



**STANDARD OPERATING
PROCEDURES FOR PREVENTION OF
AND RESPONSE TO GENDER BASED
VIOLENCE
IN
HUMANITARIAN SETTING**

Cagayan de Oro City, Philippines

August 2012



This Standard Operating Procedure Was Developed in Collaboration with:

A. Local Government Units

1. City Social Welfare and Development (CSWD)
2. City Health Office (CHO)
3. Community Improvement Division (CID)
4. Oro Youth Center (OYC)
5. JR Borja City Hospital
6. Liga Ng Mga Barangays (Association of Barangay Council)
7. Office of the City Mayor
8. City Planning Office
9. City Budget Office
10. LCAT-VAWC

B. Non Government Organizations (NGOs)

1. Technology Outreac and Community Help (TOUCH) Foundation Inc.
2. PILIPINA
3. ALAGAD Mindanao
4. Family Planning Organization of the Philippines (FPOP)
5. Differently Abled Women's Network (DAWN)
6. Gugma Sa Kabataan
7. Nehemiah House
8. Malisa Home

C. National Agencies

1. National Bureau of Investigation(NBI)
2. Department of Social Welfare and Development(DSWD)
3. Department of Interior and Local Government (DILG)
4. Commission on Human Rights (CHR)
5. Northern Mindanao Medical Center (NMMC)
6. Philippine Commission on Urban Poor (PCUP)
7. Cagayan de Oro City Police Office (COCPO)
8. Department of Education (Dep Ed.)

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1. Introduction

Women Victims-survivors of Gender Based Violence as well as their children are known to suffer a wide range of physical, sexual, mental and emotional problems ,with long term effects, if not given the right intervention. The vulnerability of women and girls exposure to sexual and gender based violence is very high when natural disasters and armed conflict strike.

When Typhoon Sendong struck in Cagayan de Oro City on December 16, 2012, women and girls in affected barangays were displaced and exposed to high risks of vulnerabilities. Led by UNFPA and the City of Cagayan de Oro , in coordination of DSWD X and other Humanitarian organizations such as UNICEF, Save the Children, etc., SGBV sub cluster, with multi sectoral composition was organized for preventive and response to SGBV in emergencies.

Key interventions such as multi sectoral planning , information sessions on GBV were conducted at the evacuation camps and transitory sites . Series of meetings /consultations and workshops among members of the SGBV sub cluster were convened for the drafting of the SOP Guidelines. This Standard Operating Procedure Guidelines was developed, to facilitate a collective action by all stakeholders to prevent and respond to GBV. Parallel to this effort was the strengthening of partnership and referral system for effective and efficient response to GBV through collaborative, multi functional inter- agency and community based approach.

1.1. Purposes

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.

The SOPs reflect a community and rights-based approach to the problem. 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. Meeting those basic services for victim survivors requires the coordinated efforts of several agencies through the establishment and strengthening of the referral system.

The need for standard procedures, is a way of ensuring that these procedures are gender sensitive and responsive to the needs of GBV survivors especially in emergency setting. A multi disciplinary approach is a need for proper coordination to provide protection and support to victims-survivors.

1.2. Companion guides and key resources

All parties to these SOPs have copies of the following guidelines and use them to guide further development of GBV prevention and response actions. The guidance in these documents has been used to develop these SOPs.

Cagayan de Oro City Domestic Ordinance No. 8972-2003: Ordinance Penalizing Domestic Violence as Defined, Providing Protective Measures Thereof and Other Purposes.

Republic Act 9262-Anti Violence Against Women and their Children Act of 2004; IRR

Guidelines In the Establishment and Management of Referral System on VAW at the LGU Level; Philippine Commission on Women and Inter Agency Council On Violence Against Women and their Children; pcw.gov.ph

Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies. Geneva, Inter-Agency Standing Committee, 2005.
http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp (available in several languages)

Sexual and gender-based violence against refugees, returnees, and internally displaced persons: guidelines for prevention and response. Geneva, United Nations High Commissioner for Refugees, 2003.
<http://www.unhcr.org/protect/PROTECTION/3f696bcc4.pdf>

WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. Geneva, World Health Organization, 2007.
http://www.who.int/gender/documents/EthicsSafety_web.pdf (available in several languages)

Additionally, for health/medical providers:

Clinical management of survivors of rape: developing protocols for use with refugees and internally displaced persons, revised ed. Geneva, World Health Organization/United Nations High Commissioner for Refugees, 2004. http://www.who.int/reproductive-health/publications/clinical_mngt_rapesurvivors/clinical_mngt_rapesurvivors.pdf (also available in Arabic and French)

1.3. Scope of these SOP Guidelines in Humanitarian Setting

This SOP describe the, purpose, guiding principles, roles, responsibilities and procedures for prevention of and response to any form of gender-based violence affecting the Internally Displaced Persons (IDPs) in the evacuation camps, transitory sites and communities described in Section 2 below. Although there is special emphasis on sexual violence, actions are not to be limited to only sexual violence.

This Standard Operating Procedure Guidelines will be reviewed and updated regularly by the members of the LCAT/CIACAT-VAWC and expanded to reflect more comprehensive prevention and response interventions.

NOTE: Throughout this document, the female voice is used (“her”, “she”) solely for simplicity and ease of reading. The entire document should be taken to apply to any survivor/victim of GBV - women, girls, men, or boys.

ACRONYMS USED

BWDC	Barangay Women Development Committee
CEDAW	Convention for the Elimination of All Forms of Violence Against Women
CM	Case Manager
CHO	City Health Office
CHD	Center for Health and Development
CIACAT-VAWC	City Inter Agency Committee on Anti Trafficking and Violence Against Women and Children
CSWDO	City Social Welfare and Development Office
Cor A	Coordinating Agency
CWC	Council for the Protection of Children
DAWN	Differently Abled Women’s Network
Dep Ed	Department of Education
DILG	Department of Interior and Local Government
DOH	Department of Health
DOJ	Department of Justice
DSWD	Department of Social Welfare and Development
FBO	Faith Based Organizations
GAD	Gender and Development
IBP	Integrated Bar of the Philippines
IDP	Internally Displaced Persons
IRR	Implementing Rules and Regulations
LEA	Law Enforcement Agency
LGU	Local Government Unit
MCW	Magna Carta of Women
NBI	National Bureau of Investigation
NGO	Non Government Organization
PAO	Public Attorney’s Office
PCW	Philippine Commission on Women
PNP	Philippine National Police
RA	Republic Act
Rec A	Receiving Agency
Ref A	Referring Agency
RN	Referring Network
TESDA	Technical Education and Skills Development Authority

TOUCH	Technology Outreach and Community Help Foundation
UNFPA	United Nations Population Fund
VAW	Violence Against Women
VAWC	Violence Against Women and their Children
WCCD	Women and Children Protection Desk
WCPU	Women and Children Protection Unit

2. Setting and Persons of Concerns

These SOPs have been developed for use in the following settings:

Location	Type of Setting	Persons of Concern
<i>Cagayan de Oro City, Philippines</i>	<i>Transitory site Relocation Sites Evacuation Camps Communities</i>	<i>IDPs/,Disaster Affected.</i>

3. Definitions and Terms

3.1. General 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).

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, local populations, employees, or volunteers of UN agencies, NGOs, host government institutions, donors, and other members of the international community.

Community is the term used in these guidelines to refer to the population affected by the emergency. In individual settings, the “community” may be referred to as refugees, internally displaced persons, disaster-affected, or another term.

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 agencies are selected by the GBV working group and endorsed by the leading United Nations entity in the country (i.e. Humanitarian Coordinator, SRSG).

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 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. 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. Examples include:

- Sexual violence, including sexual exploitation/abuse and forced prostitution
- Domestic violence
- Trafficking
- Forced/early marriage
- Harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others

3.2. GBV case definitions for this setting

The incident types/case definitions listed below reflect the current recommended good practice for classifying GBV incidents. Please see Annex 3 for suggested case definitions and discussion of the issues to consider in any setting.

Incident Type Definitions¹:

1. Rape: non-consensual penetration of the vagina, anus, or mouth with an object or body part.
2. Sexual violence: refers to an act which is sexual in nature, committed against a woman and her child. It includes, but is not limited to:
 - a) Rape, sexual harassment, acts of lasciviousness, treating her woman or her child as a sex object, making demeaning and sexually suggestive remarks, physically attacking the sexual parts of the victim’s body, forcing her/him to watch obscene publications and indecent shows or forcing the woman or her child to do indecent acts and /or making films thereof, forcing the wife and the mistress/lover to live in the conjugal home or sleep together in the same room with the abuser;
 - b) Acts causing or attempting to cause the victim to engage in any sexual activity by force, threat of force, physical or other harm or threat of physical or other harm or coercion.
3. Physical violence: refers to acts that include bodily or physical harm

¹ Case definitions here are the legal definitions used in national laws –RA 9262:Anti Violence Against Women and their Children Act.

