STANDARD OPERATING PROCEDURES
FOR
RESPONSE TO
GENDER BASED VIOLENCE
and
CHILD PROTECTION
IN
XX
SOMALIA

Date of Review/Revisions:

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2nd Draft:
Final
1st Revision
2nd Revision
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Attachments:

- GBV Intake Form (same as for GBVIMS)
- Sample Referral Form
- Rapid Registration and Assessment Form for Separated & Unaccompanied Children
- Tracing and Reunification Form for Unaccompanied Children
- Sample Code of Conduct
- Medical History and Examination Form (same as for GBVIMS)
- Sample Data Protection Protocol (Information Sharing)
Acknowledgment
Special thanks are extended to all stakeholders who played a leading role in the development of this document. Particular thanks to the following participants in this process in XX:

1. List all NGOs/UN/government institutions that participated in the process

Acronyms

- AIDS: Acquired Immune Deficiency Syndrome
- ARV: Antiretroviral
- BIA: Best Interest Assessment
- BID: Best Interest Determination
- CAAC: Children Associated with Armed Conflict
- CAAG: Children Associated with Armed Groups
- CEDAW: Convention on Elimination of All Forms of Discrimination against Women
- CFS: Child Friendly Space
- CMR: Clinical Management of Rape
- CP: Child Protection
- CRC: Convention on the Rights of the Child
- ERW: Explosive Remnants of War
- EODs: Explosive Ordinance Disposals
- FTR: Family Tracing and Reunification
- GBV: Gender-Based Violence
- HIV: Human Immunodeficiency Virus
- IASC: Inter Agency Standing Committee
- IDP: Internally Displaced Person
- IDTR: Identification, Documentation, Tracing, Reunification
- IEDs: Improvised Explosive Device
- MCH: Mother and Child Health
- MRE: Mine Risk Education
- MRM: Monitoring and Reporting Grave Violations Against Children
- NGOs: Non-Governmental Organizations
- PEP: Post-Exposure Prophylaxis
- PSEA: Prevention of Sexual Exploitation and Abuse
- S/UAM: Separated/Unaccompanied Minors
- SOPs: Standard Operating Procedures
- STIs: Sexually Transmitted Infections
- UN: United Nations
- UXOs: Unexploded ordinances
- VCT: Voluntary Counselling and Testing

INTRODUCTION and SETTING

The Gender-Based Violence (GBV) and Child Protection (CP) Standard Operating Procedures (SOP) are developed to facilitate joint referral pathway for women, men, boys and girls at risk in XX. 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 have been developed to facilitate joint action by all actors to respond to GBV and CP concerns in XX, Somalia. The SOP is developed by representatives of the organisations listed above, and describes clear procedures, roles, and responsibilities for all actors, furthermore all organisations listed above agree to the same procedures, guiding principles and working together for the best interest of women, men, boys and girls. This SOP covers [location], which includes both IDP settlements and host communities in an urban setting. Main persons of concern are child headed households, separated/unaccompanied children, children with disability, female headed households, IDPs and poor host community members [specify if different].
Multi-sectoral response to GBV and CP
Health (nutrition, medical response to sexual violence, and any other services needed, disabilities, children born from rape)
Psycho-social (trauma counselling, emotional support, children formerly associated with armed conflict/groups, youth/children at risk, livelihood, education, recreation, sexual exploitation and abuse, and child abuse, disabilities, mine risk education)
Protection/Security (safe spaces, police)
Legal aid (legal response to GBV and children in contact with the law, child abuse, child friendly legal support, orphans land rights, inheritance rights, child sensitive legal procedures)

Specific concerns for Child Protection
Best Interest Assessments and Best Interest Determination
Interim Care
Identification, Documentation, Tracing and Reunification (IDTR) for separated and unaccompanied children
Mine Risk Education
(Life) Skills and education training
Child Abuse (which is a cross cutting concern for health, psycho-social, protection/security and legal aid)

Companion Guides and Key Resources
These SOPs were developed within the framework of the following international guidelines:
Establishing Gender based violence Standard Operating Procedures (SOPs) for multisectoral and inter-organizational prevention and response to Gender based violence in humanitarian settings IASC Sub-Working Group on Gender and Humanitarian Action. www.humanitarianinfo.org/iasc/gender


Convention on the Rights of the Child (Signed by Somalia but not Ratified) & Optional Protocols


CHAPTER 1: DEFINITIONS AND TERMS

Definitions to be used by actors
Actor(s) refers to individuals, groups, organizations, and institutions involved in responding to gender based violence or child protection.

Best Interest Assessments (or child protection assessments) should be seen as an essential element of individual case management with children at risk, and must be the basis before any action affecting an individual child of concern and support actors in any decision or action taken on behalf of a child in line with Article 3 of the CRC.

Best Interest Determination describes the formal process with strict procedural safeguards designed to determine the child’s best interests for particularly important decision that affect her/him. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise and balance all relevant factors in order to identify and recommend the best option.

Caretaker and caregiver: Terms used interchangeably to describe the person exercising day-todaycare of a child, whether parent, relative, family friend or another person; does not necessarily imply legal responsibility. The term might include foster parents who take in a child either spontaneously or more formally through some kind of fostering arrangement.

