closely with UNHCR in refugee and host community areas with regards to the operationalization and adaptation of SNSOP's GRM in those locations.

GBV survivors will be informed of their right to report an incident to anyone who can provide adequate support, such as Boma leaders, chiefs, headmen, religious leaders, women's group leaders, GBV actors in the community/working groups, health and community workers, NGO staff, friends, relatives, neighbours, or anyone whom they believe can be of great assistance.

Individuals from these two project-related reporting channels who receive the initial report have the responsibility to attend to the survivor and make a timely and appropriate referral according

to the nature of the case. This could involve local authorities, the police, the Attorney General, or a health practitioner, based on the consent and will of the survivor. The service provider (the person providing support) must adhere to guiding principles. The project can only respond to SGBV complaint if it is only directed into the designated GRM channels.

3.1 SNSOP'S COMMUNITY BASED GRM STRUCTURES (GBV FOCAL PERSONS)

The Community based GRM channel of SNSOP includes structures at various levels, starting from local group leaders, Community Supervisory Teams (CSTs), and Appeals Committees (ACs), and extending up to the highest level, including the National Technical Committee and National Advisory Committee at the national government level.

The Appeals Committee is the key structure in receiving SGBV cases at the community level. The Appeal committee were established before the selection and registration of beneficiaries but after selection of participating Payam Development Committees (PDCs) and Boma Development Committees (BDCs). This is because the ACs must oversee and address all GBV and non GBV complaints that may arise during the project implementation process. The Appeals Committee is made up of seven (7) members comprising of the following members.

- The chairperson of Appeals Committee
- The GBV focal person (Female)
- The secretary of the Appeals Committee
- Plus, four members making a total of seven (7), on a 4:3 females to males' ratio

Roles of the GBV focal person

- All ACs have female GBV focal points specifically trained to handle GBV cases and refer them to UNOPS for further case management related actions.
- The GBV focal persons in the ACs are responsible for prioritizing complaints related to SGBV and ensuring a survivor-centered approach in handling these cases
- GBV focal person are responsible for receiving all SGBV reports and non-GBV cases related to SNSOP.
- They are responsible to report SGBV case to UNOPS within 24 hours of the receipt.
- They will be trained to facilitate a survivor centered approach ensuring safe and confidential referrals and case follow up either from the community or from project workers.
- The focal persons lead the AC's effort to conduct awareness raising sessions targeted to beneficiaries and community members on SGBV.

- They are responsible for informing the complainant of their right to escalate their case if they are not satisfied with the resolution. Additionally, they have the responsibility to escalate complaints that cannot be resolved at the ACs level.

Support for the GBV focal Person

The GBV focal person may need different type of support for their effectiveness and quality deliverance of work. As described below;

- Training on GBV basic concept, psychological first aid, referral and on how to record complains/grievance of survivors
- Training on awareness raising techniques using different information education and communication material (IEC) such as Banners, Posters, leaflet, flyers, radio talk show and many others
- Coaching and Mentoring of the GBV focal persons on type of GBV, Causes, Consequences of GBV/SEA.
- They will be provided with different IEC materials to facilitate systematic and effective information dissemination and sensitization sessions
- Regular meeting with the GBV focal persons to strengthen their capacity to identify issues and challenges during project implementation.
- Refresher capacity building on case recording, basics of GBV, Referral and case follow up and closure.

Key Principles

- Data recorded on GBV cases will only include the nature of the complaint (what the complainant says in her/his own words), whether the complainant believes the perpetrator was related to the project and additional demographic data, such as age and gender, will be collected and reported, with informed consent from the survivor. If the survivor does not wish to file a formal complaint, referral to available services will still be offered even if the complaint is not related to the project, that referrals will be made, the preference of the survivor will be recorded and the case will be considered closed.
- All grievance recipients and anyone handling the SGBV related grievances must maintain absolute confidentiality in regards to the case. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. There are exceptions under distinct circumstances, for example a) if the survivor is an adult who threatens his or her own life or who is directly threatening the safety of others, in which case referrals to lifesaving services should be sought; b) if

the survivor is a child and there are concerns for the child's health and safety. The survivors need to be informed about these exceptions.

- The GBV focal person will be trained in a) the registration of a grievance; b) the interaction with complainants; c) appropriate responses to SGBV/SEA/SH related grievances; and d) workers' GRM. The help desk can be open at hours decided on by the IP, which must be clearly indicated in a public space, and the Help Desk must be set up at a public space easily accessible and in close proximity of the sub-project activities.

3.3 TOLL FREE GBV HOTLINE

The hotline service will provide a remote service to survivors of GBV by enabling them to call a number to report any incident, a grievance or concern. Hotlines have recently become a key part of GBV reporting and referral pathways. In addition, helplines can provide marginalized groups including people with disabilities, male survivors or elderly people a safe way to report grievances, as they may be unsafe or uncomfortable to approach a facility or individual in person.

The hotline operator will be required to perform the following functions:

- Receive and document SGBV related incidents and complaints associated with the project and report to Gender Specialists at SPCU and UNOPS for further action.
- Providing referral services which adhere to international best practices.
- Follow-up calls to answer questions, queries, issues, and missed calls within a maximum of 24 hours to 72 hours.
- Provide the Gender Specialist with information to strengthen the case flow chart that is integrated into the MIS to record queries and facilitate further follow up actions.
- Undertake weekly and monthly reports through a harmonized template and review of SGBV incidents associated with the SNSOP.
- Provide all call logs as raw data to the SPCU upon request.

The following procedures will be undertaken using standardized reporting format in line with a survivor-centered approaches.

1. Getting the details of the survivor of SGBV
2. Documenting the details of the case
3. Refer survivor to appropriate service providers for SGBV related services
4. Support Survivor through the referral pathways to ensure access to services
5. Coordinate with service providers to ensure GBV Cases are appropriately handled and survivors access appropriate services.

UNOPS and the project's toll free GBV Hotline Service Provider will work closely with other partners to coordinate referrals to service at the project location (Community/Council, Police, Health, Psychosocial Service Provider, traditional/religious/community leaders) to ensure survivors access timely services including the project GRM according to the needs and wishes of the survivor.

