



**STANDARDS OPERATING PROCEDURES
(SOPs)
FOR PREVENTION OF AND RESPONSE
TO GENDER BASED VIOLENCE
IN THE SOUTH WEST AND NORTH WEST
REGIONS OF CAMEROON**

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- **The United Nations Children Fund (UNICEF)**
- **The United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)**
- **World Food Program**
- **Care International**
- **International Rescue Committee**
- **Plan International Cameroon**
- **Reach Out NGO**
- **Africa Millennium Development Network**
- **The Hope Center Cameroon**
- **Cameroon Medical Women Association**
- **Women in Action Against Gender Based Violence**
- **Women's Guild for Empowerment and Development**
- **Global Forum for the Development of the Less Privileged**
- **International Federation of Women Lawyers (FIDA)**
- **Human is Rights**
- **Ministry of Justice (Court of Appeal NW)**
- **Médecins du Monde Suisse**
- **The General Delegation for National Security (Gender desk Central Police Station Buea)**
- **Community Initiative for Sustainable Development (COMINSUD)**
- **Martin Luther King Jr. Memorial Foundation (LUKMEF)**
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Special thanks are extended to all stakeholders that played a leading role in the development of the first draft of this document in May 2019, especially during the GBV Sub-Cluster consultations. The three days follow-up consultative meeting, held in Douala, significantly enriched the process and contributed to the successful validation of the Standard Operating Procedures (SOP). Of great importance is the sacrifice by the women associations and the local chiefs who volunteered their precious time to provide information and represented the views of the women and the men in grassroots.

While it is not possible to mention all the individuals and institutions that contributed to the development of the SOPs, the contributions from the Government Ministries, International and National Non-Governmental Organizations, UN-agencies have been instrumental in this exercise and a big thank you to colleagues from UNFPA for supporting all the development process.

It is therefore my hope that these SOPs will provide guidance to all partners across South West and North West Regions to deliver quality, comprehensive and coordinated services to respond to the consequences of Gender Based Violence.

Ms. Siti Batoul Ousseini
UNFPA Representative

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ACRONYMS

AoR :	Area of Responsibility
GBV	Gender Based Violence
GBV AoR	Gender Based Violence Area of Responsibility
GBVIMS	Gender Based Violence Information Management System
HTP	Harmful Traditional Practices
IASC	Inter Agency Standing Committee
IEC	Information Education Communication
IRC	International Relief Committee
MISP	Minimum Initial Service Package
NGO	Non-Governmental Organization
PSEA	Prevention of Sexual Exploitation and Abuse
SEA	Sexual Exploitation and abuse
SGBV	Sexual and Gender Based Violence
SOP	Standard Operating Procedures
SRHR	Sexual Reproductive Health and Rights
SV	Sexual Violence
ToR	Terms of reference
UNCT	United Nations Country Team
UNFPA	United Nation Population Funds
UNDSS	United Nations Department for Safety and Security
5 Ws	Who, what, where, when, for whom

1. Gender Based Violence in South West/ North West crisis

The North West and South West Regions of Cameroon are going through a protracted socio-political crisis, characterized by an unpredictable and volatile security situation since 2016. These two Regions have been the theatre of armed confrontations between the government defense forces and non-state armed groups causing multiple civilian casualties and continues to have serious consequences on livelihoods and living conditions of the affected populations.

In late 2017, and in response to the violence and loss of life, humanitarian organizations were reporting that families were fleeing the two affected regions. Displacement was further compounded by limited access to education for children due to a ban and attacks on schools by the non-state armed groups. The crisis has worsened considerably in the past eighteen months due to several factors including: anticipation of periods of high insecurity (the start of the school year, the 1 October anniversary and the 2018 presidential electoral, National Day; movement restriction in the two regions (curfew extended in the North-West, “No Movement” declaration by non-state actors, and increase in the number of official and informal checkpoints).

Since 8 November 2017, the date of the first clash between NSAG and the State armed forces, confrontations between the two parties has led to Insecurity and has forced more than 530,000 people to flee their homes. At least 444,000 people are displaced within the two regions. Continuous clashes and the burning of houses continue to cause further displacement. It is estimated that some 4 million persons are affected by the crisis of which about 1.3 million are in urgent need for humanitarian assistance, 51% of whom are women and girls. (Source: UNOCHA, Jan. 2019).

In response to the humanitarian situation, the humanitarian community is working with Government authorities, on the prevention of and response to Gender Based Violence (GBV) in the affected communities. Meanwhile the government of Cameroon has created a Humanitarian Coordination Centers to coordinate all humanitarian interventions in these crisis Regions. The Centers also identify and respond to the needs of the affected population.

Several partners have reported GBV incidents where survivors have received minimal medical services and/or psychosocial support thus, needs for coordinated multi-sectoral and inter-organisational interventions to prevent and respond to gender-based violence adequately, effectively and efficiently.

Gender-based violence (GBV) is a life-threatening protection, health, and human rights issue that can have devastating impact on women and children in particular, as well as families and communities. These Standard Operating Procedures (SOPs) have been developed to facilitate joint action by all actors to prevent and respond to GBV.

1.1. Purpose of the Standard Operating Procedures (SOPs)

The purpose of these SOPs is to strengthen good quality GBV prevention and response, including coordination in the South West and North West regions of Cameroon. Specifically, it will facilitate the development of multi-sectoral GBV prevention and response procedures, and practices, roles and responsibilities of key stakeholders involved in this humanitarian response.

The goal of the SOPs is to enable partners to implement the minimum standards for GBV prevention and response in the crisis and emphasizes approaches that are rights-based, community-based and survivor-centered. It is highlighting specific roles and responsibilities for GBV prevention and response including agreed upon reporting and referral systems; mechanisms for obtaining survivor consent and permission for information sharing; incident documentation and data analysis; considerations for coordination of services and monitoring

The development of GBV prevention and response SOPs is a participatory process among multi-sectoral actors including Government counterparts, UN, INGOs, community-based organizations and civil society.

The SOPs provide a framework for addressing ethical and safety considerations and achieving clarity on guiding principles for issues relating to confidentiality, respect of the wishes of the survivor; and acting in the best interests of the child; bearing in mind the survivor-centered approach as each case is unique.

These SOPs, developed by representatives of the organizations listed on the cover, describe clear procedures, roles, and responsibilities for each actor involved in the prevention of and response to GBV. They are designed to be used together with established guidelines and other good practice materials related to prevention of and response to GBV.

The SOPs detail the minimum procedures for both prevention and response to GBV, including which organizations and/or community groups will be responsible for actions in the four main response sectors: health, psychosocial, legal/justice and security.

1.2 Scope of these SOPs

These SOPs describe the roles, responsibilities, guiding principles, and procedures for prevention of and response to any form of gender-based violence affecting the community (ies). As much as special emphasis are made on sexual violence, actions are not to be limited to sexual violence only.

Initial versions of these SOPs, in the early stage of the emergency in this setting, are focused on putting into place the minimum prevention and response interventions as described in the IASC Guidelines for GBV Interventions in Humanitarian Settings.

Based on the evolution of the crisis, these SOPs will be updated and expanded to reflect more comprehensive prevention and response interventions.

NOTE: Throughout this document, s/he has been used to be gender sensitive. The entire document should be taken to apply to any survivor/victim of GBV irrespective of their age, sex, with or without disability.

2. Setting and Persons of Concern

These SOPs will be specifically used to respond to the crisis in the South West and North West regions of Cameroon and taking into consideration active partners working in these two regions.

These SOPs have been developed for use in the following settings (all the divisions in both the South West and North West regions):

Location Southwest	Type of Setting	Persons of Concern
Fako Division	Urban, Semi urban, rural and bushes etc.	IDPs, host communities including returnees, asylum seekers, refugees, stateless persons and persons with disabilities
Kupe-Manenguba Division	Semi-urban, rural, Remote areas, bushes	IDPs, host communities including returnees, asylum seekers, refugees, stateless persons and persons with disabilities
Lebialem Division	Semi-urban, remote areas, bushes	IDPs, host communities including returnees, asylum seekers, refugees, stateless persons and persons with disabilities
Manyu Division	Urban, Remote areas, bushes	IDPs, host communities including returnees, asylum seekers, refugees, stateless persons and persons with disabilities
Meme Division	Urban, Remote areas, bushes	IDPs, host communities including returnees, asylum seekers, refugees, stateless persons and persons with disabilities
Ndian Division	Semi-urban, Remote areas, bushes	IDPs, host communities including returnees, asylum seekers, refugees, stateless persons and persons with disabilities

Location Northwest	Type of Setting	Persons of Concern
Mezam Division	Urban, Semi urban, rural and bushes etc.	IDPs, host communities including returnees, asylum seekers, refugees, stateless persons and persons with disabilities
Momo Division	Semi-urban, Remote areas, bushes	IDPs, conflict-affected people, host communities including retainees and persons with disabilities
Ngoketunjia Division	Semi-urban, remote areas, bushes	IDPs, conflict-affected people, host communities including retainees and persons with disabilities
Menchum Division	Urban, Remote areas, bushes	IDPs, conflict-affected people, host communities including retainees and persons with disabilities
Bui Division	Urban, Remote areas, bushes	IDPs, conflict-affected people,

		host communities including retainees and persons with disabilities
Donga Mantung Division	Semi-urban, Remote areas, bushes	IDPs, conflict-affected people, host communities including retainees and persons with disabilities
Boyo Division		IDPs, conflict-affected people, host communities including retainees and persons with disabilities

3. Definitions and Terms

The following definitions and terms used in this setting are those established by the Inter Agency Standing Committee (IASC) in the *Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies*. (IASC,2005). This means that UN and non-UN humanitarian actors endorse these definitions, as nearly all such organizations are represented on the IASC.

3.1 General terms

Actor(s) refers to individuals, groups, organisations, and institutions involved in preventing and responding to gender-based violence. Actors may be refugees/internally displaced persons/returnees, local populations, employees, or volunteers of UN agencies, NGOs, host government institutions/local actors, donors, and other members of the international community.

Community is the term used in these SOPs to refer to the population affected by the crisis. The “community” may be referred to as internally displaced persons, conflict-affected, and host communities.

Coordinating agencies are the organisations (usually two working in a co-chairing arrangement) that take the lead in chairing GBV working groups and ensuring that the minimum prevention and response interventions are put in place. The coordinating agency for the GBV Area of Responsibility in the North West and South West is UNFPA.