Child is a person under the age of 18 years.

Child Abuse encompasses any physical, emotional or sexual violence towards a child including neglect.

Child in contact with the law is any child who comes into contact with the justice system as a result of being suspected or accused of having committed an offense.

Children associated with armed conflict or armed groups is any person below the age of 18 years of age who is or has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls, used as fighters, cooks, porters, messengers, spies or for sexual purposes. It does not only refer to a child who is take part or has taken a direct part in hostilities (Paris Principles 2007)

Children living on the street are those children who do not have homes or caregivers and live and work on the streets. This differs from those children who work on the street but return to a home at night.

Gender refers to a socially constructed roles and responsibilities that a particular society, community assigns to women/girls and men/boy

Gender based violence (GBV) 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 a number of 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. Women remain vulnerable in economic status, excluded from decision making and the majority of domestic work is imposed on women and girls, rather than men.

The term “Gender based violence” is used interchangeably with the term “violence against women” and “sexual and gender based violence”. These terms highlight 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.

Incident refers to the specific act of gender based violence or child protection violation or rights violation

Interim care refers to alternative forms of care of children that cannot live with their families, interim and temporary care arrangements can include; family-based care; foster care; child-headed households; group care; supported independent living; residential care; centre-based care.

Separated children are those who have been separated from both parents/legal primary caregivers, but not necessarily from other relatives.
Survivor refers to the person against whom the act of violence was committed

Perpetrator is the alleged attacker

Unaccompanied children (or Unaccompanied Minors) are those who have been separated from both parents/legally primary caregivers and other relatives, and are not being care for by an adult who by law, or custom, is responsible for doing so.

GBV Classification Types
The six core GBV types were created for data collection and statistical analysis of GBV. They should be used only in reference to GBV even though some may be applicable to other forms of violence which are not gender-based. The GBV classifications relate directly to the GBV Information Management System, and the standard intake form follows the same classifications.

Rape: non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

Sexual Assault: any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred. Female Genital Mutilation is an act of sexual violence that impacts sexual organs, and as such will be classified as a sexualized act. This harmful traditional practice should be categorized under sexual assault.

Physical Assault: an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

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

Denial of Resources, Opportunities or Services: denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

Psychological / Emotional Abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

CHAPTER 2: GUIDING PRINCIPLES

Guiding principles are a set of norms which are considered best practice. The guiding principles were developed through a group work exercise which involved input from all organizations mentioned above. The below items were the points that were unanimously agreed upon by all of the present representatives as fundamental and core principles which must be taken into account by all actors of the Child Protection and GBV Working Groups. The guiding principles are in line with the four guiding principles of the Convention on the Rights of Children: Non-Discrimination; Best Interest of the Child; Survival and Development; and Participation.

All actors agree to adhere to the following principles as guides for their behaviour, intervention, and assistance:

Guiding Principles and Rights for Working with Individual Survivors and Children
Ask only relevant questions.

Safety and Security
Ensure the safety of the survivor, child and family at all times. Remember that s/he may be frightened, and need assurance that s/he is safe. In all types of cases, ensure that s/he is not placed at risk of further harm by the assailant. If necessary, ask for assistance from security, police, elders, community leaders or others who can provide security. Maintain awareness of safety and security of people who are helping the survivor, such as family, friends, counsellors, health care workers, etc.

Best Interest of the Child
In all cases concerning a child, the best interest of the child should be the primary consideration. Apply all the listed guiding principles to children, including their right to participate in decisions that will affect them. A child should be listened to and believed in, and their concerns should be taken seriously. 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 provides some guidance on these issues and offers additional resources that can be consulted. Best interest determination guidelines can also be consulted.

**Do No Harm**
If documenting, reporting, monitoring or providing a service to a survivor will have greater risks than benefits, it must be avoided.

**Confidentiality**
Respect the confidentiality of the survivor, child and their family at all times. If the survivor gives his/her informed consent, share only relevant information with others for the purpose of helping the survivor, such as referring for services. All written information about survivors must be maintained in secure, locked files. If any reports or statistics are to be made public, only the actors who report data each month will have the authority to release such information. All identifying personal information (name, address, etc.) will be withheld in the reporting, compilation and sharing of data. Encourage other community members and humanitarian actors to respect the confidentiality of the survivor and not gossip about a case which may increase the stigma of the survivor and discourage other survivors from seeking help in future. When relating to children make sure they understand that you have to share the information with their caretakers other appointed legal guardian to ensure the safety and security of the child.

**Information**
Everyone has the right to information, what services are available, how to reach the services, the potential risks and consequences of accepting additional services and not accepting additional services. Make sure information is given to children in a manner they understand and is child friendly. Information should be honest and complete.

**Informed Consent**
All actors must receive informed consent from the survivor, or legal guardian if working with a minor, prior to any response service or sharing of information. If the survivor cannot read and write an informed consent statement will be read up to the survivor and a verbal consent will be obtained. The survivor should have the option to provide limited consent where they can choose which information is released and which is kept confidential. The objective of informed consent is that the survivor understands what s/he is consenting and agreeing to. 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.