At the SPCU, Gender Specialist (GS) will be responsible for the management of all GBV risks on the project, including SEA/SH. The GS will also be responsible for supervision of the IP and Hotline operator.

3.4 REFERRAL TO GBV SERVICES

An SGBV survivor has the right to make an informed choice on services they need. When the survivor is referred, the services available and the conditions that apply should be explained to them. For instance, there is a 72 hours' time limit for Post –Exposure Prophylaxis (PEP) in the case of a sexual abuse survivor.

Referral Pathways were established in collaboration with other agencies and service providers like Police, Health facilities, Psychosocial Support/Case management, legal for effective management of GBV/SEA and to facilitate access to services. SPCU and UNOPS has adopted the referral pathways which has several entry points from the SSSNP and referrals including the Local police, traditional/religious/community leaders, psychosocial service providers (CSOs, CBOs) Legal Aid clinics, Medical/Health facilities and the courts of law, which work to ensure that survivors freely and safely navigate and benefit from well-coordinated services. Additionally, SPCU will work in coordination with GBV-sub-cluster which has a support protocol that provides a framework of in response to GBV survivors' support, incident and referral forms. The pathways will be reviewed at least bi-quarterly by the UNOPS and hotline operator ~~Lulu Care~~ in consultation with other service providers to update and reflect available services in the project areas for adoption by the SNSOP Project.

The toll free GBV hotline service Provider will be responsible for providing referral information about GBV response services located near the caller. In locations where GBV response services are unavailable, survivors will be assisted in accessing services provided by women-led organizations (WLOs) or trusted female leaders selected from the community who offer GBV response services, if available. The sub-national GBV sub clusters can support with providing information on these WLOs, trusted female leaders and other regional support staff.

If the survivor is a child, the consent of parents or guardians should be sought where it is in the best interest of the child, assuming they are not the perpetrators. However, where parents/guardians refuse to pursue the case in the court of law on the child's behalf, with clear

evidence, the Directorate of Gender and Child Welfare should take up the role and pursue the case on the child's behalf to ensure that she/he is protected. Parents/guardians should be counselled first and thereafter and taken to task by filing a case against them for denying the child her/his rights. All service provider interventions to child survivors must be undertaken with staff trained in child-friendly procedures regarding the handling of cases. A child survivor should continue to go to school while procedures are ongoing, and all efforts should be made to ensure her/his protection. In addition to this, all the above reporting and referral procedures should be applied.

In this context, a child perpetrator is a boy or girl under 18 years of age who has allegedly committed an act of GBV against another person. With regard to child perpetrators, juvenile justice procedures apply and child perpetrators should undergo rehabilitation and psycho-social counselling.

3.5 MIS AND DATA MANAGEMENT

To ensure that all reported GBV and SEA cases are documented and tracked, the GRM module has been modified to give SPCU gender focal person access to login and review report;

- All GBV and non-GBV grievances (including grievances through economic opportunities and Intensive Complementary Measures IPs) are logged in the project's MIS GRM module where their processing, appeals and closure can be tracked. They will direct GBV and Non-GBV complaints to UNOPS through the Appeals Committees and ensuring that all grievances are lodged and processed within the GRM.
- UNOPS shall on a continuous basis compile all grievances as they are reported from various project locations and a report will be produced monthly indicating a summary of the cases reported by GBV type, age and gender and highlighting unusual and sensitive cases.
- The GBV/SEA report shall be generated from the MIS on the status of the GBV recorded during a specified period.
- The GBV Helpline Service provider shall record all collected data in a secure data storage system (encrypted computer program) for future reference and when required.

4.Challenges of SGBV referrals and Reporting

When seeking GBV services, survivors face multiple barriers. These include feeling stigmatized by their families or other community members, a sense of helplessness, fear of future violence, insecurity in their communities, being denied access to GBV service premises by guards, and lack of financial support for transportation, medication, dignity kits, feeding, or admission at health facilities. Additionally, survivors may fear that their case and information will not be kept

confidential and may lack knowledge on how and where to seek support. Breakdown of the rule of law to enforce prosecution, language barriers between survivors and project staff, distance of the facility from the community, and lack of access to quality services further impede access to GBV services. Many survivors prefer the local traditional setting due to trust from community members and the traditional system, compared to project-established referrals. The lack of phones and network for communication, limited accessibility and insecurity, along with a lack of trust in services within communities, further compound the difficulties. Delays in addressing cases, biased resolution mostly in customary laws by local authorities, and survivors' perception that these structures will not provide justice are additional hurdles. Furthermore, those supporting survivors may face retaliation from perpetrators. Therefore, comprehensive protection requires activation of local referral pathways, such as community and leaders, women's and girls' groups and religious institutions, as well as attention to perceptions and practices that can impact prevention efforts and reporting.

There is limited understanding of the different types of SGBV, conflating it with sexual violence, yet other types of GBV – including different forms of Intimate Partner Violence (IPV) and child marriage – are common and culturally condoned. There is a critical need for more awareness-raising on what GBV is, its forms and consequences among communities, local authorities and traditional leaders, as well as service provider staff and outreach workers

Stigma, gender bias and the culture of impunity explains the very low rate of reporting and response to GBV in South Sudan. Poverty also leads to more GBV, including child marriage, often for bride price, sexual exploitation and abuse, or limited access to sexual and reproductive health rights.

4.1 POTENTIAL SGBV RISKS ASSOCIATED WITH DIFFERENT COMPONENTS OF SNSOP

Gender based violence (GBV), including Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH), is a persistent and serious problem in South Sudan. Although it affects mainly women and girls, men and boys are also impacted (GBVIMS 2021). The following are the risk associated with project component: -

Component one: Cash Transfers and Complementary Social Measures: Some of the prominent SGBV risks identified in relation to the implementation of component one includes, but are not limited to, the following:

- **Intimate partner violence:** Men may feel uncomfortable with their wives' public engagement in LIPW, and some may perceive it as a threat when their wives receive additional income from project transfers. In certain cases, husbands may forcefully take the transfer amount and spend it on non-household expenses, leading to domestic

conflicts and intimate partner violence. Furthermore, gender equality interventions by the project may alter existing household power dynamics, potentially causing intra-household disagreements.