4. Psychological violence: refers to acts or omissions causing or likely to cause mental or emotional suffering of the victim such as but not limited to intimidation, harassment, stalking, damaged to property, public ridicule or humiliation repeated verbal abuse and marital infidelity. It includes causing or allowing the victim to witness the physical, sexual or psychological abuse of a member of the family to which the victims belongs or to witness pornography in any form or to witness abusive injury to pets or to unlawful or unwanted deprivation of the right to custody and/ or visitation of common children.
5. Economic abuse: refers to acts that make or attempt to make a woman financially dependent which includes, but is not limited to the following:
 - a) Withdrawal of financial support or preventing the victim from engaging in any legitimate profession, occupation, business or activity, except in cases wherein the other spouse/partner objects on valid, serious and moral grounds as defined in Article 73 of the Family Code;
 - b) Deprivation or threat of deprivation of financial resources and the right to the use and enjoyment of the conjugal, community or property owned in common.
 - c) Destroying household property
 - d) Controlling the victims own money or properties
6. Other GBV: This category should be used only if any of the above types do not apply. Please note that this category does NOT include domestic violence, child sexual abuse, trafficking, sexual slavery, trafficking or exploitation.

4. Guiding Principles

All actors agree to adhere to all of the following guiding principles:

4.1.1 Best interest of the Child. All assistance and protection provided to a child should be based on the child's best interest which shall be considered paramount. It Includes respecting and realizing all the rights of the child.

4.1.2. Comprehensive continuum of care. A holistic approach is necessary to guarantee an effective recovery and reintegration of the victim-survivor of violence. As such, a comprehensive continuum of care in accordance with the economic, physical, psychological and social condition of the client should be made available in collaboration with other agencies and organizations. A referral mechanism must be in place to assist the client gain access to all available services and resources in the community. Programs and services must be child sensitive and gender responsive to the specific needs of women and their children.

4.1.3. Confidentiality and right to privacy. Only relevant information should be gathered by the case manager/service provider and any release of disclosure of such information must be with the consent of the victim –survivor. The referral system must ensure. The protection of the privacy of the client and the confidentiality of the information.

4.1.4. **Empowerment** is the process of increasing personal, interpersonal or political will so that individuals, families and communities can take action to improve their situation. The focus is on the enhancement of the innate strengths and capacities of the woman victim-survivor to make decisions for herself, assist her to secure access to and control over needed resources and to acquire knowledge and skills to function independently.

4.1.5. **Gender Sensitivity.** This is the ability to recognize that women's perceptions, experiences and interest may be different than those of men, arising from an understanding of women's different social position and gender roles. The provision of gender sensitive services includes rights-based approach, i. E. According to women at all times and in all stages in responding to their needs, their respect and dignity as their inherent right.

4.1.6. **Individual treatment and care.** While recognizing that victims –survivors share a number of common experiences and circumstances, the service provider should consider the individuality of each client not only in terms of age, and sex but also socio cultural and family background, personality characteristics and experiences before, during and after the violent incident/situation. Special consideration must be undertaken to children considering their level of development and needs.

4.1.7. **Informed consent.** All assistance to the victim-survivor should proceed on the basis of her full consent. It is incumbent on the service provider to explain relevant actions, policies and procedures from the initial contact with or admission to the agency until the termination of the assistance, in such way that the client understands before seeking consent to any action or proposal. If necessary, an interpreter of the same sex should assist the client. For a child, their views and opinions must be heard and taken into account. Information must be given to the child appropriate to his/her level of maturity and understanding. It is recommended that the client indicate his/her consent in writing. The clients should sign documents in behalf of her child after considering the child's opinion on the matter.

4.1.8. **Non –discrimination.** Every individual is entitled to equal protection and rights regardless of age, race, color, nationality, language, status, religion/faith, political and other opinion, ethnic/cultural or social origin, disability, property or other status. Therefore, provision of services and all actions related to the victim-survivor by the agencies/organizations in the referral network should not be contingent on any of the aforementioned factors.

4.1.9. **Participation, self determination, and right to information.** This in recognition of the right and need of the victim-survivor to make their own informed choices and decisions on all matters related to her life. Opportunities for the client to express her views and participate in the decision making process should be provided by the case manager/service provider. For meaningful participation, the client must have access to accurate and complete information about her legal options and services available. A child's level of development and understanding must be considered in areas of participation and decision- making.

4.1.10. **Respect for and protection of human rights.** As VAW is a human rights violation, all assistance and protection efforts should strive for the restoration of the victims rights and prevent further violations. The victims themselves should be made aware of their rights and responsibilities and all service providers/agencies should respect these rights.

4.1.11. **Right to access to justice** refers to the ability of people to seek and obtain a remedy through formal or informal institutions of justice and in conformity with human rights standards. The victim survivor must be provided legal counselling and information on various legal options, processes, procedures and timelines in seeking protection orders, filing complaints, witness protection and compensation and understanding the justice system, among others.

4.1.12. 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.

4.2. Guiding principles for working with individual survivors/victims

- 4.2.1 Ensure the safety of the survivor and his/her family at all times.
- 4.2.2. Respect the confidentiality of the affected person(s) and their families at all times.
- 4.2.3. Respect the wishes, choices, rights, and dignity of the survivor.
- 4.2.4. Ensure non-discrimination in the provision of services.
- 4.2.5. 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.

5. Reporting and Referral Mechanisms

5.2. Disclosure and reporting

A survivor has the freedom and the right to disclose an incident to anyone. She may disclose her experience to a trusted family member or friend. She may seek help from a trusted individual or organization in the community. She 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 tells about her experience has a responsibility to give honest and complete information about services available, to encourage her to seek help, and to accompany her and support her through the process whenever possible.

The suggested entry points to the helping system for survivors/victims 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.

The suggested help-seeking and referral pathway for GBV response is illustrated on page 15 and referrals, information sharing, and consent are described in sections 5.3 – 5.7 below. Documentation issues are discussed in Section 9.

5.2.2. Certain types of 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. 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.](#)

5.2.3. Relevant mandatory reporting laws and policies in this setting

Mandatory reporting laws, policies, or other requirements.

Various international and national documents signed and promulgated signed by the Philippine Government attest to the need for a more women and their children-sensitive delivery of VAW services. These include the following:

A. International Mandates

1. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
 - Article 6 states that " Women have the right to be protected from all forms of trafficking, exploitation and prostitution".
 - General Recommendations No. 19, paragraph 6, states that "gender based discrimination covers all forms of gender base violence(GBV).It also defines gender-based violence as " violence that is directed at a woman because she is a woman or that affects disproportionately. It includes act that inflict physical, mental or sexual harm or suffering, threats of such act, coercion and other deprivation of liberty.
2. Vienna Declaration on the Elimination of VIOLENCE Against Women (DEVAW)
 - Article 1 defines Violence Against Women (VAW) as " any act of gender-based violence that results in physical, sexual or psychological harm or suffering to women, including threats of such act, coercion or arbitrary deprivation of liberty, whether occurring in public or private life".
3. Beijing Platform for Action (BFPA)
 - Presented 12 critical areas of concern for governments with regard to addressing discrimination against women. Included in these areas is violence against women which was recognized as " an obstacle to the achievement of the objectives of equality, development and peace."
4. UN Convention on the Rights of the Child (CRC).

Article 19 : State Parties shall take appropriate legislative, administrative, social, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardians or any other persons who has the care of the child.

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

B. National Legislations

1. Article II. Section 14 of the Philippine Constitution: provides that the "State recognizes the role of women in nation-building , and shall ensure the fundamental equality before the law of women and men."
2. RA 8505, the Rape Victims Assistance and Protection Act of 1998
 - Section 3 states that the Department of Social Welfare and Development (DSWD),the Department of Health (DOH),the Department of Interior and Local Government (DILG), the Department of Justice (DOJ), and a Non –Government Organization (NGO) with proven track record and experience in handling sexual abuse cases, shall establish in every province and city a rape crisis center located in a government hospital or health clinic.
3. RA 9208, Anti Trafficking in Persons Act of 2003.
 - Sec. 23 states that "to ensure recovery, rehabilitation and re integration into the mainstream of society, concerned government agencies shall make available the following services to the trafficked persons.
 - a. Emergency shelter
 - b. Counselling to trafficked victims and strengthen their family as support system
 - c. Free legal services which shall include information about victim's rights and procedures in filing complaints , claiming compensation and such other legal remedies available to them, in language understood by the trafficked person
 - d. Medical and psychological services
 - e. Livelihood skills training.
 - f. Educational assistance to a trafficked child.
4. RA 9262, Anti VAWC Act of 2004
 - Section 35 enumerates the following rights of victims:
 - a. To be treated with respect and dignity
 - b. To avail of legal assistance from the PAO of the DOJ or any public assistance office
 - c. To be entitled to support services from the DSWD and the LGUs and
 - d. To be entitled to all legal remedies and support as provided for under the Family Code; and to be informed of their rights and the services available to them including their right to apply for a protection order.
5. RA 9710 Magna Carta of Women (MCW)

C.DSWD Administrative Orders and Guidelines

The DSWD, through the mandate of the local laws to protect women and children, has issued the following guidelines and administrative orders:

1. Guidelines for the Implementation of the Special Project for Women in Especially Difficult Circumstances(WEDC)
2. Administrative Order No. 141, Series of 2002,Standards in the Implementation of Residential Care Service.
3. Administrative Order No.67, series of 2004,Guidelines in the Operationalization of a "Rape Crisis Center.