**Self-Determination and Child Participation**
Offer information about available support services and respect the choice of the survivor concerning which services s/he wishes to access. Maintain a non-judgmental manner; do not judge the person or her/his behaviour or decision. Be patient; do not press for more information if s/he is not ready to speak about it. Ensure that children are participating in the decision making process of services they can access, make sure that children are involved in all decision making processes regarding referral and access to services.

**Non-Discrimination and Impartiality**
Ensure non-discrimination and impartiality in all interactions with survivors and in all services provision. All actors will provide services without discrimination based on age, sex, religion, clan, ethnicity, wealth, language, nationality, status, political opinion, culture, etc. All actors must be impartial.

**Privacy and Survivor’s Comfort**
Ensure privacy before starting interviews of survivors, this includes children. Avoid requiring him/her to repeat the story in multiple interviews. Only ask survivors relevant questions. Be empathetic. Do not show any disrespect for the individual or her/his culture or family or situation. Where possible conduct interviews and
examinations by staff of the same sex as survivor unless there is no other staff available. Survivor’s comfort must always be taken into consideration, and interview settings must reflect that.

**Survival and Development**

Children should be provided with the environment that enables them to grow and develop to their full potential. This includes the provision of skills, resources and protection from neglect, exploitation and abuse. Where organizations are not able to provide the necessary resources they will refer the child to services to ensure the child’s health and development, including medical and psychosocial activities.

**Guiding Principles for All Actions of Stakeholders**

**Ethics and Safety**

All agencies and organizations that are documenting and reporting any form of GBV or child violations must first be able to provide BASIC support for the survivors of violence. Referral must be provided to individuals disclosing violence. An Information Sharing Protocol must be developed and abided by all members of the GBV and Child Protection working groups. If documenting, reporting, monitoring or providing a service to a survivor will have greater risks than benefits, it must be avoided. 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).

**Islamic Law, National Laws and Policies, and Human Rights, Treaties and Declarations**

Islamic laws, national laws and policies and all Human Rights treaties and Declarations will be respected. Practitioners must be professionally developed and be aware of the International Human Rights Laws, Convention of the Rights of the Child (CRC), Women’s Rights, Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), and Conventions and Treaties already in place to govern response to survivors.

**Multi-sectoral Coordination and Communication**

Extend the fullest cooperation and assistance to each other in preventing and responding to GBV to improve services, avoid duplication and maximize a shared understanding of the situation. Establish and maintain carefully coordinated multi-sectoral and inter-organizational interventions for GBV and CP prevention and response. All actors agreed to use the same referral system. An Information Sharing Protocol must be developed and abided by all members of the GBV and Child Protection working groups. Coordination meetings are compulsory for all members of the GBV and Child Protection working groups.

**Data collection, Incident Collection and GBVIMS**

The GBVIMS, its intake forms, classification system and incident recorder must be adopted by all service providers within the GBV and Child Protection Working Groups. An Information Sharing Protocol must be developed and abided by all members of the GBV and Child Protection working groups. Data and information collected will be distributed through one channel, all service providers will submit reports to the national consolidating agency for further consolidation and distribution. Members whom submitted information to the focal point must receive a copy of the consolidated report for transparent distribution of all submitted information.

**Accountability, Credibility and Transparency**

Ensure accountability and credibility of all stakeholders at all levels. All actors signing this document of SOP assume a responsibility to ensure that guiding principles reflected in the SOP are respected when dealing with GBV and CP cases, and that procedures are followed as much as possible. Professional and skilled personnel are to provide services. All actors must be transparent on their motivation behind their actions. All actors must operate on a voluntary basis and not be motivated by incentives.

**Information Sharing**

Each survivor and child/guardian has the right to decide which information to be shared with who, s/he has the right to place limitations on the type(s) of information to be shared, and to specify which organisations can and cannot be given the information. S/he must also understand and consent to the sharing of non-identifying data about the case for data collection and security monitoring purposes. An Information Sharing Protocol must be developed and abided by all members of the GBV and Child Protection working groups. When reporting on GBV and Child Protection cases, information must conceal identity of survivor i.e. no real names, no pictures or descriptions of address or any other information that might identify the survivor or location of survivor.

**Sexual Exploitation and Abuse and Code of Conduct**

All actors involved in prevention of and response to GBV should understand and sign a Code of Conduct or a similar document setting out professional standards of conduct. Humanitarian agencies have a duty of care to
beneficiaries and a responsibility to ensure that beneficiaries are treated with dignity and respect and that certain minimum standards of behaviour are observed.

In order to prevent sexual exploitation and abuse, the following core principles must be incorporated into humanitarian agency codes of conduct:

- Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
- Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defence.
- Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading, or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.
- Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.
- Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, s/he must report such concerns via established agency reporting mechanisms.
- Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.

To ensure the maximum effectiveness of the Code of Conduct, it should be posted in clear view in the public areas of each actor’s office/centre, introduced and explained, signed by all staff and kept in employee files. The sample Code of Conduct attached may be modified to make it more effective or understandable in a particular culture or country. The Code must not, however, be modified in such a way as to weaken its effectiveness or diminish any of the core principles. All posted and distributed copies of the Code of Conduct should be translated into the appropriate language of use for the field area.