Gender-based Violence is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate several universal human rights protected by international instruments and conventions. Many — but not all — forms of GBV are illegal and criminal acts in national laws and policies.

Around the world, GBV has a greater impact on women and girls than on men and boys. The term “gender-based violence” is often used interchangeably with the term “violence against women.” The term “gender-based violence” highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.

The nature and extent of specific types of GBV vary across cultures, countries, and regions. Some forms of GBV are:

- Sexual violence, including sexual exploitation/abuse and forced prostitution

- Domestic violence
- Human Trafficking
- Forced/early marriage
- Harmful traditional practices such as female genital mutilation, honour killings, sororate and levirate marriages

3.2 GBV case definitions

Incident Type Definitions¹:

1. Rape: non-consensual penetration (however slight) of the vagina, anus, or mouth with an object or body part. It also includes non-consensual penetration of the vagina, anus with an object. Examples can include but are not limited to gang rape, marital rape, forced sodomy, forced oral sex.
2. Sexual assault: any form of non-consensual sexual contact that does not result in penetration (e.g attempted rape). This incident type does not include rape, where penetration has occurred.
3. Physical assault: It is any unwanted physical contact that is not sexual in nature. Examples include though limited to hitting, slapping, cutting, shoving, burning, shooting or use of any weapon, acid attacks or any other act that results in physical pain, discomfort or injury.
4. Psychological/Emotional abuse: Infliction of mental or emotional pain or injury. Examples can include but are not limited to: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and /or menacing nature, destruction of cherished things.
5. Denial of Resources, Opportunities or services: Denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples can include but are not limited to: a widow prevented from receiving her inheritance, earnings taken by an intimate partner or family member, a woman prevented from taking contraceptives, a girl prevented from attending school etc.
6. Forced marriage: the marriage of individuals against their will
Early marriage or child marriage is a form of forced marriage as the children are not legally competent to agree to such unions.

(N.B. GBVIMS definitions)

Certain types of sexual exploitation and abuse

Sexual exploitation is defined as “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”. On the other hand, sexual abuse is defined as “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal coercive conditions”, both committed against members of the affected population by humanitarian actors, including international and national personnel of the UN and Non-Government Organizations (NGOs). “We, UN and non-UN entities, re-affirm our determination to prevent future acts of sexual exploitation and abuse by our personnel” is a statement at the High-level Conference on Eliminating SEA by UN and NGO Personnel. In response to the crisis, the PSEA taskforce in the South West and North West elaborated an action plan with strategies to prevent and respond to sexual exploitation and abuse which requires a coordinated approach among key actors.

¹ Case definitions here are not necessarily the legal definitions used in national laws and policies. Many forms of GBV may not be considered crimes; and legal definitions and terms vary greatly across countries and regions.

A new approach launched by the United Nations Secretary-General presented a strategy with four main areas of action:

- (1) Putting victims first;
- (2) Ending impunity;
- (3) Engaging civil society and external partners; and
- (4) Improving strategic communications for education and transparency.

Incidents of sexual exploitation involving humanitarian workers must be reported according to the *UN Secretary General's Bulletin on Sexual Exploitation and Abuse* (2003). Protocols and procedures have been established² for receiving reports of suspected sexual exploitation and abuse (SEA) perpetrated by humanitarian staff, and investigating reports. See Annex 1 for details.

4. Guiding Principles

The guiding principles provided here are considered best practice for all actors in humanitarian and emergency settings. All actors agree to adhere to all the following guiding principles:

4.2 Guiding principles for all actions

- a) Understand and adhere to the ethical and safety recommendations in the *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* (WHO 2007).
- b) Extend the fullest cooperation and assistance to each other in preventing and responding to GBV. This includes sharing situation analysis and assessment information to avoid duplication and maximise a shared understanding of the situation.
- c) Establish and maintain carefully coordinated multisectoral and inter-organisational interventions for GBV prevention and response.
- d) Engage the community fully in understanding and promoting gender equality and power relations that protect and respect the rights of women and girls.
- e) Ensure equal and active participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory methods.
- f) Integrate and mainstream GBV interventions into all programmes and all sectors.
- g) Ensure accountability at all levels.
- h) All staff and volunteers involved in prevention of and response to GBV, including interpreters, should understand and sign a Code of Conduct or a similar document setting out the same standards of conduct (see Annex 1).

4.2 Guiding principles for working with individual survivors/victims

- a) Ensure the safety of the victim/survivor and her family at all times

² IASC GBV Guidelines Action Sheets 4.1 – 4.4 describe the minimum interventions and how to set them up.

While providing care to survivors, avoid taking actions and decisions that might pose a threat to the safety of survivors, their families, and other persons including care givers themselves or further expose them to harm

- b)** Respect the confidentiality of the affected person(s) and their families at all times
 - ◆ If the survivor/victim gives her informed and specific consent, share only pertinent and relevant information with others for the purpose of helping the survivor, such as referring for services
 - ◆ All written information about survivors/victims must be maintained in secure, locked files.
 - ◆ Information about a survivor may be shared without their consent **ONLY IF** their life or that of another person is at stake with the sole purpose of saving life
- c)** Respect the wishes, choices, rights, and dignity of the victim/survivor.
 - ◆ Conduct interviews in private settings
 - ◆ For female victims/survivors, always try to conduct interviews and examinations with female staff, including translators. For male victims/survivors able to indicate preferences, it is best to ask if he prefers a man or a woman to conduct the interview. In the case of small children, female staff are usually the best choice.
 - ◆ Be respectful, maintain a non-judgmental manner. Do not laugh or show any disrespect for the individual or her culture, family, or situation.
 - ◆ Be patient; do not press for more information if the victim/survivor is not ready to speak about her experience.
 - ◆ Ask only relevant questions. (For example, the status of the virginity of the victim/survivor is not relevant and should not be discussed.)
 - ◆ Avoid requiring the victim/survivor to repeat the story in multiple interviews
- d)** Ensure non-discrimination in all interactions with survivors/victims and in all service provision.
- e)** Apply the above principles to children, including their right to participate in decisions that will affect them. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide and the appropriate procedures should be followed. It is important to note that these kinds of issues involving children are complex and there are no simple answers. The WHO Ethical and Safety Recommendations document (see page 10) and also UNICEF/IRC “Caring for Child Survivors of Sexual Abuse” guidelines provide some guidance on these issues and offers additional resources that can be consulted.

5. Reporting and Referral Mechanisms

The crisis in South West/ North West Regions of Cameroon is causing many population displacements from one Region to another, one Division to another or within the same Division in the bushes increasing the risk of GBV. As incidents are happening, a survivor has the freedom and the right to disclose an incident to anyone that s/he trusts. Several organizations are willing to provide services to the reported cases; it is therefore an

imperative to disseminate information about available services such as health, legal, psychosocial, safety/security and other services to the affected communities.

Survivors/victims are more likely to come forward to seek help and report a GBV incident in a place that they perceive is safe, private, confidential, accessible, and services are trustworthy. The comprehensive lifesaving entry point services need to be identified and information disseminated broadly to help as many people as possible.

5.1 Disclosure and reporting

A survivor has the freedom and the right to disclose an incident to anyone. S/he may disclose her/his experience to a trusted family member or friend. S/he may seek help from a trusted individual or organization in the community. S/he may choose to seek some form of legal protection and/or redress by making an official “report” to a UN agency, police, or other authorities.

Anyone with whom the survivor shares her/his experience has the responsibility to give honest and complete information about available services, has the responsibility to provide Psychological First Aid (PFA) to encourage her/him to seek help, and to accompany him/her and support him/her through the process whenever possible.

All service providers constitute an entry point for GBV survivors/victims. The suggested entry points to the helping system for survivors/victims seeking help include among others the health and/or psychosocial service providers (national, international, and/or community-based actors). Entry points should be accessible, safe, private, confidential and trustworthy. The list of service providers/ referral pathway in page 11 should be reviewed every six months as of the calendar below.

S/N	REVIEW	DEADLINE
1	First Review	Sept 30
2	Second Review	
3	Third Review	
4	Fourth Review	

The suggested help-seeking and referral pathway for GBV response is illustrated in Annexes as well as information sharing guidelines, and consent forms.

5.1.1 Relevant mandatory reporting laws and policies in the North West and South West Regions

The SOPs will take into consideration mandatory reporting laws and/or policies applicable in the South West and North West Regions to report GBV incidents. However, if any mechanism is available, the humanitarian actors will establish a joint PSEA community-based feedback and complain mechanism under the guiding principles of confidentiality, respect for autonomy and the need to protect the vulnerable.

- ♦ The system should define the mandatory reporting requirements including different types of feedback mechanism (hotline, suggestion boxes, protection officer etc) and investigation procedures.
- ♦ Formulate a strategy for addressing any issues relating to mandatory reporting that could conceivably arise.
- ♦ Inform survivors/ victims about their obligation to report incidents in accordance with laws/policies.

- ◆ Awareness-raising among the humanitarian actors about prevention and response to sexual exploitation and abuse and their roles and responsibilities.

5.1.2 Strategies and procedures for informing survivors and making any mandatory reports

The SOPs will be supported by the PSEA taskforce strategies and action plan for the Regions especially by:

- ◆ Informing affected survivors/victims
- ◆ Making the required report
- ◆ Following up after the report is made
- ◆ Supporting, assisting, informing the survivor – including advocating for her/him through the investigation and other procedures that may take place after the report is made.