5.2.4. Strategies and procedures for informing survivors and making any mandatory reports

Before undergoing any inquiry into sexual violence in communities affected by any disaster or other form of emergency, those involved in the collection and use of information must ensure that the information /data gathering is necessary, justified and will benefit the community. The following are the critical considerations:

- ◆ The purpose, methodology, target audience and the intended end use of the data to be collected should be clearly defined.
 - ◆ All members of data gathering team must be carefully selected and provided relevant and sufficient training and ongoing support.
 - ◆ Anyone providing information about sexual violence must give informed consent.
 - ◆ Additional safeguards must be put into place if children are to be the subject of information gathering.
 - ◆ Special attention to activities that involve the interviewing of survivors, who have experienced sexual violence .
- ✚ The desired outcome cannot be achieved without gathering information in this way
 - ✚ That the information is needed and is not otherwise available
 - ✚ That the welfare of respondents can be properly protected.
- ◆ Information collection activities should be conducted in such a way so as to maximize benefit to survivors, participants and the community.
 - ◆ Communication and coordination between organizations or individuals working on sexual violence should be promoted in order to avoid duplication of effort and to maximize the utility of existing data.
 - ◆ Results of information gathering should be reported back to the community in a timely manner if it is safe and appropriate to do so.

5.3. 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 in Section 6, Responsibilities for Survivor/Victim Assistance (Response).

The agreed localized referral pathway for GBV in emergencies developed by CPWG is illustrated in detail in [Annex](#)

HELP-SEEKING AND REFERRAL PATHWAY FOR [Cagayan de Oro City]

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

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

Medical/health care entry point

- Cagayan de Oro City Health Office;
- JR Borja/City Hospital
- Northern Mindanao Medical Center)
- National Bureau of Investigation

Psychosocial support entry point

- (City Social Welfare and Development
- Department of Social Welfare and Development)
- City Health Office
- Center for Health and Development-DOH
- NGOs



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

- National Bureau of Investigation
- Criminal Investigation and Detection Group(CIDG)
- Cagayan de Oro City Police Office:(Please see Annex _____ for list of Police Stations and Contact Number.

Legal Assistance Counsellors or Protection Officers

- City Prosecutors Office
- Department of Justice
- Public Attorney's Office
- Commission on Human Rights



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	Basic needs, such as shelter, ration card, children's services, safe shelter, or other

5.4. Consent and information sharing

The victim/survivor should be given honest and complete information about possible referrals for services. If she agrees and requests referrals, she must give her informed consent before any information is shared with others. She must be made aware of any risks or implications of sharing information about her situation. She 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.

The survivor must also understand and consent to the sharing of non-identifying data about her 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.).

Anybody providing information about sexual violence must give informed consent before participating in the data gathering activity. This is to ensure that respondent are aware of and understand the purpose and content of the data collection, and the process to undergo, the risk and benefits and also their rights during the data gathering. The following are considerations in the informed consent process;

- Careful attention must be paid to how information is given, considering issues of power and control in the sitting.
- Information gatherers need to make sure they are not overly influencing participants with their authority attitude. Those collecting information should also be mindful of not making unrealistic promises. The interviewer must carefully assess each aspect of the participants understanding and explain or rephrase the information as many times as required.
- As part of the consent process, it is critical that participants are given information about each of the following;
 - ✓ The reason for interview
 - ✓ Subject matter to be discussed
 - ✓ The personal and possibly upsetting nature of the questions that may be asked
 - ✓ The potential risk and benefits involved in participating
 - ✓ The precautions being taken to protect confidentiality

- ✓ Whether information will be shared, and if so how and with whom (if identifiable information is going to be shared with the third parties, the identity of these third parties must be disclosed).
- The generally accepted approach to obtaining informed consent;
 - ✓ Read aloud to the interviewee the consent statement, allowing time for questions and clarifications of individual points.
 - ✓ After having explained the key points, the interviewer should ask the participants to repeat back in their own words why the interview is being done, what they think they will gain from doing it, what they have agreed to, what the risk might be, and what would happen if they refuse.
 - ✓ The last step in obtaining consent, can be done either verbally or in writing
- Given the sensitive nature of the issue, asking for a signature to confirm that informed consent has been given may not always be appropriate. A signature will identify someone and possibly place that individual at risk. Two (2) alternative strategies are:
 - ✓ The interviewer can sign a form to confirm that consent was given by the respondent.
 - ✓ The respondent can sign a separate form which simply states that informed consent is given to participate in an interview. Thumbprint or X signature may not be appropriate for respondents who are illiterate as they cannot read what they are "signing"
- Respondents have the right to refuse to answer specific questions or to take part in sections of the interview.

5.5. Immediate response actions and referrals

In general, the person who receives the initial disclosure (report) of a GBV incident from a survivor will act in accordance with the referral mechanism illustrated above on page 18, which includes opportunities at each stage to move forward or stop. The survivor 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 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 any actor to whom they refer a victim/survivor.

It is highly recommended that basic care and support to victims/survivor must be available locally before commencing any activity that may involve individuals disclosing information about their experience of sexual violence.

- In the early stages of humanitarian crisis, anyone gathering information on sexual abuse must be prepared to work with local actors, such as women leaders, midwives or local security officers, to ensure access of basic level of follow up care and support
- “basic care and support” should comprise medical care-treatment for injuries, prevention of disease and unwanted pregnancy, mental health assessment, emotional support (as outlined in the IASC guidelines for GBV interventions) and protection from further violence, e.g. provision of options for safe shelter, police investigation.
- If the collection information involves children, basic care and support must include services designed to meet the needs of children
- Referral for follow up services must be confidential and only made with the consent of the individual.

Safety and security considerations apply not only to participants but extend to all those involved in the data collection activity, including the members of the information collection team and also the community.

- All members of the collection team should understand and be sensitive to the political, socio-cultural, security and economic factors that may affect the safety and security of those involved in the data collection process.
- The identity of those who have provided information about sexual violence must be protected.
- If data are to be shared, this should be done with the utmost consideration for the safety of those who could be put at risk by the dissemination of such information.
- All individual interviews and group discussions should be held in a safe place, where participants cannot be overheard.
- Before initialling data collection, a data security plan should be developed.

The confidentiality of individuals who provide information on sexual violence must be protected all the times.

- All individuals involved in data collection, documentation and /or research relating to sexual violence should receive training in the need for strict confidentiality.
- Highlight confidentiality and safety issues in settings where the interviewers and other team members are drawn from the community that is part of the planned investigation.
- The name of the survivors, interviewees and/or translators should not be used on forms or case records or other written materials generated as part of the investigation.
- All complete forms, case notes and records, and any photographs, audio tapes and video tapes should be stored as soon as possible after use in a secure location ideally in locked cabinets.
- Audio and video recording of interviews should be destroyed once a transcript of the interview has been created.
- Participants in an information collection activity should never be recognizable through photographs, audio or video recording.
- in cases of child victims of sexual violence, investigators are advised to refer to the guiding principle of acting in “the best interest of the child”

5.5. Special procedures for child victims/survivors

Involving children in sexual violence information gathering requires consultation with people who are experienced in working with children on sensitive topics such as sexual violence.

- 5.5.1. There must be a strong case for including children in information collection about sexual violence in emergencies, given that the risks of harm to children may be even greater than for adults.
- 5.5.2. Specialist technical advice and support should be sought in order to ascertain whether it is acceptable to involve children in inquiries into sexual violence.
- 5.5.3. Consent procedures must be designed with children's specific needs, age and level of understanding in mind;
 - ✓ Consent policies and procedures relating to children should comply with existing local and national laws and policies.
 - ✓ Information about the activity should be provided to children and their parent or guardian in a manner that is appropriate to their culture, education and level of understanding
 - ✓ Consent forms and other informational tools should be developed in consultation with trusted community members and designed specifically for the age groups to be included in the activity.
 - ✓ Informed consent must be provided by a parent or guardian, unless local laws state otherwise.
 - ✓ For older adolescents, if an activity is deemed by experts in child's rights, ethics and/or protection to bear minimal risks, parental consent may not be required.
- 5.5.4. If there is any doubt about the protection provided by a parent or guardian either during or after participation of the child in the information activity, or whether the parent guardian is acting the best interest of the child, that child should not participate in the activity.
- 5.5.5. During the planning stages of the information collection activity, clear measures should be put in place to identify what course of action will be taken if children disclose they are in danger from immediate family or people they are living with.
- 5.5.6. Only interviewer with specialized training in working with children should be selected to conduct interviews with children.
- 5.5.7. Interviewers must make sure that that the children with whom they are working with understand that they have the option to stop or withdraw from the activity anytime they wish without negative consequences.
- 5.5.8. Basic care and support must include services designed to meet the needs of children, if these services are not available in the context, they must be provided before undertaking information collection.
- 5.5.9. Unaccompanied children and those who have lost their families should participate in information collection only if the results will be of direct benefit to them.
- 5.5.10. Advise children as well as their parents, guardians or caregivers, of the referral services and protection mechanisms that are available to them.