- **Request for Sexual Favor:** SGBV risks during targeting and registration includes the potential for requests for sexual favors by SNSOP local committee and coordination committee members in exchange for project participation, as well as the possibility of SEA/SH by project workers.
- **Sexual harassment during LIPW activities:** Co-workers may engage in sexual harassment during LIPW activities, posing a risk of SGBV related to project implementation. Additionally, inter-communal conflicts may arise from joint LIPW activities as well as the travel to and from LIPW and payment sites pose SGBV risks on the beneficiaries.

Component two: Provision of Economic Opportunities: Women's participation in income-generating activities may pose various GBV risks. Traditional gender roles and societal norms often restrict women's mobility and economic independence, leading to resistance or hostility towards women engaging in activities outside the home. Women may face intimidation, harassment, or violence from family members or community members who view their participation as a challenge to established gender norms. Moreover, economic empowerment initiatives may disrupt existing power dynamics within households, triggering conflicts and potentially escalating into instances of intimate partner violence.

- Requesting sexual favors in exchange for participation in the initiative, along with the risk of SGBV including rape at their workplace or during their mobility to ensure the operationalization of income-generating activities, constitutes a significant SGBV risk related to the implementation of this component. The absence of robust GBV programming, particularly the lack of male engagement in prevention and sensitization activities, can contribute to SGBV by fostering a sense of threat from male figures within households and communities.
- Refugees engaged in public works and income-generating activities may encounter additional GBV risks due to their refugee status and their limited knowledge of the local language, culture, services and procedures. Their marginalized position and limited legal protections render them more susceptible to exploitation and abuse by those in positions of power. Moreover, discrimination and stigmatization within their communities can isolate them further, amplifying their vulnerability to GBV. Additionally, the upheaval of displacement and shifts in family dynamics may escalate tensions within refugee households, potentially leading to instances of domestic violence and other forms of GBV

4.2 SNSOP's SGBV prevention and mitigation Measures

Based on the results of the SGBV risk assessment, the project commits to implement the following SGBV prevention and mitigation measures.

- All workers, partners, sub-contractors, and others will be trained on the GBV basic concept, and child protection risk issues as part of their induction.
- Code of conducts will be attached and signed by contractors and sub-contractors in their contractual agreement. All categories of workers will be oriented and will sign a Code of Conduct (CoC), which includes expected standards of behaviour regarding GBV/SEA according to the IASC six core principles. IPs will further ensure that all contractors, suppliers, NGOs and other implementing partners' workers have been induced and have signed a CoC. All IPs selected will have their own institutional CoC in place, which may be used.
- All IPs will train all contractors, community workers deployed for their activities on SGBV and project related SGBV prevention and response procedures prior to the start of such work. The IPs will ensure that records of all inductions are kept and shared with the PCU. The PCU will further review training materials and make suggestions if there are gaps.
- UNOPS will develop and produce GBV Information Education and Communication (IEC) Materials with GBV/SEA different messages for awareness raising and will utilize them during LIPWS and Payment for awareness raising, Payment and in-depth complementary social measures activities so that the communities are informed of the reporting procedure, referral pathways.
- All economic opportunities related trainings targeted to women and youth beneficiaries will mainstream GBV/SEA sessions. GBV awareness raising will be carried during formations of group and group meetings. The training materials developed has to be gender sensitive and inclusive of all women and men youth's issues.
- GBV focal points will be selected based on the criteria set in all parent and additional financing counties and received the necessary trainings in all the Appeal Committees to handle project implementation related GBV grievances. The GBV focal persons will be engaged in awareness raising sessions together with UNOPS. They will be provided with a regular mentoring and coaching by UNOPS' community mobilizers.

UNOPS, in coordination with other SGBV stakeholders, has established functional SGBV referral services that will be updated bi-monthly. This updated information will be used by GBV focal persons and the project's toll-free hotline to ensure survivor-centered referral linkages for SGBV survivors. The services include, but are not limited to: medical examination and treatment of the survivor, early psychosocial counselling to avoid or reduce traumatic feelings, police investigation

and protection interventions for physical safety and social reintegration, where necessary, access to justice, safe shelter and Livelihood/economic support.

5. Coordination Mechanism

UNOPS being the key partner for component 1 on cash transfer and LIPWS activities is responsible for the documentation, referrals, follow up and case closure. UNOPS and the toll free GBV hotline service provider will report to the SPCU any SGBV incident, then SPCU verifies the report and submit to the World Bank.

The SPCU will ensure that all project workers adhere to GBV/SEA policies and sign COC. Project staff/ workers will be oriented and trained on GBV/SEA concepts and reporting procedures. The Gender Specialist is responsible for submitting the report to the Project Manager who prepares a response and sends the incident report to the World Bank within 24 hrs.

The Ministry of Gender, Child, and Social Welfare (MGCSW) takes the lead in GBV prevention, protection, and response at the national level while at the state level, the mandate is with the State Ministries of Gender and Social Development. GBV cases related to the SNSOP project activities will be coordinated with these structures to ensure they are taken seriously for coordination at the national and State level. At the Counties level where SNSOP project is implemented, GBV service mapping has been conducted to map out the available services for response and referrals of SGBV cases. The project also established committees at different level of the community who will be the first contacts of SGBV survivors especially the Appeal Committees.

The GBV sub-cluster plays key role in provision of coherent and effective prevention, protection, and response through the mobilisation of key government Institutions, UN Agencies, Development Partners and International and National Non-Governmental organisations (NGOs) at national and state level. The key members of the GBV sub-cluster include MGCSW, Ministry of Health (MoH), Ministry of Interior (Mol), Ministry of Justice and Constitutional Affairs (MoJCA), UNFPA, UNICEF, UNHCR, Norwegian Refugee Council (NRC), American Refugee Committee (ARC), International Refugee Committee (IRC), and media agencies. Alongside the GBV sub-cluster, there are several coordination forums which play roles in GBV responses. These include the child protection sub-cluster, prevention of sexual exploitation and abuse task force, and psycho-social support technical working group.