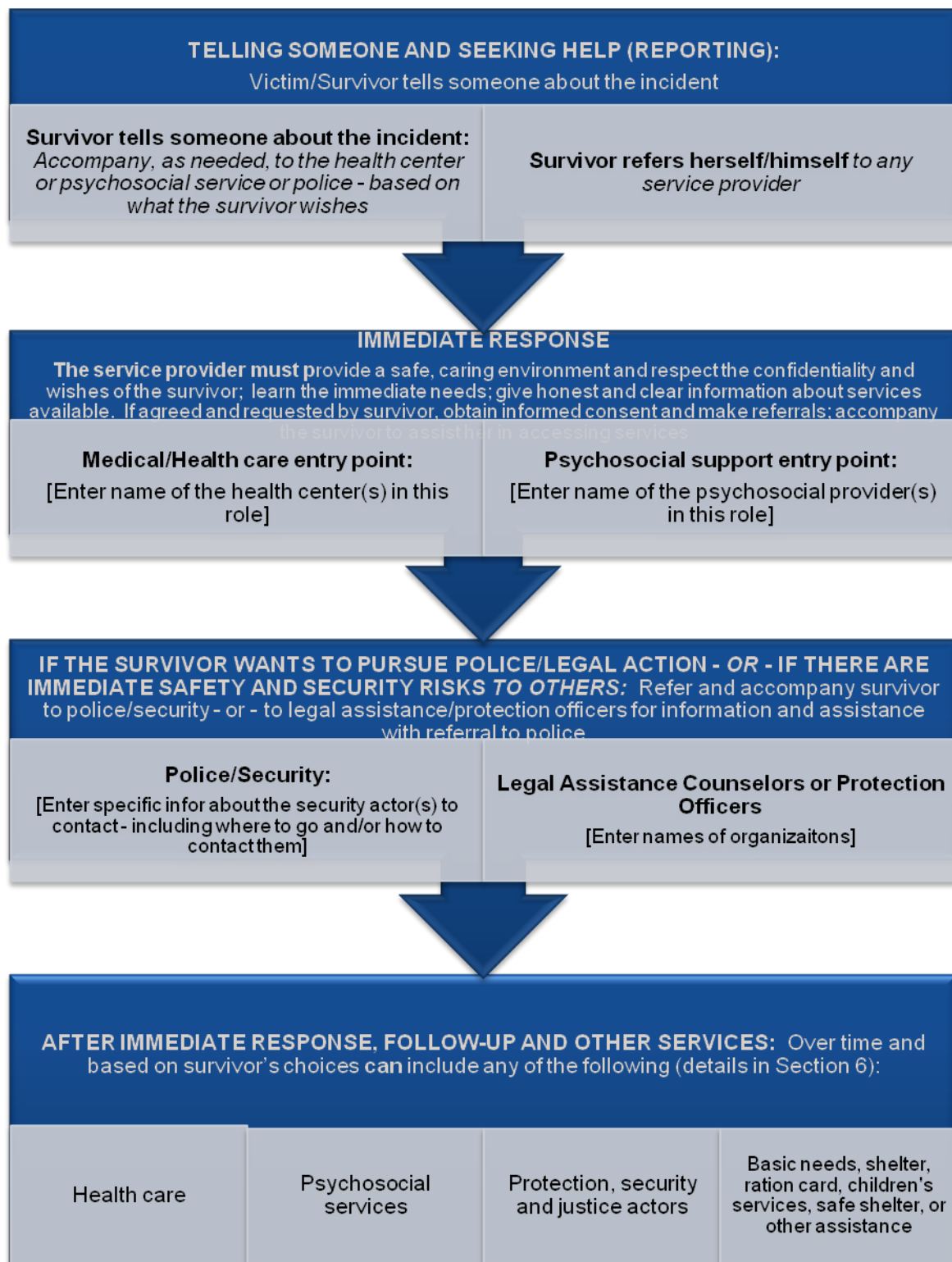
5.2 Help-seeking and referral pathway

The following page is an illustration of the agreed “entry points” for receiving reports of GBV incidents and the pathway for referrals and follow up. This is only summary information; details and procedures are described below under Responsibilities for Survivor/Victim Assistance (Response).

HELP-SEEKING AND REFERRAL PATHWAY

Demand Generation

Causing survivors to be aware of/and demand for GBV services.



First entry point: Provide Psychological first aid to the survivor

Entry point two: Accompany the survivor to access services as per his/her consent

HELP-SEEKING AND REFERRAL PATHWAY FOR SOUTH WEST AND NORTH WEST REGIONS

TELLING SOMEONE AND SEEKING HELP (REPORTING)	
Survivor tells family, friend, community member; that person accompanies survivor to the health or psychosocial “entry point:	Survivor self-reports to any service provider



IMMEDIATE RESPONSE	
<p>The service provider must provide a safe, caring environment and respect the confidentiality and wishes of the survivor; learn the immediate needs; give honest and clear information about services available. If agreed and requested by survivor, obtain informed consent and make referrals; accompany the survivor to assist her in accessing services</p>	
<p>Medical/health care entry points</p> <ul style="list-style-type: none"> • LUKMEF (financial assistance for health service access) • Mount Mary Hospital • Government Health Center Tole • DENTOU • Regional Hospital Limbe • CBCHS Mutengene • BOTA Hospital • Muyuka District Hospital • Tiko District Hospital • District Medical Services – Meriji Mary Health of African Hospital • District Health Service – Wabane • CARITAS DIOCESE OF MAMFE and KUMBA • District Hospital Mamfe • Full Gospel Mission Hospital Mamfe • CBC Health services , Mamfe • General Hospital Kumba 	<p>Psychosocial support entry points</p> <ul style="list-style-type: none"> • DDMINPROFF Fako • SDD MINPROFF Limbe • Women’s Empowerment Centre Limbe • LUKMEF • Footsteps for women and children Cameron (FOWEC-CAM) • Human is right • Investing in People Worldwide (IPW) • FALCOH (Favour Low Cost Health Foundation) • Community Health Association-Tole • Blessing Associate for women and children–BAWAC • Denis Miki Foundation • Fund for Women in Development • AFRINET –Africa Millennium Development • Development Expectation of Communities-DECOMS • Plan international • CARITAS DIOCESE OF MAMFE AND KUMBA • AMEF Authentic Memorial Empowerment Foundation • Mustard Vision for Sustainable Development (MUVSUD)



IF THE SURVIVOR WANTS TO PURSUE POLICE/LEGAL ACTION - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS	
Refer and accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police	
Police/Security	Legal Assistance Counsellors

<ul style="list-style-type: none"> • Legal Department Mamfe • High court Mamfe 	or Protection Officers <ul style="list-style-type: none"> • LUKMEF • Human is right • FIDA • GFDLP Global Fund for the Defense of the Less Privileged • Mustard Vision for Sustainable Development (MUVSUD) • Court of first instance Kumba
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AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES Over time and based on survivor's choices can include any of the following (details in Section 6):			
Health care	Psychosocial services	Protection, security, and justice actors	<p>Basic needs, such as shelter, ration card, children's services, safe shelter, or other</p> <ul style="list-style-type: none"> • LUKMEF Cameroon (Martin Luther King Junior Memorial Foundation) • Reach out Cameroon • International Rescue committee • Footsteps for women and children Cameroon (FOWEC-CAM) • INTERSOS • Human is Right • Investing in People Worldwide (IPW) • GFDLP Global Fund for the Defense of the Less Privileged • Blessing Associate for women and children–BAWAC • Denis Miki Foundation • Green and better world • COHEB • FIED • AFRINET –Africa Millenium Development • REACH OUT • DDMINPROFF – Women's Empowerment Centre

5.3 Reporting and Referral tools

At every level of the referral pathway standardized tools have been (or will be adopted) to capture information tracking the progress of the client throughout the referral pathway. These include the Client Consent Form, the Referral and Counter-referral forms;

5.4 Consent and information sharing

Information about GBV incidents is extremely sensitive and confidential. Sharing any information about a GBV incident can have serious and potentially life-threatening consequences for the survivor and those helping her. The *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies* (2007) describes specific and concrete actions that must be taken when seeking a survivor's informed consent to share information about her/his situation. Actors should become familiar with the relevant WHO recommendations (including the section about children) and incorporate these into their actions. Anyone using these SOPs and

working directly with, interviewing, and/or gathering information from survivors must be familiar with the WHO recommendations.

In many cases, survivors do NOT wish to pursue security or police action and do not wish to inform the relevant UN agency with a mandate for protection, despite on-going protection and security risks. These are very challenging situations for humanitarian actors who are concerned with protection issues for the individual as well as the wider community. These SOPs considers discussion about how these kinds of issues will be handled, emphasizing the guiding principles and balancing serious protection and security issues.

GBV survivors have a right to control how information about their case is shared with other agencies or individuals. The survivor should be made to understand the implications for sharing information and make a decision before the information is shared.

The information sharing guidelines in Annex clarify how information sharing will take place, how much information will be shared and what methods to be used.

The victim/survivor should be given honest and complete information about possible referrals for services. If s/he agrees and requests referrals, s/he must give her/his informed consent before any information is shared with others. S/he must be made aware of any risks or implications of sharing information about her/his situation. S/he has the right to place limitations on the type(s) of information to be shared, and to specify which organisations can or cannot be given the information.

The survivor must also understand and consent to the sharing of non-identifying data about her/his case for data collection and security monitoring purposes.

Children must be consulted and given all the information needed to make an informed decision using child-friendly techniques that encourage them to express themselves. Their ability to provide consent on the use of the information and the credibility of the information will depend on their age, maturity and ability to express themselves freely. (See also the guiding principles in Section 4.2 (e) and the *Informed consent in Annex*).

5.5 Immediate response actions and referrals

Health assistance is a priority for cases involving sexual violence and/or possible bodily injuries. In the case of rape, assistance must be in accordance with the WHO/UNHCR *Clinical Management of Rape* guidelines and may include emergency contraception and post-exposure prophylaxis for HIV and other STIs.

Service providers will inform the victim/survivor of what assistance they can offer and clearly relate what cannot be provided or any limitations to services, to avoid creating false expectations.

All service providers in the referral network must be knowledgeable about the services provided by actors to whom they refer a victim/survivor.

5.6 Special procedures for child victims/survivors

The Child Protection AoR in the South West/ North West handles the special needs of child survivors of GBV in line with national laws and policies as well as international treaties, conventions and protocols ratified by the Government of Cameroon relating to the protection of children. Special procedures should include:

- ◆ Obtaining consent
- ◆ Action to be taken if there are suspicions that the perpetrator is a family or household member
- ◆ Any mandatory reporting laws relevant to acts of GBV with children and procedures that will be taken with regard to those laws
- ◆ Referrals to specific organisations skilled in working with child survivors

6. SECURITY AND PROTECTION

6.1 Health/medical response

Health care providers should use standard protocols and practices, in accordance with the minimum prevention and response interventions in the GBV Guidelines (IASC, 2005) and standards in the Clinical Management of Rape Guidelines (WHO/UNHCR, 2004). UNFPA carried out Clinical Management of Rape (CMR) in the onset of the crisis and continue to build capacity due to rising incidence of rape cases in the recent months. The Sexual Reproductive Health working group under the health cluster shall share the established SOP for clinical management of rape/sexual violence.