**CHAPTER 3: REPORTING AND REFERRAL MECHANISM**

The person/organisation who receives the initial disclosure (report) of a GBV or CP incident from a survivor or child will act in accordance with the referral mechanism illustrated in annex 1, which includes opportunities at each stage to move forward or stop. The survivor or child has the freedom to choose whether to seek assistance, what type(s) of assistance, and from which organisations. Health assistance is the 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. Service providers will inform the survivor or child 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 any actor to whom they refer a survivor or child. Children must be accompanied to all services within the referral pathway.

**Disclosure and Reporting**
A survivor or child 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 might choose to seek some form of legal protection and/or redress by making an official “report” to a UN agency, police, or other local authorities.

Anyone the survivor or child tells about her/his experience has a responsibility to give honest and complete information about services available, to encourage her/him to seek help, and to accompany her/him and support her/him through the process whenever possible.

The suggested entry points to the helping system for survivors and children seeking help are the health and/or psychosocial service providers (national, international, and/or community-based actors). Entry points will be accessible, safe, private, confidential, and trustworthy.

**Sexual Exploitation and Abuse**
Incidents of sexual exploitation involving humanitarian workers must be reported according to the UN Secretary General’s Bulletin on Sexual Exploitation and Abuse, 2003. Please contact the GBV and CP WG coordinators and/or Directors/Representatives of the organisation that the humanitarian worker works for, alternatively contact the following Prevention of Sexual Exploitation and Abuse (PSEA) Focal Points in this location. [insert names and contact details] Note that the PSEA Focal Points are not responsible for investigating cases, but can assist in referring and contacting the right bodies.

Mandatory Reporting
Currently there are no mandatory reporting requirements in Somalia, however all actors are highly encouraged to report any and all incidents related to abuse children.

Survivor and Child Centred Approach
Child centred approach is focusing on the short-term and long-term best interest of the child. The child/survivor should be at the centre of any reporting and referral mechanism, reflecting the principle of respect for survivor’s choice and having the child participate in the decision making. A clear referral system ensures that the service providers know how to provide timely assistance.

The child/survivor should be clearly informed of what assistance can be offered by each service provider (see Chapter 4 for an overview of the roles of service providers in XX) including any limitations to services or risks involved. Following the guiding principles, it is the survivor’s choice whether s/he seek medical, legal, psychosocial or other support. If the child/survivor requests a referral s/he must give his/her informed consent before any information is shared with others. The survivor must also understand and consent to the sharing of non-identifying data about his/her case.

Special Procedures for Children
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 guiding principles).

All actors providing services to survivors should have staff adequately trained to handle the specific needs of child survivors. Upon receiving the initial report from a child survivor, an assessment should be made of the child’s medical, psychosocial, legal and security needs. A well-trained and skilful social worker, community counsellor or Child Protection Advocates are recommended to make this assessment.

The parents or guardian of the child should be informed about the on-going interview and supported to provide the best care possible for the child. However, as the parent or guardian is a potential perpetrator, the child should be given the chance to talk privately to the social worker or counsellor.

Identification, Documentation, Tracing and Reunification (IDTR) for separated and unaccompanied children
Urgent action for interim care for separated and unaccompanied children means that you cannot leave the child behind. However, all efforts must first be made to locate family or guardians on the spot before removing any child in order to prevent any unnecessary separation occurs.

CHAPTER 4: RESPONSIBILITIES FOR SURVIVOR ASSISTANCE (RESPONSE)

All actors mentioned in the outline of roles and responsibilities below have given their permission to be mentioned as service providers in the four main response sectors: health, psychosocial, legal/justice and security.

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<th>Nutrition Services (for Children)</th>
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<td>Name</td>
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**Basic Support Services for GBV Survivors**

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<th>Name</th>
<th>Location (area/description)</th>
<th>Contact details</th>
<th>Type of Services</th>
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Nutritional support is provided by XX to accompany drug regimen that needs to be taken after sexual violence.

**General health services for Children, including vaccinations**

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<th>Name</th>
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<th>Type of Services</th>
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**Children with disabilities**

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<th>Location (area/description)</th>
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Specific services for children born with physical disabilities, conflict related disabilities, and child-mine survivors.

**Children affected by HIV**

<table>
<thead>
<tr>
<th>Name</th>
<th>Location (area/description)</th>
<th>Contact details</th>
<th>Type of Services</th>
</tr>
</thead>
</table>

Specific services for HIV positive children and/or children living with HIV positive caregivers.