The Gender Specialist at the PCU and Health Safety Social and Environment Specialist(HSSE) from UNOPS side, will coordinate all GBV cases with the GBV-sub-cluster for better response services at the national, state and county levels. All actors have a responsibility to contribute to efforts

towards GBV prevention, protection, and response to the SNSOP Project. Therefore, all actors will be sensitized and made aware of existing GBV mitigation and response protocols. Each actor will constantly monitor the implementation of GBV protocols in field offices.

Table 1 List of the Current GBV Service Providers in the 18 Counties of the SNSOP

Region	Activity	Actor
Western Bahr el Ghazal		
Rajah	<ul style="list-style-type: none"> -Clinical management of Rape; -GBV mental and psychosocial support; -Provision of post-exposure prophylaxis (PEP); -Provision of dignity kits for survivors. 	<ul style="list-style-type: none"> -Health Net TPO -Raja Police
Upper Nile		
Melut Pariang Maban	<ul style="list-style-type: none"> -Awareness on GBV -Consultant first, History taken and counselling with the survivor -Physical examination in case of injury & treatment -Follow-up with the survivor to ensure complication of treatment 	<ul style="list-style-type: none"> -Meluth Civil Hospital -Paloch PHCC -Galdora PHCC -World Vision International
Central Equatoria		
Juba Yei	<ul style="list-style-type: none"> -Clinical management of rape/provision of medicines to prevent transmission of HIV/AIDS known as PEP to prevent unwanted pregnancy known as ESP which is effective up 	<ul style="list-style-type: none"> -One- Stop centre at the Yei Civil hospital. -MSF clinic Maridi road

Region	Activity	Actor
	<p>to 5 days after the incident</p> <p>-Mental health support</p> <p>-Psychosocial support</p>	-Martha Health support
Eastern Equatoria		
Kapoeta East Torit	<p>-General physical assessment of the body of the survivors to ensure their health is fine</p> <p>-Psychosocial support and follow up on case to help reassure the survivors of regaining their dignity in the community</p> <p>-Treat minor injuries that are presented on reporting and avoid maturing of cuts and wounds</p> <p>-Carry out laboratory test and give Post exposure prophylaxis (PEPs)</p> <p>-Legal support with the consent of the survivors to Kapoeta South Police Unit</p>	<p>-ADRA (Adventist Development and Relief Agency)</p> <p>-Health Link</p> <p>-Comitato Collaborazione Medica (CCM)</p> <p>-Family Protection Centre/One Stop Centre, Torit State Hospital</p>
Greater Pibor		
Pibor	<p>-General Protection – Community protection mechanisms, protection mainstreaming, community protective patrol and presence, accompaniment, trainings, and awareness raising (including general community protection, early warning and early response, small arms, and light weapons;</p>	<p>-Nonviolent Peace force</p> <p>-GREDO</p> <p>-PLAN International</p>
Warrap		

Region	Activity	Actor
Tonj South Gogrial West	-Do counselling and Psychosocial support. -Do referral for medical services through police. -Give dignity kits/pills -conduct home visit and follow up of survivors for more trauma healing and counselling;	- The Organisation for Children's Harmony -Adventist Development & Relief Agency -Comitato Collaborazione Medica -Kuajok State Hospital
Jonglei		
Bor	-Provide prevention and response information and services to individuals. -Conduct community mobilisation and sensitization. -Integrated GBV case management -Legal assistance -GBV prevention and response to Bor Referral Hospital;	-IMA/UNFPA -HDC -CIDO

5.1 ACTION PLAN

This section details the specific measures for Preventing and mitigating GBVSEA/SH risks under the SNSOP project.

Table 2 SGBV Prevention and Mitigation Action Plan

	Activity to Address GBV/SEA risk	Steps to be taken	Timelines	Responsibility	Output indicators	Program Target	Estimated Budgets (USD)
1.	Strengthen Institutional Capacity for SGBV Risk Prevention and Mitigation						
a.	Supervise and provide technical support for the implementation of SGBV Action Plan	<ul style="list-style-type: none"> Conduct quarterly field monitoring visits and supervision 	Quarterly 4 visits/Year	Gender Specialist	Number of field visits conducted Field monitoring reports	12	108,720 USD estimated for flights, accommodation and DSA.
		<ul style="list-style-type: none"> Monitor and report the implementation progress of the SGBV action plan 	Biannually	Gender Specialist	SGBV action plan progress reported	6	
		<ul style="list-style-type: none"> Carry out awareness sessions to SNSOP beneficiaries on the roles and responsibility of the ACs and GBV focal points, hotlines 	Formal session bi annually targeting all beneficiaries Integrate the information in CECB tools and implementation	UNOPS	Awareness sessions on the roles and responsibilities of ACs, GBV focal points and Hotline operator conducted	6 formal sessions	
b.	Conduct GBV/SEA orientation training for project staff and IPs	<ul style="list-style-type: none"> Develop a training plan Develop training materials for a one-day training (Content of the training should include at a minimum type of violence, how the project 	Bi-Annually starting from year 1	Gender Specialist	Training materials developed Number of training reports Number of people trained	6 training	18,000 USD

		<p>can exacerbate these, available program related systems, referral pathway, roles and responsibilities of stakeholders)</p> <ul style="list-style-type: none"> • Conduct training for project staff and IP 					
c.	<p>Regularly build the capacity of GBV focal persons on SGBV prevention and response along with their responsibilities including survivor centered reporting procedures</p> <p>.</p>	<ul style="list-style-type: none"> • GBV focal person selection criteria updated (refugee context) 	August 2024	UNOPS HSSE Specialists	<p>GBV focal persons selected all parent and additional financing counties</p> <p>28 Bomas where GBV focal persons are selected .</p>		20,000
		<ul style="list-style-type: none"> • Prepare two days training material for GBV focal person on the basics of GBV, GBV case management with the focus of their role in Reporting, recording and referrals. 	July 2024	Gender Specialist SPCU	GBV focal persons training material developed		12,000