Healthcare providers ensure confidential, accessible, compassionate, and appropriate medical care for survivors/victims of GBV.

For sexual violence, health care includes, at least:

- ◆ Examination and history taking
- ◆ Treatment of injuries
- ◆ Prevention of disease, including STIs/HIV
- ◆ Prevention of unwanted pregnancy
- ◆ Collection of minimum forensic evidence
- ◆ Psychological/emotional support
- ◆ Medical documentation
- ◆ Follow up care

Name of service provider		Contact
	FAKO DIVISION	
	BUEA	
LUKMEF Cameroon (Martin Luther King Junior Memorial Foundation)	Franca Egbe Arrey franca@lukmefcameroon.org ; christian@lukmefcameroon.org 699301515, 663608889	
Reach out Cameroon	Oman Esther esther@reachoutcameroon.org 677405602	
Community Health Association-Tole	675103795	
	Fobien Vivian denisfontch@yahoo.com	
Government Health Center Tole	677590731	

DEMTOU	Humanitarian Focal Point Sona Rolland 679541290 asdemtou@gmail.com
MINPROFF-FAKO Safe space found at the Regional Delegation Buea	(Juditha Moffa 677747580 in Buea
LIMBE	
Regional Hospital Limbe	(Dr Nsame Denis 679816272)
Regional Hospital Annex	(Dr Enow Oroch
Bota Hospital Annex	(Dr Takeng 677587078)
COHEB International;	Offices: Moliwe Limbe, Isokolo Limbe; Focal point: Nche Viviane Njuh 675448045 (Prevention and referral to hospital but working now in a camp in Limbe)
MUYUKA	
Foundation for inclusive education (FIED) Nkegoah Ebenezer eben202012@gmail.com 676118730
Muyuka District Hospital	
TIKO	
Tiko District Hospital	
KUPE-MANENGUBA DIVISION	
MENDJI	
District Medical Services – Meriji Mary Health of African Hospital	(Forcha A. N. 675225521) This is the number of the divisional delegate of women's empowerment who has promised to give us a contact person in the health facility
WABANE	
District Health Service – Wabane)	(Dr Kendu David 678842945
MANYU	
MAMFE CENTRAL	
CARITAS DIOCESE OF MAMFE	(Cynthia Egbe 68240557/678000257
District Hospital Mamfe	Dr Tabi 670690565 This is the number of the divisional delegate who will give us the number of the health infrastructure

CBC Health services Mamfe	Dr Tabi 670690565 This is the number of the divisional delegate who will give us the number of the health infrastructure
Full Gospel Mission Hospital Mamfe	Dr Tabi 670690565 This is the number of the divisional delegate who will give us the number of the health infrastructure
	MEME
	KUMBA
General Hospital Kumba	677784185 This is the number of the divisional delegate for women's empowerment who will provide us with contact person for the general hospital
CARITAS Social Welfare of Kumba	<u>(Egbe Abunaw Minette 675874645 egbeminette@yahoo.com)</u>
Presbyterian Health Center Mangemen Annex Kumba	677784185 This is the number of the divisional delegate for women's empowerment who will provide us with contact person for the general hospital

6.2 Psychosocial response

Psychosocial services for survivors/victims of GBV include the following inter-related types of activities: 1) emotional support to assist with psychological and spiritual recovery and healing from trauma; 2) case management, support, and advocacy to assist survivors in accessing needed services; and 3) support and assistance with social re-integration.

Name of service provider	Contact
	FAKO DIVISION
	BUEA
LUKMEF Cameroon (Martin Luther King Junior Memorial Foundation)	Franca Egbe Arrey franca@lukmefcameroon.org ; christian@lukmefcameroon.org 699301515, 663608889
Footsteps for women and children Cameron (FOWEC-CAM)	<u>Muna Yuven Juliana, yuvenjuliana@yahoo.com 677282112</u>
Human is right	<u>Janet Wirba 652484026 janetwirba@gmail.com</u>
Danish Refugee Council (DRC)	<u>Helen Brooks and Jaime 693549466, 698331402 helen.brooks@drc.org</u>
Investing in People Worldwide (IPW)	<u>Naseli Okha Dioh 674931107 okhadioh@gmail.com</u>

FALCOH (Favour Low Cost Health Foundation)	679284671 akoegbem@gmail.com Ako Egbe
Community Health Association-Tole	675103795 Fobien Vivian denisfontch@yahoo.com
	LIMBE
Blessing Associate for women and children–BAWAC	Frida Biaye, Honorine Eri Echike epse Eyong 6759910051, 679181980) biayefridaebai@gmail.com; honorineeriechike@gmail.com
Denis Miki Foundation	denismikifoundation.org 677985413/674816506 CEO: Emilia Epeti Miki
Fund for Women in Development	Rose Sanjoh Egbe, Mbome Rita, Ntamgsi Bernadette 672000405/652343892rosesanjoh24@gmail.com ; benntanjgsi@yahoo.com
	KUPE-MANENGUBA DIVISION
	BANGEM
AFRINET –Africa Millennium Development	Network P.O Box 3 Bangem 674679212 Chief Node Thobias Ewang
Development Expectation of Communities-DECOMS	663741972 Ms. Njikang Priska Naesode Bangem
	TOMBEL
AFRINET –Africa Millenium Development	Network P.O Box 3 Bangem 674679212 Chief Node Thobias Ewang
	NGUTI
AFRINET –Africa Millenium Development	Network P.O Box 3 Bangem 674679212 Chief Node Thobias Ewang
	LEBIALEM
	ALOU
DDMINPROFF – Women’s Empowerment Centre	(Forcha Aloys 675225521 foralloys@gmail.com)
	MENDJI
DDMINPROFF – Women’s Empowerment Centre	1 (Forcha Aloys 675225521 foralloys@gmail.com
	WABANE
DDMINPROFF – Women’s Empowerment Centre	(Forcha Aloys 675225521 foralloys@gmail.com
	MANYU
	EYUMOJOK
Plan international	677649383 Ndikum Terrence Run child protection in emergency program here
	MAMFE CENTRAL
CARITAS DIOCESE OF MAMFE	(Cynthia Egbe 68240557/678000257
	MEME

	KONYE
	KUMBA
AMEF Authentic Memorial Empowerment Foundation.	amefcecilioan@gmail.com Ndokouh Blessing 672038092
Mustard Vision for Sustainable Development (MUVSUD)	Dinga Elvis 651596678 dingaelvis24@gmail.com
CARITAS Social Welfare of Kumba	(Egbe Abunaw Minette 675874645 egbeminette@yahoo.com
Plan International	677649383 Ndikum Terrence
	NDIAN
	BAMUSSO
AMEF	amefcecilioan@gmail.com Ndokouh Blessing 672038092 NFI

6.2.1 Emotional support

All case management actors who may interview or otherwise have direct contact with survivors/victims will be familiar with the guiding principles and be able to put them into practice. These actors will also be aware of their responsibility to listen carefully and give information.

6.2.2 Case management

GBV incidences in the South West and North West regions are underreported for fear of being trailed by perpetrators, in addition, survivors have limited access to services due to lack of money or because some health facilities are not functioning due to the security situation. Several women and girls are living in bushes with no protection networks increasing risk of GBV.

As a result, national NGOs have been found to negotiate better access in affected communities because they are based in these communities and are hands on in the field, hence the rationale for engagement of national partners in Women and Girls safe space response and mobile activities as a mechanism to increasing access to life saving services and referral to partners providing GBV case management services i.e. medical response and psychosocial support as a matter of urgency. (See List of services providers for South West and North West regions. in Annex)

6.2.3 Rehabilitation/social re-integration

The One stop Centre and safe spaces established in Fako Division, Mezam (and others to be created in other localities) focus on several types of services including rehabilitation programs targeting survivors/victims of GBV and/or those at high risk. Based on availability of funds, skills training programs, income generation and economic empowerment projects, and peer support groups should be considered.

Name of service provider	Contact	Economic
	FAKO DIVISION	
	BUEA	
LUKMEF Cameroon (Martin Luther King Junior Memorial Foundation)	Franca Egbe Arrey franca@lukmefcameroon.org ; christian@lukmefcameroon.org 699301515, 663608889	
Org-WOGED	Beatrice Titanji (677564628) beatitanji@yahoo.co.uk	YES
Danish Refugee Council (DRC)	Helen Brooks and Jaime 693549466, 698331402 helen.brooks@drc.org	NFIs,
Investing in People Worldwide (IPW)	Naseli Okha Dioh 674931107 okhadioh@gmail.com	YES
MINPROF safe space at the Women's	(Diffang Judith 677202508 Limbe)	YES
Survivors Network Africa	Auoah Francisca (francisca@survivorsnetwork.com 673523380) Agbor Matelot, prevention, economic empowerment, Work on victims of trafficking. Provides temporal shelter for up to a month	YES

6.3 Security response

Security concerns may be addressed by security personnel and other related actors like the State Counsel and the administration. UNDSS and agency security focal points can provide inputs. Police and/or the military/gendarmerie, state counsels the military State Prosecutor (Commissaire du Gouvernement) and the Attorney General are responsible for security. These actors need to be identified and have clearly delineated responsibilities. In addition, communities must understand how to contact security personnel for help with safety, security, and protection.

It is important that security actors understand that many survivors/victims of GBV do not want intervention from security actors. The role of security actors is indispensable. It is also important, however, that security actors maintain awareness of security issues in the setting. The security actors shall monitor GBV-related security issues even in the absence of receiving any specific GBV incident reports.

It is important that security actors understand their roles as per procedures for receiving complaints, arresting and detaining alleged perpetrators, and filing charges with the court.

6.3.1 Security actors

In particular, this refers to United Nations Department of Safety and Security especially for UN personnel, security focal points of agencies/local organizations, Police, Gendarmerie, military state counsels and State counsels.