6. Responsibilities for Survivor/Victim Assistance (Response)

6.1 Health/medical response

Medical 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

Protocol for Police when Dealing with Rape Survivors

1. All rape survivors should preferably be interviewed by a female police officer who has been trained to deal with such cases.
2. No rape survivor should be turned away to seek help elsewhere under the pretext of the offense having been committed in other district.
3. All rape survivors should be interviewed in a private room.
4. Rape survivors should not be subjected to insulting or accusing comments by members of the police force. For example, a sex worker should not be told she asked to be raped.
5. After the interview, survivors must be taken immediately (but not later than 2 hours thereafter) to the nearest health care clinic, provincial hospital or crisis center for medical assessment. A list of these facilities and the duty nurse or doctor should be available at every police station and the regional radio control unit.
6. When called to a health care facility the police should arrive there as soon as possible.
7. The police should be able to give the rape survivor information about post – trauma counselling services such as local support groups.
8. The police should counsel the survivor on the importance of preserving evidence until she has undergone a forensic examination (e.g. Not washing or changing her clothes)
9. The police should explain to the rape survivor the investigative steps that will be followed as well as what will happen during any future court case.

Forensic Evaluation of Survivors of Sexual Abuse

The contents of Interviews of rape survivors may overlap for - Therapeutic, Investigative, Medical and Forensic purposes.

1. Therapeutic Interview

- Is done to assist and support the px during the initial stage of crisis or trauma.
- The information is not primarily gathered for use in court as evidence
- Undertaken by a px advocate such as nurse, social worker or lay person who has initial contact with px .

2. Medical Interview

- Not investigative in the medico legal sense
- Deals with symptom complaints, past medical hx and correlation of sx's with alleged abuse
- Special emphasis on px obstetric and gynaecological, and her sexual history.
- Subsequent px mgmt is discussed such as pregnancy prevention, STI mgmt and ongoing counselling
- Medical and sexual hx helps interpret physical findings

3. Treatment and Counseling

- Unless medically contraindicated, all survivors should be offered anti-microbial therapy to prevent STIs.
- Offer Hepatitis B vaccination
- Those at risk for HIV infection should be given counselling on HIV/AIDS

4. Ensure quality health care to survivors through;

- Non –judgmental attitudes from providers
- Emotional support
- Privacy and confidentiality
- Information about links between SA and health
- Information about their legal rights and referrals to services in the community when necessary
- Safety planning
- Emergency contraception

Roles and Responsibilities of RHU/City Health Office, WCPU/Medical Facility

A. Immediate Interventions

1. Provision of immediate medical treatment/care
 - a. history taking, physical and anogenital examination.
 - b. Conduct of forensic examination (if applicable)
 - c. Documentation & recording of injuries and findings
 - d. Collection of evidence
 - e. Issuance of medical certificate.
 - f. Psychosocial counselling/interventions by medical social worker and psychologist
 - g. Psychological/psychiatric evaluation/care/treatment
 - h. Provision of food, medicines, transportation, as needed by victim survivor
 - i. Ensure privacy of victim-survivor and confide.
2. Referral to the LEA for investigation and the P/C/MSWDO for assistance and support services (**Referral for Services Form: VAW Form 2**)

B. Intermediate Functions

1. Coordination and participation in case conferences and consultation with partner agencies/RN
2. Coordination with LEA and P/M/CSWDO on risk assessment of victim-survivor
3. Assessment of safety of woman and child/ren
4. Respond to subpoena and testify in court as necessary
5. Act on referrals from other agencies and fill up/return the Referral Feedback form (**VAW Form 3**)

6.5.Psychosocial response

Article V, Section 17 of the IRR of RA 9208 and Section 39 of RA 9262 provides that the DSWD and LGUs shall provide psycho-social counselling, temporary shelter, rehabilitation services and other support services to victims/survivors of VAWC.

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.

6.5.1. Emotional support

A woman survivor/victim of abused often copes by being in the state of helplessness that may camouflage anger or other strong emotions which she was unable to face or express while in the violent relationship.

One way to provide community based psychological and emotional support to survivor, is to help her understand the danger she has experienced and may experience in the future. However, let her know that alternatives exist Inform her about her rights and the services that are available to her. Being sensitive and respectful to the cultural values and beliefs which affect her behavior is of important consideration in dealing with survivors. Below is the list of organizations providing emotional and psychological support to survivors.

List of Organizations providing emotional/psychological/spiritual support and counselling for GBV survivors

Organizations	Services Provided
Center for Health and Development	Counseling, Reproductive Health
City Health Office(CHO)	Counseling, Reproductive Health, Medical examinations
Northern Mindanao Medical Center	mental health assessment
City Social Welfare and Development	Counseling, Referral
Commission Human Rights	Counseling (rights based)
Non Government Organizations (NGOs)	Counseling, Referral,
Faith Based Organizations	Counseling, Referral,

Victims of sexual and gender-based violence involves physical and psychological trauma, with social and emotional support, survivors will learn to cope and the distress decreases overtime. The following are the key actions to be considered:

1. Identify and mobilize existing resources in the community, such as traditional birth attendants women groups, religious leaders, and community programs/services for women.
 - Discuss issues of sexual violence, survivors' needs for emotional support, and evaluate the individuals groups and agencies/organizations available in the community to be sure they will be supportive, compassionate, non judgmental, confidential and respectful to survivors.
 - Establish systems for confidential referrals among and between community-based psychological and social support resources, health and community services, security and legal sectors.
2. Listen and provide emotional support whenever a survivor discloses or implies that she has experienced sexual violence. Ask only non-intrusive, relevant, and non judgmental questions for clarification only. Do not press her for more information than she is ready to give.
 - If the victim-survivor express self blame, care providers need to gently reassure her that sexual violence is always the fault of the perpetrator and never her fault.
 - Assess her needs and concerns, giving careful attention to security and provide sexual violence-related health services.
 - Ensure safety; assist her in developing a realistic safety plan, if needed.
 - Give honest and complete information about services and facilities available.
 - Do not tell the survivor what to do, or what choices to make, empower her by helping her problem-solve by clarifying problems, helping her identify ways to cope, better, identifying her choices, and evaluating the value and consequences of those choices.
 - Discuss and encourage possible positive ways of coping. Encourage active participation of the survivor victim in family and community activities. Teach relaxation techniques.
 - When feasible, raise the support of family members. Families (those who are not the perpetrators) can play a key role in supporting victims-survivors emotionally and practically.
3. Address the special needs of the children.
 - Persons interviewing and assisting child/adolescent survivors should possess basic knowledge of child development and sexual violence.
 - Use creative methods – games, story telling and drawing.
 - Use appropriate language and terms.
 - Do not remove children from family care in order to provide treatment (unless it is done to protect from abuse and neglect).
 - Never coerce, trick or restrain a child whom you believe may have experienced sexual violence.
 - Always be guided by the best interest of the child.
4. For health care providers, psychotropic therapy for adult victims/survivors, provide medication only in exceptional cases. Caution is required because it may lead to dependence in trauma survivors.
5. Organize psychological and social support, including social reintegration activities
 - Advocate on behalf of the victim/survivor with relevant health, social, legal, and security agencies if the victim/survivor provides informed consent.
 - Provide material support as needed via health or other community services.

- Facilitate participation and reintegration of survivors in the community.
- Encourage use of appropriate traditional resources. If feasible, collaborate with traditional healers or clergy, who, respectively may conduct meaningful cleansing ceremonies or prayer for sexual violence survivors.

A. List of Community Based Support/Organizations Providing Support for GBV Survivors

Organization	Services Provided
Barangay VAW DESK Officer	Respond to gender-based violence cases brought to the barangay
Barangay Women Development Committee	Basic gender sensitive counseling
Barangay Volunteers	Basic gender sensitive counseling
Faith based Organizations	Basic gender sensitive counseling
Barangay Council	Basic gender sensitive Counseling

6.5.2. Case management

The following are the Government Agencies and Non Government Organizations Providing Case Management Services for GBV survivors

A. Government Agencies

1. Department of Social Welfare and Development (DSWD)
2. City Social Welfare and Development (CSWD)

B. Non Government Organizations (NGOs)

1. Nehemiah House
2. KASANAG Daughters Foundation
3. Malisa Home
4. Gugma Sa Kabataan

As a service providers, those agencies are mandated by laws to provide a comprehensive program for the recovery and reintegration of the victims-survivors of violence. If services are not available within its jurisdiction, the Head of Office,/case manager make referral to other government agencies and to NGOs which are part of the referral network.

The social worker, preferably female, has the responsibility to manage the VAW cases assigned to her. She must undergo training on women and children's rights as well as gender responsive case management. At initial contact, the social worker must undertake the following:

1. Gender sensitive counseling
 - Ensure that the victim survivor is safe and comfortable, giving her time to rest and be psychologically stable.
 - Inform the victim – survivor about her rights as a victim and the services available to her and her children, if any;
 - Conduct intake interview and assess the immediate needs of the victim-survivor such as medical treatment and temporary shelter. **Fill up VAW Client Card (VAW Form 1).**
2. Crisis Intervention
 - Conduct therapeutic counselling
 - Facilitate safety and security planning with the client
 - Work with family & community including the barangay officials on client's needs and resources for reintegration.
 - Assess the client's readiness for reintegration and review/adjust initial plans
 - Conduct individual/family counselling and provide or refer for other support services like psycho-social interventions, educational assistance, vocational/skills training, livelihood, self employment

6.5.3. Rehabilitation/social re-integration

Describe rehabilitation programs (also known as social re-integration programs) targeting survivors/victims of GBV and/or those at high risk, such as women's centres, skills training programs, income generation and economic empowerment projects, and peer support groups. Include a list of the organisations providing these programs.