**Response to Sexual Violence**

The WHO Clinical Management of Rape guidelines provide a clear protocol on the health response to survivors and highlights the specific needs of children. Medical providers must ensure they provide confidential, accessible, compassionate, and appropriate medical care for survivors of GBV. Timely provision of medical health care for sexual violence include:

- **Post-Exposure Prophylaxis (PEP)** – within 72 hours of exposure, HIV test NOT necessary, PEP is safe for pregnant women and children – check dose.
- **Emergency Contraceptives** – within 120 hours/5 days after assault (reduce chance by 80-90%), pregnancy test not necessary – emergency contraceptives do not affect already existing pregnancy
- **Sexually Transmitted Infections (STIs)** – preferably within 72 hours (some antibiotics may be effective up to 2 weeks after)
- **Hepatitis B** – within 14 days of exposure

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

Specify that the first doses of PEP should not be delayed by baseline HIV Testing, that Emergency Contraception should be offered to women at risk of pregnancy, the documentation of clinical evidence of assault (appropriate swabs and forensic specimens), STI prophylaxis and hepatitis B vaccination, trauma counselling and referral.

**XXhospital and XX clinics** each have medical personnel trained in the provision of clinical management of rape. Each health centre has post-rape treatment kits 3 which include PEP, STI antibiotics and emergency contraception.

**XXhospital and XX clinics**, are committed to providing all people including survivors of GBV with medical care as a first priority. A survivor will not be turned away from accessing health care because she has not first reported to
the police. The provision of adequate health care to a survivor is the first priority. The attached medical form will be filled in by the clinical officer attending the survivor and kept confidentially.

**Medical Services for Sexual Violence**

<table>
<thead>
<tr>
<th>Name of Health Centre</th>
<th>Location and Opening Hours</th>
<th>Contact details</th>
<th>Type of Service Provided (list for each)</th>
</tr>
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<tbody>
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</table>

**Services for referrals to higher levels of health care, including surgeries**

<table>
<thead>
<tr>
<th>Name of Health Centre</th>
<th>Location and Opening Hours</th>
<th>Contact details</th>
<th>Type of Service Provided (list for each)</th>
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</table>

**Psycho-Social Services**

Psycho-social services for children and survivors of GBV include emotional support, trauma counselling, case management, re-integration, and access to livelihood and education/skills building. Specific support and follow up for children born of rape, both to children and their mothers.

**Counselling**

Counselling services for children and survivors of GBV include the following inter-related types of activities:

- case management,
- emotional support and counselling to assist with psychological and healing from trauma;
- advocacy to assist survivors in accessing needed services;
- child specific counsellors and recreational activities, as per Child Friendly Services
- followup support and assistance with social re-integration.

In XX the following groups are agreed referral partners who provide counselling services to children and survivors of GBV. The following information about their services and location can be provided to children and survivors.

**Child Friendly Spaces**

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contact Details</th>
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</table>

**Emotional Support**

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<th>Name</th>
<th>Location</th>
<th>Contact details</th>
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**Trauma Counselling Services**

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<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contact details</th>
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Trauma counselling services includes services specific to children formerly associated with armed conflict/groups.

**Reintegration Services**

Reintegration activities include specific activities related to skills building, education and livelihoods through a community based approach. Reintegration activities focus on children formerly associated with armed conflict/groups.

**Reintegration Services:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contact details</th>
<th>Specific Services</th>
</tr>
</thead>
<tbody>
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</table>

**Skills Building, Livelihoods and Education**

Education is one of the basic human rights and provides a safe space for children to learn and develop in addition to that education functions as an integral part of prevention of violations against children as they mature.
Skills building targets both children and survivors of GBV to provide a supportive environment and independence. Skills building can as such reduce and eliminate needs for survival sex and other forms of rights’ violations.

Livelihood projects are an important and integrated part as prevention through livelihoods projects which includes resilience against future shocks. For children and survivors of GBV access to livelihoods activities are part of social reintegration and survival.

*Education, formal and non-formal*

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<tr>
<th>Name</th>
<th>Location</th>
<th>Contact Details</th>
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</table>

*Livelihood or skills building activities*

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<th>Name</th>
<th>Location</th>
<th>Contact details</th>
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*Protection and Security*

**Child Specific Services**

Child specific response services in regards of protection and security is related to caring for children while durable solutions are sought. Such services should represent the best interest for children as described in the guiding principles. For protection and security children must be identified, documented, families/caretakers traced and then children and families/caretakers reunified, children must be offered interim care while tracing is on-going.

*Identification, Documentation, Tracing and Reunification (IDTR)*

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<tr>
<th>Name</th>
<th>Location</th>
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*Safe Shelters, Interim Care and Networks*

Survivors may choose to inform police, local leaders or neighbours who are able to improve their security and help them feel safe in their own homes. Training for police, local leaders and community members is therefore a priority to ensure they respond positively to the needs of survivors. Safety for survivors can be offered through safety networks and foster families that accept a survivor (adult and/or minor) to stay with them for a period of time. Interim care is for unaccompanied or separated children, children formerly associated with armed conflict/groups or other children with specific needs. Interim and temporary care arrangements can include: family-based care; foster care; child-headed households; group care; supported independent living; and residential care.

*Safe shelters*

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<th>Name</th>
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*Interim Care*

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<th>Location</th>
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</table>

*Shelter Assistance for Children and Child-Headed Households*

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<thead>
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<th>Name</th>
<th>Location</th>
<th>Contact details</th>
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</table>
**Police procedures**

Referrals should be made to police ONLY if the child/guardian or survivor has given her/his informed consent. A limited number of police in XX have been specially trained to handle GBV cases and cases involving children.