Response	Prevention
Name of institutions: Police, Gendarmeries, State counsel, Military State Prosecutor (Commissaire du Gouvernement)	Name of institutions: Police, Gendarmeries, State Counsel, Military State Prosecutor (Commissaire du Gouvernement), Attorney General
<u>Responsibilities</u> <ol style="list-style-type: none">1) Trained on prevention of and response to GBV, including the guiding principles; human rights and women's rights; and codes of conducts (prohibition of sexual exploitation and abuse2) Monitor GBV related issues in humanitarian setting in the absence of receiving any specific GBV incident report3) Provide a gender desk in every police, gendarmerie and/ or military points in the south west and North West Regions for complaints4) Investigate complaints5) Carry regular follow up on survivors6) Refer survivors to other service providers	<u>Responsibilities</u> <ol style="list-style-type: none">1) Create awareness of security issues in the setting2) Ensure that detainees are protected against any form of abuse through the provision of separate holding cells for detainees.3) Ensure free services for survivors4) Create safe houses to prevent survivors/ perpetrators from further harm.

Safety response

6.3.2 Safe shelter

Apart from the Hope One Stop Centre and MINPROFF safe space available in Fako Division and the divisional delegation of MINPROFF Mezam and COMINSUD, other safe space shelter needs to be identified to guarantee safety and security of survivors. Danish Refugee Council and Denis Miki Foundation have limited shelter services for short period of time. Apart from safe spaces, safe houses should be created at the level of each sub-division.

6.4 Legal/justice response

Legal/ Justice actors can include protection officers, legal aid or legal assistance providers such as lawyers, paralegals or attorneys; prosecutors, judges, and officers of the court;

Response	Prevention
Institutions: protection officers, legal counsels, legal aid, legal assistance providers, , attorneys; prosecutors; judges; and officers of the courts. <u>Responsibilities</u> <ol style="list-style-type: none">1) Provide or develop capacities and	Names of institutions: Human is right, protection officers; legal aid or legal assistance providers such as attorneys; prosecutors; judges; and officers of the courts.

<p>effective dissemination of information that will help disadvantaged group of persons understand their rights to seek redress through the justice system.</p> <p>2) Legal aid and counselling</p> <ol style="list-style-type: none"> Provide timely and adequate information to survivors before hearing Give serious consideration to survivors Provide support to GBV survivors who are taking legal actions against alleged perpetrators 	<p><u>Responsibilities</u></p> <ol style="list-style-type: none"> <u>Carryout awareness campaigns along with various partners including the use of mass media</u> <u>Ensure that survivors are given full access to justice.</u> <u>Carryout summary hearings</u> <u>Ensure that most trials be done in camera looking at the degree of violence.</u> <u>Involve community structures in reporting and referral of GBV cases.</u>
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6.4.1 Legal options

Legal actors such as legal assistance counsellors, protection officers, lawyers, judge and relevant court personnel will clearly and honestly inform the victim/survivor of the procedures, limitations, pros and cons of all existing legal options. This includes:

- ◆ giving information about existing security measures that can prevent further harm by the alleged perpetrator,
- ◆ giving information about procedures, timelines, and any inadequacies or problems in national or traditional justice solutions (i.e., justice mechanisms that do not meet international legal standards),
- ◆ Informing about available support if formal legal proceedings or remedies through alternative justice systems are initiated.

Name of service provider	Contact
	FAKO DIVISION
	BUEA
LUKMEF Cameroon (Martin Luther King Junior Memorial Foundation)	Franca Egbe Arrey franca@lukmefcameroon.org ; christian@lukmefcameroon.org 699301515, 663608889
Human is right	Janet Wirba 652484026 janetwirba@gmail.com
Gender Desk Central Police Station	CP Eyong
National Commission of Human Rights and Freedoms in the North West and South West	
International Federation of Women Lawyers (FIDA)	Atemnkeng Elizabeth 677682191 eatemnkeng@gmail.com
	LIMBE
FIDA	Finjap Elizabeth/ 677985636 Gladys Amuam/ 677052126

Limbe State Counsel	Clarencia Ndiep 679936079
Global Forum for the Defence of the less privileged(GFDLP,	<u>Akoh Baudouin</u> <u>675052010/676755912,696425965</u> <u>gfdlpcam@gmail.com.</u>
	MUYUKA
FIDA	Atemnkeng Elizabeth/ 677682191
	TIKO
FIDA	Tutuwan Cecilia 696386804
	MANYU
	MAMFE CENTRAL
Legal Department Mamfe	Dr Tabi 670690565 This is the number of the divisional delegate who will give us the number of the structure
High court Mamfe	Mr Fru George 670690565 This is the number of the divisional delegate who will give us the number of the structure
	MEME
	KUMBA
FIDA	Caroline TIME 694303611
Mustard Vision for Sustainable Development (MUVSUD)	<u>Dinga Elvis 651596678</u> <u>dingaelvis24@gmail.com</u>
Court of first instance Kumba	
State Counsel Kumba	

Plan International	677649383 Ndikum Terrence Runs child protection in emergency program
	NORTH WEST
	BAMENDA CENTRAL
Medicins du Monde Suisse	<u>project-officer.cameroon@medicinsdumonde.ch</u> 665872755
FIDA	Tamon Slivia Mah/ 674869577 Lamago Tengul Cyrille Francoise/ 677658759 Lamago78@yahoo.co.uk
CHRAPA	Jane Frances / 677655049
NCHRF	Chris Afanui/ 6875405640
Legal Department	Mesembe Fembe/ 677424224
FGI	Ambo Gabriel FGIinternational@gmail.com

	Momo Division
FIDA	Ambufei Esther/ 677622370
Legal Department	
	Donga Mantung
FIDA	Ambufei Esther/ 677622370
	Ngoketunja Division
FIDA	Lamago Tengu Cyrille Francoise

Procedure for complaints of GBV related offences

In the vast majority of cases, referrals will be made to national justice systems by the police and other uniform officers only if the victim/survivor has given her/his informed consent. If a referral is to be made and if the survivor/victim wishes, a legal counsel or other support persons should accompany her/him to the relevant authorities.

If a survivor chooses to report her/his case to the police or gendarmerie, the procedure is as follows:

1. Survivor and her/his escort report at the main police/Gendarmerie desk with their complaint.
2. The file is assigned to a trained investigator who carries out investigations on alleged GBV offences.
3. The investigation consists of a uniform officer assigned to take down the survivor's statement and or her information relevant to the crime.
4. All investigation of GBV shall be conducted by a trained skilled investigator and in case of women by female trained investigators in the presence of their legal counsels.
5. When the investigation is completed, the case file is forwarded to the State counsels, attorney generals and military state counsels for necessary action towards prosecution.
6. A police officer/detective will take the survivor's statement and obtain information relevant to investigation of the alleged crime(s).
7. Interviews with survivors/victims of crimes related to GBV, and any witnesses, will only be conducted by police who have received training in interviewing victims of these crimes. If there are female police officers available, they will conduct the interviews.
8. When the statement and investigation is complete, the case is forwarded to the state counsel/ Military State Prosecutor for necessary actions.
9. When warranted, investigator will cause an arrest of the alleged suspect, perpetrators and forward the case file to the state counsel.

6.4.2 Special consideration for child survivors in the legal justice system

Legal actors jointly with the Child Protection AoR will assess the national justice system for child-friendly procedures. In addition to established procedures, legal actors will introduce and support innovative practices, such as including social workers/community psychosocial support workers and legal counsels in all sessions concerning children or advocate that hearings for children should take place in camera the judge's chambers, in the presence of social workers and their legal counsels.

6.4.3 Special procedures for child perpetrators in the legal justice system

Juvenile offenders must be protected from suffering abuse while they are in prison. This can be achieved by:

- ◆ Promoting laws and procedures that ensure proper safeguards for separation of juvenile offenders.
- ◆ Fast-tracking hearings and monitoring the process;
- ◆ Assisting with their psycho-social rehabilitation;
- ◆ Informing children accused of GBV-related offences of the legal proceedings and enabling them to express themselves. A child's testimony should be presumed credible until maturity allow him/her to provide intelligible testimony, with or without communication aids and other assistance.
- ◆ All judicial actors be trained with necessary skills in the prosecution of GBV cases to ensure fair hearing and minimise further harm.

6.4.4 Traditional and social justice mechanisms

Traditional or alternative dispute-resolution mechanisms exist in many emergency contexts. Often, if survivors wish to pursue "legal" justice, they will prefer the traditional justice systems they are familiar with. These mechanisms are, however, a reflection of the socio-cultural norms in the community and often do not protect the rights of women and girls. Nevertheless, many survivors prefer these systems and this preference must be respected.

The traditional justice mechanism which however encompasses the community leaders or elders, is placed under the mandate of a customary justice. Their role of mediation cannot be undermined.

Response	Prevention
<p>Name of institutions: Community leaders, vigilante, elder</p> <p><u>Responsibilities</u></p> <p>1) Trained on their roles in identifying and referring GBV related cases</p>	<p>Name of institutions Community leaders, vigilante, elder</p> <p><u>Responsibilities</u></p> <ul style="list-style-type: none"> • Create awareness on GBV • Engage in problem solving discussions to continuously strengthen prevention strategies • Ensure that perpetrators be brought to justice • Promote respect for human rights and women's rights, including equal participation of women.

Conscious, careful, and respectful attention should be given to such mechanisms by:

- ◆ Actively engaging members of traditional justice systems in discussions and training workshops about human rights and women's and children's rights; and assisting the

- members to analyse the system from a human rights perspective and, when needed, working towards introducing changes to improve the standards.
- ◆ Supporting the meaningful participation of women in such systems.

6.5 Economic Empowerment of survivors

Economic empowerment of survivors will help reduce their vulnerability to GBV and enforce their dignity and psychological wellbeing.

Women's Empowerment Centres of MINPROFF and MINAS provide livelihood activities to which survivors can be integrated. Many NGOs also have economic empowerment as part of the holistic services they provide to survivors.

7 RESPONSIBILITIES FOR PREVENTION

Although divided in this SOP into two separate sections, prevention and response are inter-related activities. Many elements of GBV response are also preventive measures. Likewise, well considered prevention activities are linked to response actions.

Appropriate and effective prevention strategies should be developed by identifying factors that contribute to and influence the type and extent of gender-based violence in the setting. Prevention activities are aimed at potential perpetrators, potential survivors, and those who may assist them. Activities must therefore target the affected community, humanitarian aid staff, host country nationals, and government authorities.