		<ul style="list-style-type: none"> Regularly train GBV focal persons using the training material developed 	Biannually	Gender Specialist SPCU	Number of training sessions 205 GBV focal persons selected all parent and additional financing counties	6 sessions	
d	Regularly build the capacity of oversight committees (PDC, BDC, AC) on SGBV prevention and response along with their role	<ul style="list-style-type: none"> Update awareness raising material which targets oversight committee members 	June 2024	Gender Specialist SPCU	Awareness materials updated		
		<ul style="list-style-type: none"> Conduct awareness on GBV/SEA to the oversight committees 	Biannually	UNOPS	Awareness raising conducted.	6	
e	Strengthen the reporting mechanisms and procedures of SGBV	<ul style="list-style-type: none"> Conduct quarterly GBV coordination meetings with Implementing partners 	Quarterly	Gender Specialist SPCU	Number of coordination meetings conducted.	12	
2.	Enhance project's SGBV response measures						

a.	Strengthen a survivor centered referral and response	<ul style="list-style-type: none"> Conduct mapping and update referral pathways of locally available stakeholders, services, mechanisms, and their capacity in relation to GBV prevention and response services for the new 10 counties and update for the existing 10 SSSNP counties 	May-June 2024	UNOPS	GBV service mapping conducted GBV service mapping updated		
		<ul style="list-style-type: none"> update referral pathway 	Bi-Quarterly	UNOPS	Updated referral pathways	SGBV service providers Training materials adopted	
		<ul style="list-style-type: none"> Develop training material on survivor centered GBV service provision for service providers 	August 2024	UNOPS	GBV service providers training material developed		

		<ul style="list-style-type: none"> Provide annual training on survivor centered GBV service provision to service providers 	Annually	SPCU/UNOPS	List of participants. Training reports shared	3	12000 USD
		<ul style="list-style-type: none"> Monitor the functionality of the Program responses to SGBV case 	Biannually	SPCU/UNOPS			
b.	Hire hotline to receive and report GBV/SEA/SH cases	<ul style="list-style-type: none"> Development of TOR for Hotline service provide. 	TOR developed in April 2024	SPCU	Gender Specialist		TOR developed and cleared by the WB for advertisement
		<ul style="list-style-type: none"> Launch the project to Hotline service provider. 	July 2024	SPCU	Gender Specialist		TOR is on advertising stage
		<ul style="list-style-type: none"> Introduction of hotline service provider to the Project locations including the AF. 	July 2024	SPCU	Gender Specialist		Hotline operator introduced to the counties
		<ul style="list-style-type: none"> Disseminate the Helpline number in all the project locations and printed on SNSOP GRM/GBV IEC materials for use during stakeholder engagement, sensitization and awareness 	August 2024 onwards	HSSE, Community Mobilization officers.		Hotline number disseminated	
3	Improve project related SGBV risk preventative measures						

a.	Empower women for leadership responsibilities.	<ul style="list-style-type: none"> Awareness raising on women's rights and GBV/SEA at targets men and boys, women and girls 	Biannually	UNOPS, SPCU	Percentage of women and men with knowledge on human rights and GBV/SEA.	6	10,000
		<ul style="list-style-type: none"> Intentional inclusion of women in the project oversight committee leadership 	On going	UNOPS, SPCU	Number of women in the leadership positions.		
b.	Improve awareness of the beneficiaries (male and female) on the basics of SGBV and project related SGBV reporting and referral procedures	<ul style="list-style-type: none"> Integrate, implement and monitor SGBV into the Stakeholder Engagement Plan (SEP). 	Throughout community mobilization activities	UNOPS	SGBV awareness integrated in the CECB		
		<ul style="list-style-type: none"> Conduct regular awareness raising activities on the basics of SGBV, project related SGBV reporting and response procedures 	Throughout the project activities	HSSE senior assistants	Number of Beneficiaries attended awareness raising initiatives		X
		<ul style="list-style-type: none"> Develop and display signs and posters around the project site that signal to workers and the community that the project site is an area where GBV/SEA is not tolerated 	Throughout the project activities	UNOPS HSSE senior assistants	Number of signs developed and displayed	30 GBV roll up banners, 2000 GRM/GBV A1 posters. 1500 GBV Brochures 6 SEA/SH pull up banner for SPCU and IPs offices	Budgeted under communication in the parent project

c.	Enforce projects' SGBV risk prevention measures	<ul style="list-style-type: none"> Make the payment and LIPW sites accessible and safe to all and avoid traveling long distance 	Throughout the project period	UNOPS, SPCU HSSE and Gender Specialist	Percentage of accessible and safe payment and LIPW sites		10,000
		<ul style="list-style-type: none"> Ensure project staff and contractors sign CoCs 	On going	UNOPS, SPCU HSSE and Gender Specialist	Percentage of project staff and contractors who signed CoC		
		<ul style="list-style-type: none"> Train project staff and contractors on CoCs 	Annually	UNOPS, SPCU HSSE and Gender Specialist	Number of project staff and contractors trained on Cos		
		<ul style="list-style-type: none"> Provide separate temporary wash facilities for men and women with signs on the doors at LIPWS and Payment sites. 	15 months	UNOPS, SPCU HSSE and Gender Specialist	Separate temporary wash facility for men and women constructed	150	30,000 USD
4.	<i>Integrate GBV/SEA risk management in Environmental and Social Commitment Plan (ESCP)</i>						
a)	Incorporate GBV/SEA risk in the Environmental and Social Commitment (ESCP)	<ul style="list-style-type: none"> Carry out assessment to identify county specific SGBV risks 	Nov-Dec 2024	UNOPS HSSE			6000 USD
5.	<i>Promote strong monitoring and learning</i>						
a.	Understand the dynamics regarding beneficiaries' preference in using project SGBV reporting mechanism and the	<ul style="list-style-type: none"> Conduct assessment in selected representative counties 	Aug-Oct 2024	SPCU	Survey report findings and recommendations		35,000 USD

	traditional court to report project related SGBV cases	<ul style="list-style-type: none"> Based on the findings of the assessment, provide way forward Disseminate the assessment findings to SGBV stakeholders 					
b.	Identify possible barriers using the project's toll free GBV hotline	<ul style="list-style-type: none"> Conduct assessment. Design and rollout measures to address identified barriers 	March-April 2025	Gender Specialist	Assessment Report	Beneficiaries	25,000 USD
c.	Improve the responsiveness of the projects regular monitoring to SGBV issues	<ul style="list-style-type: none"> Ensure GBV issues are covered by PDM and other monitoring and evaluation mechanisms of the program 	June 20204 and Ongoing	SPCU	SGBV integrated into PDM and other monitoring tools		

5.2 GUIDING PRINCIPLES WHEN HANDLING GBV CASES

The GBV hotline should ensure that the care and support provided is ethical, survivor-centered and confidential. The hotline should provide a space where survivors feel safe and listened to.