Legal actors will assess the national justice system for child-friendly procedures. In the absence of established procedures, legal actors will introduce and support innovative practices, such as including social workers/case workers in sessions in which children are expected to deliver official statements to the police/courts, or advocate that hearings for children should take place in the judge’s chambers, in the presence of social workers/case workers.

If a survivor chooses to report her/his case to the police, the procedures are:

- The police officer at the desk will show the survivor/child and guardian to a private interview room
- A specially trained police officer will take the survivor’s statement and obtain information relevant to investigation of the alleged crime
- If there are female police officers available, they will conduct the interview
- Child/survivor does not need to present a medical form before investigation starts
- Police begin to conduct investigation immediately
- When warranted, police arrest alleged assailant, and file charges with the court

### Security Actors

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<th>Name</th>
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### Prison and Juvenile Justice

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 juvenile offenders;
- fast-track hearings and monitoring the process;
- assisting with their psycho-social rehabilitation;
- in the absence of national structures, exploring alternative solutions with the camp committee or judiciary body or elders committee while ensuring that the rights of the child are not further violated;
- 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 proven otherwise, and as long as his/her age and maturity allow him/her to provide intelligible testimony, with or without communication aids and other assistance.

Ensure that children are not mixed with adults in prison/detention facilities.

If a child is reported to be found in a prison/detention facility, contact:

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<tr>
<th>Name</th>
<th>Location</th>
<th>Contact details</th>
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### Mine Awareness and Removal Services

Children are extremely vulnerable to unexploded ordinances (UXOs), Improvised Explosive Device (IEDs) and land mines, as such it is of outmost importance to keep children informed and aware of the dangers UXOs in their areas. When areas where UXOs and land mines are present, it is urgent that child friendly information is disseminated that reaches and is understood by children.

If anybody finds a suspicious object they must immediately contact the nearest police, soldier or government official to advise them where the suspicious objects are located. The Somali police have specific staff trained for Explosive Ordinance Disposals (EODs). **DO NOT TOUCH OR REMOVE ANY DEVICE.**

**Steps to follow if you suspect UXOs, land mines or IEDs:**

1. Don’t touch it
2. Mark the area
3. Advise people around
4. Call for the nearest police, soldiers or AMISOM

Mine Removal Services

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contact details</th>
<th>Type of Service</th>
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Mine Risk Education

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<th>Name</th>
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<th>Contact details</th>
<th>Type of Service</th>
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Legal Aid

Legal aid (legal response to GBV and children in contact with the law, child abuse)

Legal actors will clearly and honestly inform the child and caretaker or survivor of the procedures, limitations, pros, and cons of all existing legal options. This includes:

♦ Child friendly legal support;
♦ Ensuring child sensitive procedures;
♦ Giving information about existing security measures that can prevent further harm by the alleged perpetrator;
♦ Ensuring orphans access land rights, inheritance rights and benefits;
♦ 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); and
♦ Informing about available support if formal legal proceedings or remedies through alternative justice systems are initiated.

Legal aid services

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Location</th>
<th>Contact details</th>
<th>Type of Service Provided</th>
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CHAPTER 5: INFORMING SERVICE PROVIDERS ABOUT THESE SOPs

Dissemination of SOP to Service Providers

The entire standard operating procedure is useful only if the community can access services and benefit from the agreed upon procedures and practices. This SOP will only be disseminated in paper copy to those relevant organizations that provide services to survivors of gender based violence or child protection violations including members of the XX GBV Working Group and XX Child Protection Working Group and medical service providers or other humanitarian services. In order to regulate the dissemination of the SOP, XX has been elected and will hold the contact information of all those involved in the SOP.

Additionally, it was agreed that all organizations involved in the referral pathway will provide all of their staff training on the implementation of the SOP to familiarize all field staff with the guiding principles and referral services available. Additionally, where possible, field staff will be a good source to use for disseminating information regarding these SOPs such as the Child Protection Advocates and Child Protection Committees. Finally, they should be involved in contextualizing the SOPs to the different areas.

CHAPTER 6: DOCUMENTATION, DATA, AND MONITORING

Children

IDTR Forms

The attached documents include the Rapid Registration and Assessment Form for registration along with the Tracing and Reunification Form for separated and unaccompanied children. Both of these registration forms should be used to document S/UAM (annexed). XX is available to train actors on the IDTR system and database. For Somalia, INTERSOS and UNICEF are keeping the IDTR database.
MRM
UNICEF is responsible for monitoring of grave rights violations of children, and compiles quarterly reports to the UN Security Council, and for distribution throughout the CPWG for Somalia. Contact XX for MRM information.

GBV
Standard Intake Form
The attached intake form is a template for use by all actors, particularly those participating in the GBV Information Management System (GBVIMS). This form can be adapted for use by each organization as long as the items marked with a * remain to ensure each organization is collecting the same information which can then be compiled and compared.

Actors should ensure members of their organization who collect information from the survivor are appropriately trained on how to fill out the form and how to act in accordance with the guiding principles. They should carry out their responsibilities with compassion, in confidentiality, and with respect for the survivor. XX is available to train actors on use of the standard intake form, incident definitions, plus basic case management and counselling skills.