Prevention includes actions that focus on a range of issues, including:

- ◆ Influencing changes in socio-cultural norms through awareness raising and behaviour change strategies
- ◆ Empowering women and girls
- ◆ Rebuilding family and community structures and support systems
- ◆ Designing safe, effective, and accessible services and facilities
- ◆ Working with formal and traditional legal systems to ensure that their practices conform to international human rights standards
- ◆ Monitoring gender-based violence reported incident data to identify problem areas

All actors involved in prevention must coordinate with each other and plan activities in a collaborative manner. Public information messages, awareness raising campaigns, and behaviour change strategies must be coherent, consistent, and connected to services and organisations to avoid confusion in the community.

7.1 All parties to these SOPs

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

- ◆ Provide training (or send staff to participate in training provided by other organisations) about gender-based violence, the IASC GBV Guidelines, these SOPs, and other relevant materials, to ensure that all staff:
 - Have at least a basic understanding of gender-based violence and the IASC GBV Guidelines
 - Are able to engage in effective prevention activities that are relevant to their jobs/roles in the humanitarian setting

- Know the contents of these SOPs, including how and where to refer a survivor/victim for support and assistance – and how to inform appropriate actors about GBV risks and incidents they may hear about or suspect during the course of their work
- ◆ Adopt codes of conduct for all staff that focus on preventing sexual exploitation and abuse (SEA) perpetrated by staff. This requires understanding of the information about codes of conduct and SEA, described in detail in the IASC GBV Guidelines. Actions include:
 - Establishing a code of conduct for all staff in compliance with the generally agreed upon standards (see IASC GBV Guidelines for more details).
 - Establishing procedures for receiving reports and linking with the reporting and investigation system in the setting
 - Providing training to all staff about the code to ensure full understanding, including why it is important, how to make confidential reports, and information about investigation procedures
 - Requiring all staff to sign the code of conduct to indicate their understanding of it and willingness to abide by it
 - Taking action on any SEA report that is received
 - Holding staff accountable for behaviour related to the code of conduct, including required reporting of suspected SEA
- ◆ Actively seek equal participation of women and girls in the design and delivery of services and facilities in the setting by:
 - Meeting regularly with women and girls to learn about accessibility, safety, and security related to services and facilities
- ◆ In collaboration with the GBV working group and carefully coordinated, develop and implement GBV awareness-raising activities within the community and among other humanitarian actors and government authorities
- ◆ Ensure all relevant sectors/actors are aware of and are carrying out their roles and responsibilities as described in these SOPs by:
 - Identifying any gaps and communicating those to the GBV coordination bodies (e.g., GBV coordinating agency, GBV working groups)
 - Maintaining awareness of which organisations are in the GBV coordination role and providing information about what is working and not working to those coordinating bodies

7.2 Community leaders

- ◆ Maintain awareness of GBV risks and issues in the setting, communicate those to security actors and the GBV working group, and engage in problem-solving discussions to continuously strengthen prevention strategies
- ◆ Actively promote respect for human rights and women's rights, including equal participation of women

7.3 Women's, men's, youth and other community groups

In general, community groups are engaged in preventing GBV in a variety of ways, including:

- ◆ Through formal and informal networks, maintain awareness of GBV risks and incidents that may not be reported through the mechanisms in these SOPs (and therefore are not included in compiled data about reported GBV incidents)
- ◆ Share this information with the GBV working group and actively participate in efforts to strengthen prevention strategies
- ◆ In coordination with the GBV working group, conduct awareness-raising and behaviour change activities to influence changes in socio-cultural norms and promote respect for human rights and women's rights

In many settings, women's groups and men's groups emerge as important forces in community-based prevention and response to GBV as they are best able to influence changes in knowledge, attitudes, and behaviour among their male/female counterparts in the community.

7.6 Security

- ◆ Maintain adequate security presence in the region by the use of the Administration and its Administrative texts, the forces of Security and Defence as well as the Customs Departments.
- ◆ Through formal and informal networks, like the vigilante groups, the religious bodies and traditional authorities, the NGOs to create awareness of protection and security issues related to GBV
- ◆ Provide information to the GBV working group about protection and security issues
- ◆ Develop and strengthen specific prevention strategies to address evolving security issues

7.7 Legal justice

The GBV Sub-cluster in South West jointly with the National Sub-group should analyse which international instruments have been adopted by the country and what reservations, if any, have been made. Based on the analysis actions could include:

- ◆ advocating and supporting governments to ratify treaties
- ◆ reviewing relevant national legislation to consider the extent to which it complies with international legal principles
- ◆ Establishing partnerships and alliances among humanitarian organizations, human rights groups, women's groups, lawyer's groups, judges, prosecutors, and others to advocate for legal reform as needed.

Legal Framework

The Government has put in place relevant laws and policies geared towards addressing GBV issues. At national Level, the government has enacted GBV related Laws & Policies. These include:

- The Cameroon Constitution as amended in 2008
- Law No. 2006/15 of 29 December 2006 on Judicial Organization
- The Cameroon penal code
- The Cameroon criminal procedure code
- Law No. 2009/4 of 14 April 2009 to Organize Legal Aid
- Law No. 2005/6 of 27 July 2005 Relating to the Status of Refugees in Cameroon
- Law No. 2005/15 of 29 December 2005 Relating to the Fight against Child Trafficking and Slavery
- Law No. 2010/2 of 13 April 2010 on the Protection of Persons with Disabilities

At the international level, the Government is committed to ratify the international conventions on gender based violence .

At Regional level GBV related instruments include;

- The African Charter on Human and Peoples Rights
- The Maputu Protocol on women
- The convention on the rights and welfare of children

International conventions include;

- The Convention on Elimination of all forms of Discrimination against Women (CEDAW)
- The Convention on the Rights of the Child (UNCRC)
- The International Covenant on Civil and Political Rights
- The International Covenant on Economic, Social and Cultural Rights
- United Nations Convention on Rights of Persons with Disabilities
- The Geneva Conventions of 1949 and Additional Protocols
- The Convention against Torture

INSTITUTIONAL SYSTEM

A- CONSTITUTIONAL COUNCIL

Law No. 2004/4 of 21 April 2004 to Lay Down the Organization and Functioning of the Constitutional Council

B-NATIONAL COMMISSION ON HUMAN RIGHTS AND FREEDOMS

Law No. 90/53 of 19 December 1990 Relating to Freedom of Association. Amended and supplemented by Law No.99/11 of 20 July 1999

Law No. 99/14 of 22 December 1999 to Govern Non-Governmental Organizations

8. PREVENTION COMMUNITY RESPONSE

Working with the community on prevention and response

Different members and structures in the community play a significant role in strategies to prevent GBV

Although divided in this SOP into two separate sections, prevention and response are inter-related activities. Many elements of GBV response are also preventive measures. Likewise, well considered prevention activities are linked to response actions.

Appropriate and effective prevention strategies should be developed by identifying factors that contribute to and influence the type and extent of gender-based violence in the setting. Prevention activities are aimed at potential perpetrators, potential survivors, and those who may assist them. Activities must therefore target the affected community, humanitarian aid staff, host country nationals, and government authorities.

Prevention includes actions that focus on a range of issues, including:

- ◆ Identify GBV risks, hot spots that give rise to GBV and the other challenges related to the crisis in the North West and South West regions before designing intervention programs.
- ◆ Influencing changes in socio-cultural norms through awareness raising and behaviour change strategies
- ◆ Empowering women and girls, men and boys and other vulnerable groups
- ◆ Rebuilding family and community structures and support systems capable of paying attention and addressing the issues GBV at all levels
- ◆ Designing safe, effective, and accessible services and facilities
- ◆ Engage leadership in religious institutions in community mobilisation and support services.
- ◆ Working and supporting formal and traditional legal systems to ensure that their practices conform to international human rights standards
- ◆ Monitoring and evaluation of gender-based violence reported incident data to identify problem areas

All actors involved in prevention must coordinate with each other and plan activities in a collaborative manner. Public information messages, awareness raising campaigns, and behaviour change strategies must be coherent, consistent, and connected to services and organisations to avoid confusion in the community.

8.1 All parties to these SOPs

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

- ◆ Provide training (or send staff to participate in training provided by other organisations) about gender-based violence, the IASC GBV Guidelines, these SOPs, and other relevant materials, to ensure that all staff:
 - Have at least a basic understanding of gender-based violence and the IASC GBV Guidelines
 - Gender sensitive and are able to engage in effective prevention activities that are relevant to their jobs/roles in the humanitarian setting.

- Know the contents of these SOPs, including how and where to refer a survivor/victim for support and assistance – and how to inform appropriate actors about GBV risks and incidents they may hear about or suspect during the course of their work
- ◆ Adopt codes of conduct for all staff that focus on preventing Sexual Exploitation and Abuse (SEA) perpetrated by staff. This requires understanding of the information about codes of conduct and SEA, described in detail in the IASC GBV Guidelines. Actions include:
 - Establishing a code of conduct for all staff in compliance with the generally agreed standards (see IASC GBV Guidelines for more details).
 - Establishing procedures for receiving reports and linking with the reporting and investigation system in the setting.
 - Providing training to all staff about the code of conduct to ensure full understanding; including why it is important, how to make confidential reports, and information about investigation procedures.
 - Requiring all staff to sign the code of conduct to indicate their understanding of it and willingness to abide by it.
 - Taking action on any SEA report that is received.
 - Holding staff accountable for behaviour related to the code of conduct, including required reporting of suspected SEA.
- ◆ Actively seek equal participation of women and girls, men and boys in the design and delivery of services and facilities in the setting by:
 - Meeting regularly with women and girls, men and boys putting particular attention to People with disability and other gender minority groups to learn about accessibility, safety, and security related to services and facilities
- ◆ In collaboration with the GBV working group and carefully coordinated, develop and implement GBV awareness-raising activities within the community using existing structures (women, youth, men groups etc.) for sustainability and among other humanitarian actors and government authorities.
- ◆ Ensure all relevant sectors/actors are aware of and are carrying out their roles and responsibilities as described in these SOPs, by:
 - Identifying any gaps and communicating those to the GBV coordination bodies (e.g. Protection /cluster, GBV coordinating agency, GBV working groups).
 - Maintaining awareness of which organisations are in the GBV coordination role and providing information about what is working and not working to those coordinating bodies.