Rehabilitation/social re-integration Programs

1. Family reintegration will be pursued if the case study reports for women victims-survivors and their children show that it is best intervention for the achievement of treatment goals. Family reintegration entails coming and staying together with the supportive members of the family to enable the women victims-survivors and their children to regain or strengthen them after the experience of abuse.
2. After care support services- the provision of services and intervention, with the goal of ensuring effective reintegration and prevention of abuse among women victims-survivors and their children such as;
 - ✚ Educational assistance
 - ✚ Family counselling
 - ✚ Self enhancement services
 - ✚ Social and vocational/practical skills development
 - ✚ Psychological services
 - ✚ Spiritual services
 - ✚ Referral services
 - ✚ Developing support systems through networking and social mobilizations

3. Progressive Integration

- ✚ Volunteer work of women victim-survivors and their children is part of their treatment/rehabilitation/development plan
 - ✚ Women victims-survivors and their children are provided with planned integration activities social events, sharing sessions, visits, volunteer work,-to interact with the community to facilitate social integration and mainstreaming.
4. Education
- ✚ provision of formal and non formal education according to the needs and interest and helping goals of women victims-survivors and their children.
 - ✚ Conduct empowerment workshop focused on –nature, dynamics and social roots of VAWC, women and children’s human rights, assertiveness and balancing multiple roles of women.
5. Livelihood
- ✚ Skills/entrepreneurial training, job placement, capital assistance, access to credit.
6. Advocacy
- ✚ Advocacy program is designed, planned, implemented and evaluated with the community to increase awareness among stakeholders and move them into action and support.
 - ✚ Conducts advocacy and networking functions to improve response to VAWC
 - ✚ Conducts public information campaign on VAWC(women’s month, 18 days of activism against gender based violence).

Below is a summary of psychosocial services provided to women survivors/victims, by the different psychosocial providers including women’s groups,

Name of Organisation or Group	Type of Service Provided (list for each)
Department of Social Welfare and Development	Shelter <i>GBV emotional support/counselling</i> <i>GBV case management</i> <i>Skills training program</i> <i>Income generation project</i> <i>Home for Girls</i>
City Social Welfare and Development	<i>GBV emotional support/counselling</i> <i>GBV case management</i>
Community Improvement Division/	<i>Skills training program, VAWC, counseling</i> <i>GBV Advocacy</i>
Oro Youth Center	Youth /Adolescent Sexuality
National Youth Commission	Education,Advocacy
City Health Office	Counselling wellness
TESDA	Skills training,livelihood
DOST	Technology training
Dep ED/Alternative Learning System (ALS)	Skills training
Religious Sector	Counseling

6.6. Security and safety response

6.3.1 Security actors/Law Enforcement Agencies

The following are the security actors with information on their roles and responsibilities

- a) Philippine National Police (PNP)- Women and Children's Concerns Desk**
- b) National Bureau of Investigation (NBI) – Women and Children's Unit**

Roles and Responsibilities of the Law Enforcement Agency (LEA)

The responsibilities of the LEA is divided into three (3) categories, immediate interventions, intermediate functions and the prevention functions against VAW.

Immediate Interventions

1. Receive complaints and calls for assistance.
 - a. provide immediate assistance/response to emergency calls
 - b. initial interview and investigation within 24 hours.
 - c. Referral of victim-survivor for medical treatment/medico legal examinations.
2. Conduct rescue operations
 - a. First response within 30 minutes from call for assistance.
 - b. Female police officer is part of the rescue team
 - c. Arrest & apprehension of perpetrators
 - d. Victim-survivor interviewed and informed of her rights and remedies available to her particularly about the protection order.
 - e. Ensure presence of legal representation for the victim –survivor during investigation.
 - f. Refer/escort victim-survivor to medical facility for medical treatment.
 - g. Refer/escort victim-survivor to D/CSWDO for further assessment and assistance.
3. Ensure confidentiality of police blotter/logbook, records and reports
 - a. maintains separate logbook for VAW cases and separate police blotter
 - b. records of VAW cases are kept separately and in a secure place.

Intermediate Functions

1. Evidence gathering
2. Assist victim-survivor in filing complaints.
3. Assistance in serving TPO/PPO
4. Enforcement of the protection order.
 - a. Monitoring to ensure compliance of PO
 - b. Attend court hearings and testify in court as require.
 - c. Follow up status of case in court and inform all concerned.
5. Participate in case conference with the multi disciplinary team.
 - a. Coordinate with medico legal examiner and public prosecutor on the results of the investigation
 - b. Coordinate with the CSWDO case manager.

6. Act on referrals, fill up/return the Referral Feedback form (VAW Form 3)

6.3.2 Safe shelter

1. When helping a survivor/victim of sexual violence, all actors must discuss safety/security issues and ensure that either there is no immediate threat or that she has a realistic safety plan. If the survivor/victims fears for her security and has no realistic plan to ensure her safety, she should be referred – with her consent – to the system for safe shelter.
2. Mobilize the community to establish a system where survivors of sexual violence can access safe shelter if it is not safe to return to their place of residence.

Coordinate and work with existing women committees/organizations (Barangay Women Development Committee) to form support groups/paralegal and para counseling groups to provide community based psychological and social support.

3. When family or community based solutions cannot be found for temporarily housing, a short term safe shelter may be the only option. "Safe shelters" should be considered as a last resort because they are difficult to manage, especially in the early stages of a humanitarian emergency. In a situation where there are no community –based solutions, the following must be carefully considered in consultation with the community, especially women and girls, before establishing a "safe shelter".
 - ✚ Establish confidential referral systems
 - ✚ Plan for the safety and security for the family/individual/staff providing or managing the safe shelter
 - ✚ Develop clear guidelines and rules for managing safe shelters to prevent misuse and security problems. Keep the safe shelter location confidential to avoid stigma and maximise security.
 - ✚ Coordinate with all key sexual violence response actors, especially psychosocial services and security personnel.
 - ✚ Liaise with camp management and /or shelter organizations at the site to incorporate shelter allocation as a longer term security solution. In cases where the perpetrator is a family member, the survivor/victim may not be safe in her family home and if she is an adult, she will probably need to be allocated an independent shelter.
 - ✚ Ensure that victims/survivors have access to their food and non food rations while they live in the safe shelter.
 - ✚ Ensure that survivors/victims can be accommodated with their children in the shelter if they so wish.

6.3.3. Training and capacity building with security actors

The PNP-WCPD Chief and personnel are all women. Police officers handling VAWC and trafficking cases are equipped with the necessary training/skills development including, but not limited to ,the following:

1. Gender analysis of the nature, extent and causes of VAWC and trafficking (minimum of 30 hours), to include;
 - Power dynamics
 - Gender sensitivity training
 - Analysis on the different forms of VAW
2. Gender-responsive approaches to the crisis intervention (minimum of 30 hrs), to include;
 - Crisis theory in the context of VAWC and trafficking
 - Crisis intervention method
 - Networking
 - Qualities of gender sensitive providers
 - Principles of communication
3. Medical and legal literacy related to VAWC
4. Self care-stress and stress management techniques (minimum of 15 hours)
5. Philippine criminal laws on women and children (minimum of 30 hours)
6. Philippine procedural laws (minimum of 5 hours)
7. International Human Rights Convention on the Protection of Women and Children (minimum 5 hours)
8. Evidence collection, preservation and investigation of violence against women and children cases (minimum of 10 hours)

6.4 Legal/justice response

The LEA works closely with the prosecutor in seeing to it that the victim-survivor is able to seek justice.

The Prosecutor is under the Department of Justice (DOJ) and has a regional office address in Hall of Justice, Cagayan de Oro City. There are Regional Trial Courts designated as Family Courts for the prosecution of VAW cases.

The victim/survivors may also be represented by the Public Attorney's Office or the members of the Integrated Bar of the Philippines (IBP) or volunteer legal associations.

Roles and Responsibilities of the Prosecutor, PAO and Legal Associations are categorized into three (3) functions – immediate interventions, intermediate functions and anti VAW prevention Functions.

Immediate Interventions

For criminal cases:

1. Filing of complaint
 - a. Inform the victim survivor of her rights and legal remedies.
 - b. refer victim-survivor for other legal assistance and support services.
2. Investigation (Prosecutor)
 - a. Conduct inquest and/or preliminary investigation
 - b. Evidence gathering & case build up

- c. Preparation & subscription of affidavits
- d. Prosecution of VAW cases

Intermediate Functions

1. Facilitate the application and inclusion of VAW victims-survivors in the Witness Protection Program and Victim Compensation Benefits
2. Referral of victim-survivor to other agencies for other legal assistance and support services; fill up referral for Service form (VAW Form 2)
3. Maintain a data base on VAW cases
4. Act on referrals from other agencies fill up/return the Referral Feedback form (VAW Form 3).