XX compiles monthly incident reports for [location] and quarterly narrative trend analysis. Monthly incident reports are only available for data gathering organisations as per specific Information Sharing Protocols, while the quarterly narrative trend analysis is available externally.

CHAPTER 7: CO-ORDINATION

XX based Coordination Mechanisms
The XX Protection Cluster will meet to coordinate activities of actors and to discuss and analyse information about Child Protection and GBV incidents being reported, general outcomes, security issues, referral and coordination issues, and other factors. This information will guide the continuous development of response interventions.

XX Protection Cluster
UN Lead:
NGO Lead:

XX GBV WG
UN Lead:
NGO Lead:

XXCP WG
UN Lead:
NGO or Government Lead:

XX Case Management Meetings

Nairobi based Coordination Mechanisms
GBV WG
UN Lead: UNFPA (Marina Capriola, capriola@unfpa.org)
NGO Lead:

Child Protection WG:
UN Lead: UNICEF (Sheema Sen Gupta, ssengupta@unicef.org)
NGO Lead: Save the Children (Mohammed Bundu, m.bundu@savethechildren.org)

SIGNATORY 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;
• fulfill our roles and responsibilities for all child protection concerns and to prevent and respond to GBV;
• provide copies of this document to all incoming staff in our organizations with responsibilities for action to address CP and GBV so that these procedures will continue beyond the contract term of any individual staff member.
<table>
<thead>
<tr>
<th>Organization or Group Name</th>
<th>Date</th>
<th>Signature</th>
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**Referral Form**

1. **ORGANISATION FILE NUMBER**
   
2. **LOCATION (OFFICE & CENTRE)**
   
3. **DATE OF REFERRAL**
4 SUMMARY OF CASE

5 REFERENCE TO WHICH PERSON, INSTITUTION OR ORGANISATION?

6 PLANNED FOLLOW-UP

7 STAFF INTERVIEWER  CONTACT NUMBER OF INTERVIEWER

SIGN: ______________________________

Consent given by survivor before making a referral? ☑ YES ☐ NO
A: Child's Personal Details

Child's Full Name: ________________________________

Nickname: ________________________________

Country of Origin: ________________________________

Age: ________________________________

Region of Origin: ________________________________

Date of Birth: ________________________________

District of Origin: ________________________________

Gender: ________________________________

Settlement/Town: ________________________________

Reg. Number/ID: ________________________________

Date of Arrival: ________________________________

Father's Name: ________________________________ Tel: ________________________________

Mother's Name: ________________________________ Tel: ________________________________

Address of Parents (if different from the address of origin):

Country: ________________________________
Region/Province: ________________________________
District: ________________________________
Town/Settlement: ________________________________

Category of the Child
- **Separated** □  □ **Unaccompanied**  □  □ **Other Vulnerable**

- Is the child in school? □ **Yes**  □ **No**

- If yes, specify Type of Education.
  - Primary □  □ **Secondary** □  □ **Tertiary** □  □ **Vocational Training** □
  - Other(Specify)____________________________
  - Level of Training. ________________________________ _______________________________

**B: Circumstances of Child’s Separation from Parents** *(only for separated & unaccompanied)*

- Date of Separation(mm/dd/yyyy(approximate if full date is not available)

- Reasons of separation from parents
  - Armed Conflict □  To access services elsewhere □
  - Drought □  Poverty □
  - Death of Parents □  Other(Specify)____________________________

**Place of Separation (Last Address)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Region/Province</th>
<th>District</th>
<th>Town/Settlement</th>
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</thead>
</table>

- Is the child in contact with the parents/relatives?
<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
</table>
| Was the separation voluntary
Yes □ | No □ |
| If separation was involuntary, would the child like their relatives to be traced?
Yes □ | No □ |
| Child’s next destination?
____________________________________________ | ____________________________________________ |

**C: Current Care Arrangements**

**Type of Care Arrangement**

| Headed Household | □ | Living alone | □ |
| Interim Care Center | □ | Foster Family | □ |
| Other Relatives/Adults | □ | Other(Specify) | ________________ |
| Living on the Street | □ | | |

**Name of Care Giver**
__________________________________________ Tel. No.

**Relationship with Caregiver**
__________________________________________

**Address of Caregiver/Institution**

<table>
<thead>
<tr>
<th>Country</th>
<th>Region/Province</th>
<th>District</th>
<th>Town/Settlement</th>
</tr>
</thead>
</table>
D: Protection Concerns

Does the child have specific Protection concerns? If yes select from the list below

Medical Problems □ □
Psychosocial Distress □
Wounded □ □
Orphan □
Pregnancy □
Other(Specify) __________________________________________

Action taken? Yes □ No □
Describe action taken ______________________________________________________

Is further follow-up required? Yes □ No □
If yes, describe __________________________________________________________

Has the child been referred to any service? Yes □ Yes □
If yes then, select type of service
GBV Support □ PSS □
Medical Support □

E: Place of Registration:
Country Region/Province District Town/Settlement

25
### TRACING ACTION AND REUNIFICATION FORM

#### SECTION 1 - CHILD'S PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Registration I/D Number</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