8.2 Community leaders (quarter heads, cultural leaders religious, women, youth, etc.)

- ◆ Maintain awareness of GBV risks and issues in the setting, communicate those to security actors and the GBV working group, and engage in problem-solving discussions to continuously strengthen prevention and response strategies
- ◆ Actively promote respect for human, women, children, People With Disability rights, including equal participation of all in theory and practice

8.3 Women's groups, men's groups, youth groups, other community groups

In general, community groups are engaged in preventing GBV in a variety of ways, including:

- ◆ Through formal and informal networks, maintain awareness of GBV risks and incidents that may not be reported through the mechanisms in these SOPs (and therefore are not included in compiled data about reported GBV incidents)
- ◆ Share this information with the GBV working group and actively participate in efforts to strengthen prevention and response strategies
- ◆ In coordination with the GBV working group, conduct awareness-raising and behaviour change activities to influence changes in socio-cultural norms and promote respect for human, women, children, People with Disability rights.

In many settings, women's groups and men's groups emerge as important forces in community-based prevention and response to GBV as they are best able to influence changes in knowledge, attitudes, and behaviour among their male/female counterparts in the community.

No	Community structures	Responsibilities	
		Prevention	Response
	Women group	<ul style="list-style-type: none"> • Raise awareness • Support systems • Socio economic support 	<ul style="list-style-type: none"> • PFA • Friendly spaces • Referrals
	Men group	<ul style="list-style-type: none"> • Raise awareness about men and boys engagement • Men champion awareness raising and advocacy. • Men being mentors • Promoting security and justice. 	
	Youth group	<ul style="list-style-type: none"> • Raise awareness among peers • Influence policy in GBV • Design and engage participatory tools (drama, sketches, songs, poems etc.) for awareness raising • Participate in support systems e.g. Vigilante groups. 	
	Traditional institutions	<ul style="list-style-type: none"> • Put in place community protection mechanisms and follow up systems • Advocate for improved legislation. • 	<ul style="list-style-type: none"> • PFA • Referrals to appropriate services
	Religious institutions	<ul style="list-style-type: none"> • Raise awareness through sermons • Develop and implement policies in favours Gender equality in the institution. 	<ul style="list-style-type: none"> • PFA • Referrals to appropriate services • Shelter??
	Community Health facilities	<ul style="list-style-type: none"> • Ensure that adequate human and material resources are 	<ul style="list-style-type: none"> • PFA to the survivor or

		<p>available to comply with the recommendations of the SOPs;</p> <ul style="list-style-type: none"> • Appoint female GBV focal points, and ensure that they are trained on the specificities of sexual and gender-based violence; • Get involved in the daily sensitization of the community to ensure that it knows and understands the rationale for the mandatory 72-hour deadlines for the PEP and 120 hours for EC; • Actively participate in monthly GBV coordination meetings • Carryout outreach activities (sensitizations about available services, advantages etc; 	<p>victim</p> <ul style="list-style-type: none"> • Medical (PEP, EC.) • Referral • Collect forensic evidence
	Educational Institution	<ul style="list-style-type: none"> • Work with community structures, PTA etc. to continue sensitising communities on child rights protection with more emphases on GBV (early marriages, rape and FGMs in order to minimise the incidence • Working with GBV working groups to create GBV/SEA awareness in schools among students and teachers • Disseminate the GBV mechanisms among students and staff 	<ul style="list-style-type: none"> • PFA • Referral

8.4 Health/medical

In term the GBV, the medical sector, has a crucial role to play. Medical personnel are often the key actors once violence is committed. That is why, as a preventive measure, material and human resources must be perfectly prepared and mobilized.

In addition, it is crucial that medical staff participate in awareness campaigns. Indeed, it is often by becoming aware of the potential medical consequences that survivors realize the importance of reporting to the health centre, and that authors of GBV (FGM, early marriages...) can renounce it.

The health sector have the responsibilities to:

- Ensure that all health personnel are trained on sexual and gender-based violence;
- Have an up-to-date pharmacy, containing a stock of emergency contraceptives and anti-STI treatments. Ensure that a sufficient number of recent PEP kits are always available (additional kits can be ordered from UNFPA) and can be obtained as soon as possible and at any time from the reference hospitals.
- Set up an effective system for the orientation, referencing and transfer of cases that require it;
- Ensure the reception and oriented medical care of the survivor (clinical examination, additional examinations, preventive and/or curative treatment for STDs, post-exposure prophylaxis (PEP kit) and emergency contraception. HIV testing, if applicable).
- If the survivor is a woman, the first medical contact should be made by a female caregiver or, at the very least, in the presence of a woman in whom the survivor has confidence. When the survivor gives her consent, the doctor will proceed with the visit.
- If the seriousness of the case so requires, the transfer of the survivor from the Health Centre to the referral hospital will be arranged within 72 hours. If the physiological or psychological condition so requires, appropriate follow-up and treatment will be provided.
- Collect relevant information, including forensic evidence;
- Establish the detailed medical certificate;
- Inform the survivor in detail about the non-medical services that can be provided by partners
- Maintain confidentiality throughout the medical process;
- Attend training sessions on the management of GBV survivors.

Implement the Minimum Initial Service Package for reproductive health in emergency situations (MISP)³

Ensure health services are accessible to women and children

- ♦ Integrate GBV awareness-raising and behaviour change activities into community health activities

8.5 Social services/psychosocial

In collaboration with community groups and the GBV working group, develop information campaigns, awareness-raising and behaviour change activities to:

- ♦ Influence changes in socio-cultural norms
- ♦ Promote respect for human, women, men, boys, PWD rights

³For more information about the MISP, go to www.rhrc.org

- ◆ Encourage survivors/victims to seek assistance from appropriate services
- ◆ Promote community acceptance and social re-integration of GBV survivors/victims
- ◆ Promote men/boys engagements in GBV prevention and response

8.6 Security

The police field officer must be trained and prepared to prevent the occurrence of sexual and gender-based violence. Similarly, officers must participate in sensitizing the refugee population so that they understand the seriousness of an SGBV act in terms of non-compliance with human rights and public order.

Le security sector have the responsibility to:

- ◆ Maintain adequate security presence in the communities.
- ◆ Through formal and informal networks, maintain awareness of protection and security issues related to GBV
- ◆ Provide information to the GBV working group about protection and security issues
- ◆ Develop and strengthen specific prevention and response strategies to address evolving security issues
- ◆ Participate in regular training on their roles in VBMS intervention;
- ◆ Engage in training and awareness-raising campaigns on legislation and rights conducted by field workers for the benefit of the refugee community;
- ◆ If possible participate in the monthly SGBV coordination meetings.

8.7 Legal justice

From a preventive perspective, the judicial sector must raise awareness among the IDPs community about the rights of the potential victim (right to physical integrity etc), the victim/survivor (right to go to court etc), as well as the consequences for potential perpetrators (prosecution by national law etc).

The UNHCR Protection Section must ensure that judicial authorities are trained in GBV and handle cases in a professional manner, in accordance with the international legal standards and instruments to which Cameroon is a party, as well as national laws.

The GBV Sub-cluster in South West/North West jointly with the National Sub-Group should analyse which international instruments have been adopted by the country and what reservations, if any, have been made. Based on the analysis actions could include:

- ◆ advocating and supporting governments to ratify treaties
- ◆ reviewing relevant national legislation to consider the extent to which it complies with international legal principles
- ◆ Establishing partnerships and alliances among humanitarian organizations, human rights groups, women's groups, lawyer's groups, judges, prosecutors, and others to advocate for legal reform as needed.

Preventive functions of the legal justice actors include:

- ◆ Apply relevant laws and policies, and adjudicate GBV cases with minimal delays.(Security, protection and justice module will bring in the legal tools)
- ◆ To be involved in raising the awareness of the refugee community about their rights and duties, as well as about existing judicial mechanisms;
- ◆ Organize training for court officials on international law, the specificities of refugee status, judicial procedures, criminal law, standards applicable in GBV cases, as well as the principles to be observed when working with a survivor;
- ◆ Actively participate in monthly GBV coordination meetings

5.1 Education Sector

As in other sectors, staff working in the education sector is obliged to prevent and respond to the abuses of children. Teachers and school authorities are trained on sexual exploitation and abuse. GBV and children's rights. The Ministry of Education in conjunction with GBV working groups provides training for PTA on GBV and SEA, the referral mechanism and the principle of confidentiality.

The education sector and partners from UN agencies and NGOs have the responsibilities to:

- Draft and disseminate, in collaboration with the Parents' Committees, a Code of Conduct clearly prohibiting the sexual exploitation of children and abuse;
- Establish a mechanism for referring cases detected in educational institutions, so that teachers, students or any other person involved know exactly who to contact;
- Provide training on VBGIMS and children's rights to school principals, teachers, refugee representatives, community leaders, and anyone identified as having free access to children;
- Conduct regular sessions on the Code of Conduct and GBV, so that teachers are able to detect sexual and gender-based violence, among other things;
- Organize cycles of sensitization and training for students within the school;
- Actively participate in monthly SGBV coordination meetings.

Several clusters, AoR and working groups have been activated for the South West/ North West crisis such as Wash, Education, Food Security, Shelter, Child Protection AoR, Access working group, Communication working group, PSEA taskforce. For effective GBV mainstreaming, these actors are including in the development of these SOPs.

6. Informing the Community About These SOPs

The entire standard operating procedure is useful only if the community can access services and benefit from the agreed upon procedures and practices.

Specifically, the community must be informed about:

- Where to go for help ("entry points") (Clear, appropriate available services)
- What services are available, and how to access them
- What to expect - including potential referrals and roles, responsibilities, and any limitations of actors
- What to expect in terms of confidentiality

Special outreach should be made to women, men, youth groups, schools, religious leaders, and other community leaders. Meet with community groups and groups of women, men, girls, and boys to give information and answer questions.

This is not a one-time information campaign as there are constant population movements, therefore, information about this important issue and how to seek help must be provided on an ongoing basis.

6.1 Information dissemination to the community

Information should be broadcast through traditional medias, radio, TV by the trained journalists to target people living in remote areas, community mobilizers will have to organize community outreach sessions, meetings...

6.2 Information dissemination to other organizations and government

As information sharing regarding GBV are really sensitive, the whole humanitarian infrastructure is relying on OCHA, UN and non-UN agencies to disseminate information about the SOPs to Government and community based organizations. Only agreed key messages will be shared to avoid dissemination of false information.