Ethical care

- All those in need will receive treatment and support with dignity through the GBV hotline.
- There will be no discrimination in care provided through the GBV hotline. All GBV survivors will receive equal and fair treatment regardless of their age, gender, ethnicity, family background, religion, sexual orientation, HIV-status, mental and physical abilities.
- GBV hotline services are free of charge, and there will be a strict no tolerance policy against anyone who seeks payments or bribes.
- Hotline staff will not pass judgement or condemn a person in any way, e.g. for their behaviours, gender, sexual orientation, or their lifestyle.
- Data on GBV survivors will be collected and shared in an ethical way, including by gaining informed consent from all survivors before information is shared.

Survivor-centric care

- The GBV hotline will provide a survivor-centered approach to care, creating a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect at all times.
- The hotline will ensure that GBV survivors' bodily and mental integrity will be respected at all times, by ensuring informed consent is given and survivors feel comfortable to speak out if they have concerns. For example, survivors will only be connected to referral services if this is in line with their wishes and consent, will not be pressured to give up information or undergo treatment against their wishes.
- The hotline will ensure GBV survivors are given clear and detailed information during their initial call in a language they can understand, and using clear, non-jargonistic words. The survivor should understand what will happen at each stage and why; who is engaging with her and why; and what will happen next.

Confidentiality

- Survivors have the right to choose to whom they will or will not tell their story to. The GBV hotline will ensure information about survivors is only shared with their informed consent. Completing an informed consent form is compulsory for each call that takes place under the hotline.
- The hotline will ensure that GBV survivor data will be stored in a secure place, including through the use of passwords and encryption on laptops and phones, as well as the use of a secure database to collect and store data.

- No GBV hotline staff will talk independently to the press or media about cases. If press statements are released, they will be written with non-identifiable information and will be signed off by the hotline operator manager and other senior MGCSW staff.

Safety

- The GBV hotline will ensure GBV survivors feel safe and secure in disclosing information and talking to hotline operator. Hotline operator will be trained on communication and counselling skills, including talking to GBV survivors in distress situation. No judgement will be made by hotline staff in phone calls with GBV survivors.
- All hotline staff will have had criminal background checks, and no one will be employed to work on the hotline who has a history of violence, harassment, intimidation, sexism and/or discrimination.
- The hotline operator will do their best to ensure the safety and security of GBV survivors when they ring. All GBV survivors will be asked if they currently feel safe and their response will be taken into account during the next steps. For example, survivors who report they are not safe will be referred immediately to a safe space, including safe homes (if available in their location).

6. GBV/SEA and SH Monitoring.

All IPs will monitor all GBV/SEA and child protection cases reported through the various reporting mechanisms and report back to the SPCU. The IPs and the SPCU will adopt a mixed-method approach to monitoring, including the community-based monitoring, field mission and ACs to enable an in-depth understanding of the impact of activities on community members. This is a particularly pertinent approach given the sensitivities of interventions aimed at social cohesion, participation.

Monitors will ensure that:

- Communities, including children, are aware of the risks of GBV and the mechanisms available for reporting.
- Appropriate referral pathways are provided to GBV focal persons and hotline operator.
- Essential services are provided to the survivor
- All staff are trained on PSEA, CoC and their protocols. At the IP/PCU level a complaint is received and processed, and the protocols are followed in a timely manner and complaints are referred to the GBV resolution mechanism to be addressed.
- Where applicable, a response from the criminal justice system to investigate sexual violence/exploitation is provided
- Where applicable, perpetrators are brought to justice and survivors are encouraged to report and engage with the criminal justice system
- Services from the health system are provided, including for acute and long-term health implications of sexual violence

- The needs of survivors are met, and outcomes improved
- Referral pathways in place and functional
- GBV SOPs are in place at national and sub-national levels
- Percentage of GBV survivors who were referred for comprehensive care in a given period.

6.1 MONITORING AND SUPERVISION OF ACTION PLAN

The SPCU will monitor the implementation of the GBV/SEA Action Plan on a quarterly basis by: -

- Ensuring that all activities listed in **table 2** above have been undertaken and are on track
- Reviewing all referrals made in specific cases by case check whether complaints have been handled and resolved appropriately
- Monitoring and report on the effectiveness of the implementation of the GBV Action Plan.
- Monitor survivors' satisfaction with the services provided and the time taken to resolve their grievances.
- Monitor the number of GBV/SEA cases reported per month and quarter
- Support GBV/SEA/SH trainings conducted by UNOPS.
- Supervise community sensitizations conducted by UNOPS.
- Monitor establishment of GRM structures formed at the refugee hosting communities.

6.2 REPORTING FORMS

6.2.1 Consent form: This is a form used for release of information from a GBV/SEA or SH survivors to give their permission or authorization for any of their information to be shared with other agencies or service providers. Its intended to ensure that the rights of the survivor to control their incident data are maintained and protected in the project. This form should be read to the client or guardian in her first language. It should be clearly explained to the client that she / he can choose any or none of the options listed in the SNSOP consent form.