6.4.1 Legal options

Persons providing legal services shall clearly and honestly inform the 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;
- ◆ informing about available support if formal legal proceedings or remedies are initiated. The following government agencies provides the following legal services:

AGENCY	SERVICES PROVIDED
Philippine National Police (PNP)	<ul style="list-style-type: none"> ◆ police blotter ◆ preparation of Affidavits ◆ investigation ◆ case filing
National Bureau of Investigation (NBI)	<ul style="list-style-type: none"> ◆ legal counselling ◆ preparation of Affidavits ◆ Medico-legal services ◆ case filing
Public Attorney’s Office (PAO)	<ul style="list-style-type: none"> ◆ legal counselling ◆ preparation of affidavit ◆ case filing
Criminal Investigation and Detection Group-WCPU	<ul style="list-style-type: none"> ◆ case filing ◆ Investigation
Commission on Human Rights (CHR)	<ul style="list-style-type: none"> ◆ legal counselling ◆ preparation of Affidavit ◆ case filing ◆ Case investigation

6.4.2 Police procedures for reports of GBV related crimes

In the vast majority of cases, referrals will be made to national justice systems by the police ONLY if the victim/survivor has given her/his informed consent (see Section 5.4 above). If a referral is to be made and if the survivor/victim wishes, a legal counsellor or other support person will accompany her to the relevant authorities.

A common flow of referral for VAW cases is for the victim to report the incident to the law enforcement agency which in most cases to the PNP. In some instances, the victim-survivor may approach the barangay for information and support which may assist the victim by referring her to the police to file a complaint and subsequently to the CSWDO.

The police officer who handles VAW cases must be female and trained in conducting child and gender sensitive interview. The roles and responsibilities of LEA is divided into three(3) categories, the immediate, intermediate and the prevention functions against VAW.

A. Immediate functions

1. Receiving of complaints and calls for assistance
 - Women and Children Protection Desk (WCPD) is open 24 hours and is ready to receive complaints and calls for assistance anytime.
 - Female police officers are available to receive complaints and calls for assistance in VAW cases.
 - Victims with injuries are immediately attended to with first aid or rushed to the nearest emergency room.
 - VAWC and trafficking are given high priority.
 - The unit/station has an ambulance or any vehicle to be dispatched within 15 minutes in cases where the victim is in danger or needs medical attention.
 - The officer on duty assures the victim that immediate assistance will be given, and sees to it that this is done.
 - The initial interview and referrals for VAW clients are made within 24 hours from intake.
7. Conduct rescue operation
 - a) First response within 30 minutes from call of assistance
 - b) Female police officer is part of the rescue team
 - c) Arrest and apprehension of perpetrators.
 - d) Victim survivor interviewed and informed of her rights and remedies available to her particularly about the protection order.
 - e) Ensure presence of legal representation for the victim –survivor during the investigation
 - f) Refer/escort to City Health Office/NMMC/Medical facility for medical treatment.
 - g) Refer /escort to CSWD for further assessment and assistance.
8. Confidentiality of police blotter, records and reports .

- The station maintains separate logbook for VAW incidents.
- Complaints on VAW are not recorded in the general police blotter.
- Records of VAW clients are kept separately from other case files and put in a secure place.
- Only WCPD personnel have access to the VAW logbook.
- Only the handling officer/investigator has access to individual records of VAW clients.
- National Crime Information Service (NCRS) files on VAW incidents are indicated as confidential and kept separately from other cases.
- Medico–legal examination results and other pieces of evidence are packaged and labeled as confidential and stored in a designated evidence room.

B. Intermediate Functions

1. Evidence gathering
2. Assist victim survivor in filing complaints
3. Assist in serving TPO/PPO
4. Enforcement of the protection order.
 - Attend court hearings and testify in court as require.
 - Follow up status of case in court and inform all concerned.
5. Participate in case conferences with the multi-disciplinary team.
 - Coordinate with medico legal examiner and public prosecutor on the results of the investigation.
 - Coordinate with the CSWD case manager.
6. Act on referrals, fill up/return the Referral Feedback form (VAW Form 3)

C. Anti VAW Prevention Functions.

1. Dissemination of information on the services of WCCD.
2. Conduct of community-based crime prevention program on VAW and the anti-VAW laws through, community dialogues, radio/tv programs, school based programs and IEC materials.
3. Assistance in capacity building of other professionals and victims-survivors on evidence preservation and other investigation concerns on VAW cases.

6.4.3 Special consideration for child survivors in the legal justice system

Legal actors *City Prosecutors Office (CPO), Department of Justice(DOJ) and Commission on Human Rights (CHR)]* 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/community psychosocial support 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.

6.4.4 Special procedures for child perpetrators in the legal justice system

- A. What should the Police do when arresting a CICAL? (in accordance with RA 9344)
 1. Introduce self to the child. (Police should be in uniform or with badge or valid identification card)
 2. Explain to the child in a simple manner why he/she is being arrested and the violation he/she committed. Explain also his/her rights under the constitution and RA 9344.
 3. Report immediately to the parents or guardian, Social Worker and Public Attorney (PAO) the status of the child. This should be done not more than 8 hours from the arrest of the child. The child should also be turned over to the custody of the parents or Social Worker.
 4. Verify the age of the child.
 5. Bring the child to the health center or hospital for medical certificate.
 6. Turn over the custody of the child to the parents or Social Worker or accredited NGO especially if the child is below 15 years old.

. Responsibilities for Prevention

1.1 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 and the GBV Guidelines (IASC 2005), 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

1.2 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

Community leaders composed of members of the Sangguniang Barangay, headed by the Punong Barangay, community volunteers such as Lupon Tagapamayapa, Barangay Tanod, Barangay Health Workers, Nutrition Scholars and other staff.

- Punong Barangay (Barangay Captain)
- Camp Manager
- Women Facilitators
- VAW Desk Officers
- Barangay Women Development Committee (BWDC)

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

Roles and Responsibilities of the Barangay

Roles and Responsibilities of the Barangay are divided into immediate interventions and intermediate functions in carrying out their mandated functions in the implementation of the VAW laws.

A third function is on the prevention of VAW in terms of information and advocacy on women and children's rights. And capacity building of the service providers.

Immediate Intervention

1. Crisis Intervention & other Services
 - a. Rescue and quick response to VAW
 - b. Secure police assistance
 - c. Secure medical treatment
 - d. Secure temporary shelter
1. Arrest of perpetrator & confiscation of weapons
2. Conduct interview & orientation of victim survivor
 - a. assessment of immediate needs & safety
 - b. Information about their rights, legal assistance & remedies & available services.
 - c. Information about BPO
3. Issuance of BPO & serving copies to victim – survivor, perpetrator, PNP, CSWDO & LGOO.
4. Monitoring compliance of perpetrator on BPO
5. Referral to LEO (law enforcement officer) for filing of complaint.
6. Report/referral to C/MSWDO for further assistance.

Intermediate Functions

1. Ensuring the confidentiality of VAW records & documents
2. Follow up of provision of services by CSWDO and carry out their recommendations.
3. Provide assistance for the reintegration of victim-survivor in coordination with CSWD plan and the client.
4. Issue barangay ordinances and resolutions for the prevention of VAW and protection of victims-survivors.
5. Act on referrals from other agencies, fill up/return the Referral Feedback Form 3 (VAW)

Anti VAW Prevention Functions

1. VAW Community education and advocacy.
 - Dissemination of IEC VAW materials
 - Seminar and orientation on VAW and other laws of barangay leaders, neighborhood associations, women, men & children/youth.
2. resource mobilization for community programs
3. training of the duty & claim holders on the management of VAW cases.
4. seek technical assistance/support from the LGOO, CSWDO, LEA, etc. For the effective implementation of anti VAW laws.

6.5 Health/medical

- ◆ 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.

- ◆ Participation in IEC and advocacy activities on anti –VAW
- ◆ Orientation of medical practioners and other related professionals on VAW laws.
- ◆ Inform LGUs and others on the provision of the Magna Carta for Public Health Workers on the provision of fees for medical certificates for VAW cases.

Health/medical actors who are involved in the activities above

- City Health Office
- Family Planning Organization of the Philippines
- Northern Mindanao Medical Center (NMMC)
- National Bureau of Investigation(NBI)

A victim survivor may go directly to a medical facility or be referred by the police or the CSWDO for provision of immediate medical treatment and other medical services. The Women and Children Protection Unit of a Provincial Hospital is primarily in charge of handling women victims-survivors of VAW.

The Rural Health Unit (RHU) is the most accessible in the community to provide immediate medical care/treatment. However, for services not available at the RHU such as laboratory and other medico-legal related examinations, referrals to the WCPU or to tertiary level hospitals must be made.