9. COORDINATION

Effective prevention and response to GBV require multisectoral coordinated action among, at a minimum, health and social services actors, legal, human rights, and security sectors and the community. General coordination responsibilities of a multisectoral and community-based approach include:

- ◆ Strategic planning
- ◆ Gathering data and managing information
- ◆ Mobilising resources and ensuring accountability
- ◆ Coordinating a functional division of labour
- ◆ Monitoring effectiveness; identifying and resolving challenges
- ◆ Providing leadership

Specific coordination activities include:

- ◆ Sharing information about resources, guidelines, and other materials
- ◆ Sharing non-identifying data about GBV incidents
- ◆ Discussion and problem-solving about prevention and response activities, including planning these activities and engaging with other relevant coordinating and leadership bodies
- ◆ Collaborative monitoring and evaluation
- ◆ Identifying programme planning and advocacy needs, and sharing those among other actors, coordinating bodies, and leadership structures

The coordination mechanism sub-cluster must be establishing at local level, link to regional level and working with national sub-group.

9.1 Coordination mechanisms

The coordination mechanism for GBV prevention of and response shall flow from Community Based Protection and Prevention Committees, to Council Focal Points, to Divisional Working Groups to Regional GBV Sub Clusters to the national GBV working groups, each with specific tasks and responsibilities.

Information is shared at least monthly among and the actors especially at the Divisional, Regional and National levels through meetings and dissemination of meeting minutes. Issues and problems needing action from another working group are identified in these minutes. The appropriate working group takes action and provides follow up information.

All sectors/actors i.e. Women Affairs, Health, Social Affairs, Justice, Police, Educations, Faith Based Organisations and Humanitarian and Development Organisations must define their respective responsibilities regarding prevention and response to GBV, and how they will liaise with the GBV working group and coordinating agencies in their location.

Each sector/actor must carefully and consciously designates a Focal Point that will represent the sector/organization in taking action for prevention and response to GBV ("GBV Focal Points"). All GBV working group members must take responsibility for ensuring multisectoral action and participation in GBV interventions in their location.

The coordinating agency is responsible for encouraging participation in the GBV working group, convening regular meetings, knowing who is doing what and where, communicating and following up with a wide range of actors, linking with other clusters/sectors, and promoting other methods for coordination and information sharing among all actors, e.g. by representing the GBV working groups at relevant cluster/sector meetings and/or with government authorities to inform and advocate for GBV issues and concerns.

9.1.1 Coordinating Agencies

In the context of the current Humanitarian Crisis, the coordinating Institutions are **the Ministry of Women's Empowerment and the Family and the United Nations Population Fund (UNFPA)**. They shall be responsible for encouraging participation in the GBV Regional Sub Cluster, convening regular meetings, knowing who is doing what and where. They shall communicate and follow up with a wide range of actors, linking with other clusters/sectors, and promote other methods for coordination and information sharing among all actors, e.g. by representing the GBV Sub Cluster at relevant cluster/sector meetings and/or with government authorities to inform and advocate for GBV issues and concerns.

9.1.2 Community Based Prevention and Protection (CBPP) Committees

They shall be persons trained to carry out first line sensitisation, awareness raising and prevention activities at the grassroots. They shall be equipped with tools to record non-identifying incidence of GBV, identify and enable urgent GBV cases to seek services at referral or help points. **CBPP** – Committee members shall be persons trained and engaged by various sectors/ actors at the local level to GBV activities at the grassroots.

9.1.3 Local GBV Focal Point

They shall be persons trained at Council level to lead first line sensitisation, awareness raising and prevention activities at the grassroots and coordinate the activities of **CBPP** – Committee members. They shall:

- Collect reports from **CBPP** – Committee members and make weekly/ monthly report on GBV data/information, including qualitative information and quantitative and non-identifying GBV incident data
- Organise bi monthly meetings with **CBPP** – Committee members, share information about activities carried out in the local areas well as problems encountered
- identify and enable urgent GBV cases to seek services at referral or help points

A Local GBV Focal Point shall be designated from amongst **CBPP** – Committee members with a council area, based on level of knowledge, interest, commitment and ability to lead and coordinate the local team.

9.1.4 Divisional GBV Working Group

It shall be made up of all sectors/actors offering a minimum relevant GBV services (health, psychosocial, security/protection, and legal), Local GBV Focal Point at the divisional quarter heads as well as other knowledgeable, concerned, and committed community groups/leaders. At least 50% of its membership shall be women. Each Divisional GBV Working Group will establish a referral path way to enhance quality and proximity service delivery to GBV survivors.

The GBV Coordinating organ shall be determined based on level of knowledge and engagement in addressing GBV issues at the Divisional level. Its members shall hold monthly to:

- Share non-identifying information on incidences of GBV in the Division
- Analyse GBV data/information, including qualitative information and quantitative and non-identifying GBV incident data
- Develop targeted prevention strategies
- Identify, discuss and resolve specific issues and gaps in GBV response and prevention (including training and awareness-raising needs and wider policy issues)
- Discuss and plan ways to work with other sectors and groups to plan, share information, and solve problems with other sectors and groups
- Share information about activities and coordinate interventions.

The responsible organization will develop the agenda, schedule and chair the meetings, and distribute minutes to all participants and to the GBV Regional Sub Cluster. The coordinating Organ will follow up with local Focal Points and liaise with GBV Regional Sub Cluster for issues and action points identified by be address or enhance their work.

9.1.5 Regional GBV Sub-cluster

The Regional GBV Sub-cluster will be made up of all sectors/actors (Women Affairs, Health, Social Affairs, Justice, Police, Educations, Faith Based Organisations and Humanitarian and Development Organisations) operating in the Region addressing GBV issues or with the potential to make significant contribute in prevention and respond .

It shall provide support, advocacy, and problem-solving to the local GBV working groups in the region. This Sub cluster shall:

- Reviews and discusses meeting minutes and reports from Divisional GBV working groups – these are reports that do NOT contain any identifying information about individuals or incidents.
- Map out existing services and identify gaps
- Advocate for resources for GBV programming and coordination
- Identifies regional information, needs, issues, successes
- Provides policymaking, advocacy, technical, administrative and logistical assistance to local GBV FPs and Divisional Working Groups as needed
- Refers wider policy and other issues to the National GBV Working Group.

UNFPA/MINPROFF will develop the agenda, schedule and chair the meetings, and distribute minutes of Regional meetings. They will engage with other relevant Regional and National actors involved or contributing to GBV interventions. They will oversee the proper functioning of Divisional GBV Working Groups and Local Focal Points across the Region. They will follow up

with the Divisional and/or National GBV Working Groups on issues and action points that need attention.

The Regional GBV Sub Cluster shall hold monthly meetings in the office space of any member organisation that offer safe, secure and accessible venue.

Members of the Regional GBV Sub Cluster shall consist of;

- A. The Coordinating Agency – UNFPA
- B. State Institutions Responsible for
 - Psychosocial and Health interventions: RD MINPROFF, RD MINAS, RD MINSANTE, NCHRF
 - Security and Legal interventions: MINJUSTICE and Police /Gendarmerie
 - Protection and prevention: RD MINESEC, RD MINEDUB, UBa/ UB
- C. Faith Based Organizations
- D. Organization of Minority Group(s) and Persons Living With Disability
- E. CSO/Associations

9.2 National GBV Working Group

UNFPA with MINPROFF will co-lead the GBV working group at the National level. National Coordination will ensure a coherent coordinated set of interventions at the country level. The national GBV Working Group maintains awareness of field level activities through reports and meeting minutes from local and regional GBV working groups. The national group discusses implementation and coordination from a national perspective, providing support, problem-solving, and policy-level advocacy and action for the local and regional GBV working groups.

9.3 Case management meetings

Case management meetings are small, closed meetings where highly sensitive information is discussed. The survivor must authorize/consent to information sharing with all participants in case management meetings. Therefore, participants in these meetings must be invited; it is not a regular open meeting for “key actors”. Typically, case management meetings involve the key GBV/psychosocial actors and health focal points, including a female representative involved in psychosocial or health response. It is often necessary and appropriate to invite individuals from security, protection, education, justice, or others as needed.

The designated case manager organizes these meetings, ensures that information sharing has been authorized by the survivor, and keeps the survivor informed.

A meeting will be held in each division to review individual cases reported, action taken, follow up required, and outcomes. The focus is on addressing any immediate protection problems and coordinating response actions for each individual case.

In keeping with the guiding principles, individual cases will be discussed in this meeting ONLY if the survivor/victim has given her informed consent (without limitations) for sharing information with the organisations participating in the case management meeting. If such consent has not been given, then the individual case must not be discussed at this meeting. Instead, a separate smaller meeting must be arranged, comprised only of actors with permission to receive/share information about a specific survivor.

The information shared at this meeting is strictly confidential and will focus on actions taken and actions needed. Information sharing must only include relevant information and should not include personal - and irrelevant - details about the survivor/victim or the incident. All members of this meeting are responsible for ensuring that the dignity and confidentiality of survivors are

maintained and that information discussed is only that which is needed to resolve problems and coordinate actions.

9.4 Capacity building, accountability and compliance with SOP

9.4.1 Capacity building (trainings, awareness raising) measures will be undertaken to uphold the principles and standards of preventing and addressing GBV issues.

9.4.2 Accountability: All actors must define their respective responsibilities regarding prevention and response to GBV, and how they will liaise with the GBV Sub Cluster, coordinating agencies and Divisional working groups within their locations. All actors are strongly committed to apply the standards and guiding principles in this document.

9.4.3 Compliance with SOP: All signatory to this SOP MUST comply with the provisions of the document. In case that a signatory to this SOP does not comply with their responsibilities as listed herein, the GBV Sub Cluster shall take the following measures:

- 1st instance of non-compliance: Verbal warning issued by GBV Sub Cluster Chair to the non-complying organization's head of office and institutions in the county.
- 2nd instance of non-compliance: Official warning letter from GBV Sub Cluster to the non-complying organization's field office in the county.
- 3rd instance of non-compliance: Official warning letter from GBV Sub Cluster to the non-complying organization's Head Country Office;
- 4th instance of non-compliance: GBV Sub Cluster votes on the expulsion of the non-complying organization from the Sub Cluster.
- However, apart from sanctions,

10 Signature Page for Participating Actors

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

- abide by the procedures and guidelines contained in this document;
- fulfil our roles and responsibilities to prevent and respond to GBV;
- provide copies of this document to all incoming staff in our organizations with responsibilities for action to address GBV so that these procedures will continue beyond the contract term of any individual staff member;