6.2.2. GBV incident report form: *The Intake is also called Initial Assessment Form* which is used for individual interviews or GBV survivors' reporting an incident. This form should be filled out by a GBV focal point, grievance mechanism operator (UNOPS), hotline operator at Lulu Care or other authorized project staff at UNOPS who is responsible for reporting GBV incidents. Before beginning the interview, UNOPS or Lulu Care to remind the GBV/SEA survivor that all information given will be kept confidential, and that they may choose to decline to answer any of the questions in the SNSOP intake assessment form. This includes telling the survivors that their information will be safely stored, who at minimum will know about the case and any limits there may be to confidentiality. Particularly if the person is a child.

The intake form is comprised of six sections, each section containing fields collecting relevant and important information in the SNSOP project as follows;

- Administrative Information
- Survivor Information
- Details of the Incident
- Alleged Perpetrator Information
- Planned Action/Action Taken
- Assessment Point

6.2.3. Referral pathways: To ensure the information provided by UNOPS and helpline operators to GBV survivors remains accurate, referral pathways should be updated bi-quarterly. This ensures that no information is left out. The activity report for this updating process will be shared separately and also included in the quarterly report.

7. Annexes

7.1 CONSENT FOR RELEASE OF INFORMATION



Productive Safety Net and Socioeconomic Opportunities Project

CONFIDENTIAL

Consent for release of Information

(This form should be read and clearly explained to the complainant that he/she can choose from the listed options)

I, _____, give

(Indicate full names complainant)

my permission for _____ title _____

(Indicate names and position of project representative)

to share information about the incident I have reported to them as explained below:

- I understand that by giving my permission I am agreeing to the sharing of the specific case information from my incident report with the appropriate service providers so that I can receive medical, safety, psychosocial and/ or legal assistance;
- I understand that some non-identifiable information may also be shared for reporting purposes. Any information shared will not be specific to me or the incident, and there will be no way for someone to identify me based on the information that is shared.
- I understand that the information shared will be treated with utmost confidentiality and respect and shared only as needed for reporting and to provide the assistance I request.
- I understand that releasing this information means that the service provider may come and talk to me.
- I understand that I have the right to change my mind about sharing information with the designated focal points or service providers listed below at any point in time.

I would like information released to the following service providers:

Yes **No** *(Tick all that apply and specify name, service provider and/ or agency as applicable)*

		Protection Services:
		Medical services:
		Psychosocial services:
		Legal assistance:
		Safe Space:

		Other(specify):
--	--	-----------------

Signature **or** **Thumbprint** **of** **Complainant¹**

_____ **Date:** _____

Contact *Number:* _____ \ *Address:*

7.2. GBV INCIDENT REPORT FORM



Productive Safety Net for Socioeconomic Opportunities Project

GBV INCIDENT REPORT FORM

Instructions:

This form should be filled out by a GBV focal point, grievance mechanism operator or other authorized project personnel responsible for reporting GBV incidents.

Before beginning the interview, please be sure to remind your client that all information given will be kept confidential, and that they may choose to decline to answer any of the questions. This includes telling the person that their information will be safely stored, who at minimum will know about the case and any limits there may be to confidentiality. Particularly if the person is a child.

Full name of the complainant (optional):	
Date of Birth (Approximate if necessary)	

¹ If incident involves a minor the caregiver must sign the consent form on their behalf

Incident reported by:	<input type="checkbox"/> Survivor <input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver/Guardian
Date of interview (day/month/year):	____/____/2023, Time: _____ Location: _____
Date of incident: (day/month/year)	Time: _____ Location: _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is the client a person with disability?	<input type="checkbox"/> No <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Both
General area of residence <i>(Do not specify physical address)</i> Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?	<input type="checkbox"/> No <input type="checkbox"/> Unaccompanied Minor <input type="checkbox"/> Separated Child <input type="checkbox"/> Other vulnerable child
Has the complainant sought any type of medical care?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of the incident <i>(summarize the details of the incident in client's words)</i>	
Was money, goods, benefits, and / or services exchanged in relation to this incident*?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the perpetrator known:	<input type="checkbox"/> No <input type="checkbox"/> Yes
If known, is the perpetrator associated with the project?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
Is the client at risk of retaliation by perpetrator:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know

Productive Safety Net and Socioeconomic Opportunities Project

GBV survivor referral form

Referral date:

Consent to release information (Read with survivor and answer any question before she/he signs)

I, _____ understand that the purpose of the referral.

and of disclosing this information to _____ ensure the safety and continuity of care among service providers seeking to serve this family /person. The service provider, _____ has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed by signing this form, I authorize exchange of this information.

Signature of the survivor:

Date:

Details of Referral:

1. Survivor has been informed of the referral. **Yes** **No**
2. If no explain the reason.
3. If consent has not been signed (especially if referral was from hotline), has survivor been explained the process and has verbally consented to release information? **Yes** **No**
4. Is there any restriction or special issue that needs urgent attention? **Yes** **No**
5. If yes explain.

Referred to:

Referred by:

Agency/ Clinic:

Agency:

Name of the staff:

Name of the staff:

Address:

Address:

Phone:

Phone:

Email:	Email:
Contact:	Contact:
Survivor information: (All personal information is OPTIONAL depending on level of details the client consents to disclose.) For all external referrals, the use of survivor's code instead of name should be discussed and agreed by all actors.	
Name/ survivor code:	DOB:
status:	Displacement
Adress:	Sex:
Phone:	Language:

If the survivor is a child (below 18 years of age)
Name of primary caregiver: Adress: Phone: Relationship to the child: Is the Caregiver informed of referral? Yes No If no, Explain

Reason for referral: (description of problem, duration, frequency, give only reasons that are relevant for the referral)