Roles and Responsibilities of CHO/Medical Facility/RHU/WCPU

A. Immediate Intervention

1. Provision of immediate medical treatment/care
 - a. History taking, physical and anogenital examination
 - b. Conduct of forensic examinations (if applicable)
 - c. Documentation and recording of injuries & findings
 - d. Collection of evidence
 - e. Issuance of medical certificate
 - f. Psychosocial counselling/interventions by medical social worker & psychologist.
 - g. Psychological/psychiatric evaluation/care treatment
 - h. Provision of food, medicines, transportation, as needed by victim-survivor

3

- i. Ensure privacy of victim-survivor and confide.
- 2. referrals to the LEA for investigation & the CSWDO for assistance and support services. (Referral for Services form VAW Form 2)

B. Intermediate Functions

- 1. Coordination and participation in case conferences and consultations with partner agencies.
- 2. Coordinate with LEA and CSWD on risk assessment of victim-survivor.
- 3. assessment of safety of woman and children
- 4. respond to subpoena and testify in court as necessary
- 5. Act on referrals from other agencies & fill up/return the referral feedback form (VAW Form 3)

C. Anti VAW Prevention Functions

- 1. Participation in IEC and advocacy activities on anti - VAW
- 2. Orientation of medical practitioners & other related professionals on VAW laws.
- 3. Inform LGUs and others on the provision of the Magna Carta for Public Health Workers on the provision of fees for medical certificates for VAW cases

6.5. 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 rights and women rights
- ◆ Encourage survivors/victims to seek assistance
- ◆ Promote community acceptance and social re-integration of GBV survivors/victims

Those activities are being provided by;

- 1. DSWD
- 2. CSWD
- 3. NGO with existing residential facilities

6.6. Security: Philippine National Police and National Bureau of Investigation

- ◆ Maintain adequate security presence in the evacuation camps and transitory sites.
- ◆ 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 strategies to address evolving security issues

Anti-VAW Prevention Functions

1. Dissemination of information on the services of WCCD
2. Conduct of community-based crime prevention program on VAW and the anti VAW laws through: community dialogues, radio/tv programs, school based programs and IEC materials.
3. Assistance in capacity building of other professionals and victims-survivor on evidence preservation and other investigation concerns on VAW cases.

6.7. Legal justice

Preventive functions of the legal justice actors include:

1. Conduct/assist in IEC/advocacy on anti VAW laws and other related laws.
2. Make available IEC materials, manuals, pamphlets and other hand outs on women and children's rights.
3. Conduct/participate in case conferences of VAW cases
4. Undertake capability building activities on VAW and gender.

6.8. Other sectors/clusters

Brief description of the interventions by other sectors/clusters not included in other sections of the SOP. Include a list of the key organizations engaged in these activities.

1. **Child Protection Working Group (CPWG)** – focus on the protection and provision of services of children in emergency situation
2. **Mental Health Psycho Social Support (MHPSS)** – provision of psychosocial intervention
3. **Camp Coordination Committee Management (CCCM Cluster)** - Water/Sanitation, Food/Nutrition, Shelter and Site Planning, and Education sectors
4. **Reproductive Health Working Group (RHWG)**
5. **Protection Cluster**
6. **Shelter Cluster**
7. **WASH**

Informing the Community About These SOPs

8.1. Information dissemination to the community

The City Inter Agency Council on Anti Trafficking- Violence Against Women and Children (CIACAT-VAWC) is responsible in ensuring information dissemination on the provisions of the SOP in emergencies .through City Social Welfare and Development. Office, as the lead agency,and other LGU-Agencies such as City Health Office,Community Improvement Division and NGOs working on this concerns. The following key action areas must be considered in the dissemination of information;

1. Identify existing resources and potential channels for communication that can be mobilized to inform the communities about prevention of and response to sexual violence. Consider the following:
 - ✚ Community based workers – Barangay Health Workers(BHWs),Nutrition Scholars, Lupon Tagapamayapa (Barangay Justice System), midwives, traditional birth attendants.
 - ✚ Barangay Women Development Committees (BWDC),VAW Support Groups
 - ✚ Women and Children Friendly Space Facilitators
 - ✚ Strategic places where posters and other information materials could be available
 - ✚ Local radio stations and TV programs.
2. Compilation of the directory of agencies/organizations providing services in the prevention and response to sexual violence should be available. A coordination mechanism will be established for the orientation to partners and communities.
3. The key points/information to be disseminated are as follows ;
 - ✚ Potential health consequences of sexual violence(unwanted pregnancy,,injury,,reproductive health problems, infections, STIs/HIV infection.
 - ✚ Emotional and social consequences of sexual violence(hopeless, isolation, depression,fear,anxiety, etc.)
 - ✚ Who may need help?-girls, boys, women, adolescents,family members.
 - ✚ .where to go for help –which organizations and hours of operation.
 - ✚ What kind of help is available – medicines, counsellors, protection
 - ✚ Referral for other appropriate care.
 - ✚ The community’s responsibility to protect and care for the survivors.(i.e. safe shelter)
 - ✚ The lay out of settlements, distribution of essential items
 - ✚ Standards of behaviour for humanitarian staff and reporting mechanism
4. Materials will be developed to communicate the messages to be disseminated.
 - ✚ Consult with women and girls in the camp ,and communities to verify, if the information to be given is culturally appropriate, clear, and conveys the intended messages.

- ✚ Inform and coordinate with community leaders about the need for the information dissemination and consult with them to ensure that materials and messages are culturally appropriate.
 - ✚ Preparation of materials using a variety of methods to ensure communications with literate and non literate persons i.e. posters,flyers, radio spots and meetings.
5. Coordinate with the different partner service providers to establish a plan for information dissemination with the following organizations:
- ✚ Oro Youth Center in Cagayan de Oro City will facilitate the information dissemination through campus tours, orientations for the out of school youth
 - ✚ Estate Management Division
 - ✚ Religious Sectors
 - ✚ Community Improvement Division
 - ✚ City Council through the Sangguniang Kabataan.
 - ✚ City Social Welfare and Development Office (CSWD)
 - ✚ City DILG
 - ✚ City Health Office.
 - ✚ Philippine National Police (PNP)
 - ✚ NGOs/POs
 - ✚ International Humanitarian Organizations
6. Information Dissemination should be conducted in the evacuation center, transitory sites and home /community based-IDPs.
7. Information dissemination will be conducted **weekly**.

8.2. Information dissemination to other organizations and government

Many humanitarian actors, international agencies,NGOs and donor institutions have committed themselves to the implementation of humanitarian protection and assistance according to ***Sphere standards(Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response)***

- ✚ The GBV working groups should disseminate information on the SOP to all stakeholders in the setting and to the wider humanitarian community through various methods/means such as hand – outs, CD, Internet.
- ✚ An orientation sessions will also be conducted for all stakeholders in the setting – humanitarian actors,,peace keepers, government officials etc., and post relevant information in public view.
- ✚ A list of all organizations ,local and international working in the setting, and services provided should be made available.
- ✚ Should monitor adherence to Sphere standards regarding sexual violence and exploitation in the setting.

9. Documentation, Data, and Monitoring

The agreed / recommended incident report form (VAW Form 1) and a list of case definitions is in Annex 4

Persons charged with collecting information from the victim/survivor should be appropriately trained on how to fill out the forms 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. Training on the proper completion of incident report forms will include determining the appropriate case definition for each reported incident of GBV.

Part 1 must be filled up at initial contact and forwarded to the Rec A, while the CM shall accomplish Part II. Additional pages with narrative will be attach if needed. Retain a copy of the document..

Incident report forms contain extremely confidential and sensitive information and may only be shared with others under certain circumstances (see section 5.3 about consent and information sharing).

Original completed Incident Report Forms and Consent Forms are maintained in locked files. In a camp setting, the files must be kept in the office outside the camp.

Incident Report Forms will be completed by trained staff.

9.1. Data management, reported incidents

As described above, each reported GBV incident will be documented in a consistent and timely manner. In accordance with the agreed upon consent procedures in these SOPs (section 5.3), non-identifying data about these incident reports will be submitted to the coordinating agencies , which are responsible for compilation of a monthly report that contains non-identifying data about reported incidents, action taken, and outcomes across sectors.

The monthly incident data report – that contains NO identifying information about specific reported incidents - will be shared with the GBV working group. The group will compare monthly reports over time and discuss and analyse summary information about GBV incidents being reported, general outcomes, security issues, referral and coordination issues, and other factors. This information will guide the continuous development of prevention and response actions.

The data report should specifically state the limitations of this data, as it is only information about self-reported incidents, which represents only a small proportion of actual GBV incidents that may be occurring in the setting.

The data elements to be included in this report are:

- Number of incidents per 10,000 population in total and by type of incident (case definition)
- Number or percentage of incidents (by type of incident) by:
 - Time of day (morning, afternoon, evening, night)

- General location (keeping in mind that if location is too specific, it may identify a survivor)
- Survivor age, marital status, other demographic information
- Perpetrator relationship to survivor
- Number of perpetrators
- Perpetrator age, other demographic information
- Services received, referrals made, actions pending
- Outcomes

9.2. Qualitative data about GBV risks and unreported incidents

Each sector will gather and analyse qualitative information about GBV incidents that are not reported, including results of focus group discussions, rumours of GBV incidents, community perceptions of risky areas or suspicious activities, and any issues that may be recognized or suspected. These will be presented and discussed at the GBV working group meeting and provided to the GBV coordinating bodies.

9.3. Indicators

There will be at least one outcome indicator for response and one indicator for prevention developed, shared, and monitored for each sector (at minimum, health, legal/justice, psychosocial, and safety/security) and each cross-cutting function (e.g., coordination). Individual organisations may monitor additional indicators for their own programming and monitoring purposes. The indicators in this section are for sectors/clusters and functions, not specific individual organisations. (See IASC GBV Guidelines for sample lists of indicators.)