#### Type of Tracing Action

- Mass Tracing List
- Individual Tracing
- Referral to ICRC
- Referral to another NGO
- Photo Tracing
- Radio Tracing
- Red Cross Messages
- Other (Specify)______________________

Date of Tracing ______________

<table>
<thead>
<tr>
<th>Location of Tracing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Settlement/Town(if not known enter landmarks e.g. hills, trees, names of schools or hospital etc.)</td>
</tr>
</tbody>
</table>

Country | Region/Province | District |

Registration for Separated & Unaccompanied Children PAGE 1
### SECTION 2 - IDENTITY OF THE ADULT WITH WHOM THE CHILD WAS REUNIFIED

<table>
<thead>
<tr>
<th>Date of Reunification</th>
<th>_________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult's Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Address of adult with whom the child was reunified</td>
<td>Country</td>
</tr>
<tr>
<td>Settlement/Town (if not known enter landmarks e.g. hills, trees, names of schools or hospital etc.)</td>
<td></td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
<tr>
<td>Relationship of adult to child</td>
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</tbody>
</table>
### SECTION 3 - FORM COMPLETED BY

<table>
<thead>
<tr>
<th>Name/Sign.</th>
<th>Position</th>
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<table>
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<th>Agency</th>
<th>Place</th>
<th>Date</th>
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<table>
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<th>Location of Reunification</th>
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<tr>
<td>Settlement/Town (if not known enter landmarks e.g. hills, trees, names of schools or hospital etc.)</td>
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</tbody>
</table>
To: All staff

From: President or Director of Humanitarian NGO

Re: Code of Conduct for all Staff

In accordance with the mission and practice of [YOUR ORGANIZATION] and principles of international law and codes of conduct, all [YOUR ORGANIZATION] humanitarian staff, including both international and national, regular full- and part-time staff, interns, contractors, and volunteers, are responsible for promoting respect for fundamental human rights, social justice, human dignity, and respect for the equal rights of men, women, and children. While respecting the dignity and worth of every individual, the [YOUR ORGANIZATION] humanitarian worker will treat all persons equally without distinction whatsoever of race, gender, religion, colour, national or ethnic origin, language, marital status, sexual orientation, age, socio-economic status, disability, political conviction, or any other distinguishing feature.

[YOUR ORGANIZATION] humanitarian workers recognize that certain international standards of behaviour must be upheld and that they take precedence over local and national cultural practices. While respecting and adhering to these broader frameworks of behaviour, [YOUR ORGANIZATION] specifically requires that [YOUR ORGANIZATION] humanitarian workers adhere to the following Code of Conduct.

Commitment to [YOUR ORGANIZATION] Code of Conduct

A [YOUR ORGANIZATION] humanitarian worker will always treat all persons with respect and courtesy in accordance with applicable international and national conventions and standards of behaviour.

A [YOUR ORGANIZATION] humanitarian worker will never commit any act that could result in physical, sexual, or psychological harm to the beneficiaries we serve.

A [YOUR ORGANIZATION] humanitarian worker will not condone or participate in corrupt activities or illegal activities.

[YOUR ORGANIZATION] and [YOUR ORGANIZATION] humanitarian workers recognize the inherent unequal power dynamic and the resulting potential for exploitation inherent in humanitarian aid work, and that such exploitation undermines the credibility of humanitarian work and severely damages victims of these exploitative acts and their families and communities. For this reason, [YOUR ORGANIZATION] humanitarian workers are prohibited from engaging in sexual relationships with beneficiaries. Sexual activity with children (persons under the age of 18) is strictly prohibited.

A [YOUR ORGANIZATION] humanitarian worker must never abuse his or her power or position in the delivery of humanitarian assistance, neither through withholding assistance nor by giving preferential treatment including requests/demands for sexual favours or acts.

It is expected of all [YOUR ORGANIZATION] humanitarian workers to uphold the highest ethical standard of integrity, accountability and transparency in the delivery of goods and services while executing the responsibilities of their position.

A [YOUR ORGANIZATION] humanitarian worker has the responsibility to report any known or suspected cases of alleged misconduct against beneficiaries to senior management (as outlined in the reporting pathway) immediately. Strict confidentiality must be maintained to protect all individuals involved.

1 NOTE: Different considerations will arise regarding the enforcement of some of these principals for humanitarian workers hired from the beneficiary community. While sexual exploitation and abuse and the misuse of humanitarian assistance will always be prohibited, discretion may be used in the application of the principles regarding sexual relationship for this category of humanitarian worker.

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Registration for Separated & Unaccompanied Children PAGE 1
I, the undersigned, hereby declare that I have read and understand this Code of Conduct. I commit myself to exercise my duties as an employee of the Gender-based Violence Program in accordance with the Code of Conduct. I understand that if I do not conform to the Code of Conduct, I may face disciplinary sanctions.

Name:  ____________________________________________
Function:   ______________________________________
Signature:   ______________________________________
Date:   __________________________________________

Manager’s Name:  ______________________________________
Signature:   ______________________________________
Date:   __________________________________________