Case No.	Case Name	Case Address	Case City	Case State	Case Zip	Case Phone	Case Email	Case Date	Case Status	Case Notes
1	John Doe	123 Main St	New York	NY	10001	212-555-1234	john.doe@example.com	2023-10-27	Open	Initial contact, no response yet.
2	Jane Smith	456 Elm St	Los Angeles	CA	90001	310-555-5678	jane.smith@example.com	2023-10-28	Open	Follow up on previous case.
3	Bob Johnson	789 Oak St	Chicago	IL	60601	312-555-9012	bob.johnson@example.com	2023-10-29	Open	Lead generated from website.
4	Alice Brown	101 Pine St	San Francisco	CA	94101	415-555-3456	alice.brown@example.com	2023-10-30	Open	Referral from partner company.
5	Charlie Davis	202 Maple St	Phoenix	AZ	85001	602-555-7890	charlie.davis@example.com	2023-10-31	Open	Cold call outreach.
6	Diana Evans	303 Cedar St	Philadelphia	PA	19101	215-555-2345	diana.evans@example.com	2023-11-01	Open	Response to inquiry email.
7	Frank Green	404 Birch St	San Diego	CA	92101	619-555-6789	frank.green@example.com	2023-11-02	Open	Lead from social media.
8	Grace Hill	505 Walnut St	Seattle	WA	98101	206-555-0123	grace.hill@example.com	2023-11-03	Open	Referral from local business.
9	Henry King	606 Spruce St	Portland	OR	97201	503-555-4567	henry.king@example.com	2023-11-04	Open	Lead from industry conference.
10	Ivy Lee	707 Ash St	Denver	CO	80201	303-555-8901	ivy.lee@example.com	2023-11-05	Open	Response to direct mail.
11	Jack Miller	808 Hickory St	San Jose	CA	95101	408-555-2345	jack.miller@example.com	2023-11-06	Open	Lead from search engine.
12	Karen Wilson	909 Poplar St	Austin	TX	78701	512-555-6789	karen.wilson@example.com	2023-11-07	Open	Referral from partner company.
13	Leo White	1010 Sycamore St	San Antonio	TX	78201	214-555-0123	leo.white@example.com	2023-11-08	Open	Lead from trade show.
14	Mia Black	1111 Dogwood St	Fort Worth	TX	76101	817-555-4567	mia.black@example.com	2023-11-09	Open	Response to inquiry email.
15	Noah Gray	1212 Magnolia St	Columbus	GA	31901	706-555-8901	noah.gray@example.com	2023-11-10	Open	Lead from social media.
16	Olivia Blue	1313 Redwood St	Indianapolis	IN	46201	317-555-2345	olivia.blue@example.com	2023-11-11	Open	Referral from local business.
17	Peter Red	1414 Cypress St	San Jose	CA	95101	408-555-6789	peter.red@example.com	2023-11-12	Open	Lead from industry conference.
18	Quinn Yellow	1515 Juniper St	San Jose	CA	95101	408-555-0123	quinn.yellow@example.com	2023-11-13	Open	Response to direct mail.
19	Rachel Purple	1616 Fir St	San Jose	CA	95101	408-555-4567	rachel.purple@example.com	2023-11-14	Open	Lead from search engine.
20	Sam Green	1717 Willow St	San Jose	CA	95101	408-555-8901	sam.green@example.com	2023-11-15	Open	Referral from partner company.
21	Tina Blue	1818 Birch St	San Jose	CA	95101	408-555-2345	tina.blue@example.com	2023-11-16	Open	Lead from trade show.
22	Uma Yellow	1919 Cedar St	San Jose	CA	95101	408-555-6789	uma.yellow@example.com	2023-11-17	Open	Response to inquiry email.
23	Victor Red	2020 Elm St	San Jose	CA	95101	408-555-0123	victor.red@example.com	2023-11-18	Open	Lead from social media.
24	Wendy Purple	2121 Oak St	San Jose	CA	95101	408-555-4567	wendy.purple@example.com	2023-11-19	Open	Referral from local business.
25	Xavier Green	2222 Pine St	San Jose	CA	95101	408-555-8901	xavier.green@example.com	2023-11-20	Open	Lead from industry conference.
26	Yara Blue	2323 Maple St	San Jose	CA	95101	408-555-2345	yara.blue@example.com	2023-11-21	Open	Response to direct mail.
27	Zoe Yellow	2424 Birch St	San Jose	CA	95101	408-555-6789	zoe.yellow@example.com	2023-11-22	Open	Lead from search engine.
28	Adam Red	2525 Spruce St	San Jose	CA	95101	408-555-0123	adam.red@example.com	2023-11-23	Open	Referral from partner company.
29	Eve Purple	2626 Fir St	San Jose	CA	95101	408-555-4567	eve.purple@example.com	2023-11-24	Open	Lead from trade show.
30	Frank Green	2727 Cedar St	San Jose	CA	95101	408-555-8901	frank.green@example.com	2023-11-25	Open	Response to inquiry email.
31	Grace Blue	2828 Elm St	San Jose	CA	95101	408-555-2345	grace.blue@example.com	2023-11-26	Open	Lead from social media.
32	Henry Yellow	2929 Oak St	San Jose	CA	95101	408-555-6789	henry.yellow@example.com	2023-11-27	Open	Referral from local business.
33	Ivy Red	3030 Pine St	San Jose	CA	95101	408-555-0123	ivy.red@example.com	2023-11-28	Open	Lead from industry conference.
34	Jack Purple	3131 Maple St	San Jose	CA	95101	408-555-4567	jack.purple@example.com	2023-11-29	Open	Response to direct mail.
35	Karen Green	3232 Birch St	San Jose	CA	95101	408-555-8901	karen.green@example.com	2023-11-30	Open	Lead from search engine.
36	Leo Blue	3333 Spruce St	San Jose	CA	95101	408-555-2345	leo.blue@example.com	2023-12-01	Open	Referral from partner company.
37	Mia Yellow	3434 Fir St	San Jose	CA	95101	408-555-67				

Services already provided: (include any other previous referrals made (the information should be limited to only what is relevant for the referral.)

Agency:	Support given:	Date received or ongoing

Services requested:

- | | |
|--|--------------------------|
| 1. HEALTH: Clinical management of rape (CMR) | 7. Material assistance |
| 2. Protection interview | 8. Case Management |
| 3. Specialized Psycho -social support | 9. Livelihood/ Education |

4. HEALTH: Treatment of injuries 5. HEALTH: Other medical care 6. Legal counseling / Assistance/Services	10. Safe Shelter 11. Care arrangements 12. Civic documentation
Provide additional information if any:	

Receiving Organization:	
Referral received by:	Response provided to the referring agency by <i>(name, address & contacts):</i>