Function/Sector	Indicators
Health	Survivor-victims receive timely and appropriate medical care based on agreed medical protocol <ul style="list-style-type: none"> ◆ In life threatening situations, stabilize victim survivor, provide emergency treatment ◆ Referral to appropriate medical facility for further intervention made ◆ A comprehensive physical/medical examination conducted by a female physician. ◆ Reproductive health concerns of the victim survivor managed ◆ Properly documented the physical injuries, emotional/psychological state and record any complaints, observations and circumstances of the examination.
Legal justice	Provided free legal assistance/representation in court.
Protection/security	Security mechanisms instituted based on where the incident occurred and monitored. <ul style="list-style-type: none"> ◆ Initial interview conducted to assess the situation of victim survivor

	<ul style="list-style-type: none"> ◆ Victim-survivor informed of her rights and remedies available and processes involved including the need for medico legal examination ◆ Security provided in accordance with needs ◆ Arrest of the perpetrators pursuant to existing laws ◆ Ensure the privacy and confidentiality of cases including having a separate blotter/logbook
Psycho social	<ul style="list-style-type: none"> ◆ Immediate needs to the victim-survivor provided-water, food, safety and security. ◆ Assessment of family risks and safety situation and safety plan facilitated.
	<ul style="list-style-type: none"> ◆ Refer victim-survivor for physical/medical/medico legal examination and treatment. ◆ Victim-survivor assisted in filing complaint with WCCD/PNP/NBI . ◆ Referral to legal service providers. ◆ Victim-survivor supported during inquest/preliminary investigations and court hearings. ◆ Provided comprehensive after care services for the recovery and reintegration of the victimsurvivor.
Coordination	<p>Multi sectoral and inter agency procedures and reporting forms established in writing and agreed by all actors</p> <ul style="list-style-type: none"> ◆ Strengthen networks ◆ Enhance information sharing ◆ Transfer coordination to local counterparts ◆ Include government and non government entities in coordination mechanism. ◆ Engage community in GBV prevention and response
IEC	<p>Number of copies of resource list in local language</p> <p>IEC materials accessible by non literate persons using verbal and visual messages</p>

9.4. GBV monitoring report

The GBV coordinating agencies produce a written report [at least quarterly; that is shared with members of the GBV working groups .[

The GBV coordinating agencies is responsible in ensuring that information from the monitoring activities is compiled , analyzed and used to strengthen prevention and response action. For confidentiality, any or all potentially identifying information of the survivor victim and the family or the perpetuator must be removed from any public report;

- ◆ Compile the report regularly and consistently.
- ◆ Review and analyze incidents data at GBV Working group meetings, and use the information to strengthen prevention and response actions.
- ◆ Compare information overtime, identifying trends, problems, issues, successes.
- ◆ Distribute the report to key stakeholders, including the community and local authorities.
- ◆ Initiate community meetings to discuss the information and strategies to improve prevention and response and ensure active input from women and girls

The monitoring report includes quantitative data about reported GBV incidents and case outcomes as well as qualitative data gathered from GBV working group members. The report identifies issues and actions undertaken to address these issues.

[Include the GBV monitoring report format in Annex 4.](#)

10. Coordination

10.1. Coordination mechanisms

GBV Working Groups are the coordinating bodies for GBV prevention and response. There are local (camp or village level), regional (sub-office level), and national (capital level) GBV working groups, each with specific tasks and responsibilities.

Information is shared at least monthly among and between working groups through 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 clusters (or sectors; i.e. health, community services, protection, camp management, human rights, legal/judicial, security/police, etc.) define their respective responsibilities regarding prevention and response to sexual violence, and how they will liaise with the GBV working group and coordinating agencies in their location.

Each sector carefully and consciously designates a focal point that will represent the organization and/or sector in taking action for prevention and response to GBV ("GBV focal points"). All GBV working group members take responsibility for ensuring multisectoral action and participation in coordination of GBV interventions in their location.

10.2. Coordinating agencies

Once GBV working groups are formed, they select a coordinating agency. The assumption here is that often GBV groups form, even as informal bodies, before there is a designated "coordination agency". Groups of committed and interested key actors are in the best position to identify who, among them, would be the most appropriate coordinating agency. Coordinating agencies are selected by working group members and designated at the national, regional, and local levels. Coordinating agency(ies) could be UN, international or national NGO, government, or other representative body with sufficient knowledge and capacity to perform this role, and invested with due authority.

The national GBV coordinating agency might not be the same organisation as the regional and local GBV coordinating agencies. It is not necessary, and sometimes not appropriate for the same agency to be in the coordinating role at all levels. In some settings, it has proven effective to have different organisations in the coordinating roles at different geographic levels.

Ideally the coordinating agencies have expertise in GBV programming and can dedicate staff at a senior level to oversee coordination of GBV interventions. Clear terms of reference for the coordinating agencies are agreed by all working group members. Terms of reference for the national coordinating agencies are endorsed by the leading United Nations authority in the country (e.g. Humanitarian Coordinator or SRSG).

The coordinating agencies led by the City Social Welfare and Development Office responsible for convening and encouraging participation in the GBV working group. The following are the roles and responsibilities of the lead convenor;

- convening regular meetings,
- sending communication and following up of actors/partners, linking with other clusters/sectors, and promoting other methods for coordination
- information sharing among all partners/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.
- Facilitate conduct of regular assessment and planning

Meetings will be held monthly, special meeting will be held as needs arises.

Participants include, at a minimum, the most relevant community-based GBV actors (health, psychosocial, security/protection, and legal). Other participants might be knowledgeable, concerned, and committed community groups/leaders; at least 50% of the community representatives are women.

This meeting is a forum and venue to share non-identifying information as coordinated by the Cagayan de Oro City Social Welfare and Development. to:

- 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 CSWD will develop the agenda, schedule and chair the meetings, and distribute minutes to all participants and to the regional and national GBV working groups. The coordinating agency will follow up with local actors and other coordination groups and with regional and national GBV working groups for issues and action points identified by the local GBV working group.

10.3. Case management meetings

A weekly meeting will be held in each location 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.

Participants will include case managers of different residential facilities (Government managed and NGO-managed facilities) and concerned Agencies involved in the case.

11. Signature Page for Participating Actors

All participating agencies and refugee groups mentioned in the document demonstrate, with a signature, their commitment to the SOPs.

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;

List of the organisations/groups who participated in the process of developing these SOPs.

Organization or Group Name	Date	Signature
A. Local Government Units		
<i>City Health Office</i>		
<i>City Social Welfare and Development</i>		
<i>Cagayan de Oro City Police Office (COCPO)</i>		
<i>Community Improvement Division</i>		
A. National Agencies		
<i>Department of Social Welfare and Development</i>		
<i>Department of Interior and Local Government</i>		
<i>National Bureau of Investigation</i>		
<i>Northern Mindanao Medical</i>		

<i>Center</i>		
<i>Commission on Human Rights</i>		
<i>Philippine Commission on Urban Poor</i>		
<i>B. Non Government Organizations (NGOs)</i>		
<i>TOUCH Foundation Inc.</i>		
<i>Gugma Sa Kabataan</i>		
<i>Differently Abled Women's Network (DAWN)</i>		
<i>PILIPINA</i>		
<i>Malisa Home</i>		
<i>Family Planning Organization of the Philippines (FPOP)</i>		

Annex 1. Codes of Conduct & SEA Reports and Investigations

The Code of Conduct

1. Respect and promote fundamental human rights without discrimination of any kind and regardless of social status, race, ethnicity, colour, religion, gender, sexual orientation, age, marital status, national origin, political affiliation or disability.
2. Treat all refugees, IDPs, beneficiaries, affected communities, target groups and other persons fairly and with respect, courtesy, dignity, and according to the respective national law, international (humanitarian, human rights and refugee) law and local customs.
3. Create and maintain an environment that prevents sexual exploitation, abuse of power and corruption, and promotes the implementation of the Code of Conduct. Managers at all levels must support and develop systems that maintain this environment.
4. Uphold the highest standards of accountability, efficiency, competence, integrity and transparency in the provision of goods and services.
5. Never commit any form of harassment that could result in physical, sexual or psychological harm or suffering to individuals, especially women and children.

6. Never exploit the vulnerability of any target group, especially women and children, or allow any person to be placed in a compromising situation.
7. Never engage in any sexual activity with persons under the age of 18, regardless of local law about the age of majority or of consent. Mistaken belief in the age of the child is not a defence.
8. Never engage in sexual exploitation or abuse of any target group (men, women, girls and boys). This constitutes acts of gross misconduct and is grounds for termination.
9. Never trade money, employment, goods or services for sex, including sexual favours. All forms of humiliating, degrading or exploitative behaviour are prohibited. This includes trading of assistance that is due to beneficiaries.
10. Never abuse their position to withhold humanitarian assistance, to give preferential treatment, or to solicit sexual favours, gifts, payments of any kind, or advantage. The employee should consciously avoid taking advantage of their position and may not accept gifts (except small tokens of appreciation) or bribes.
11. Do not engage in sexual relationships with beneficiaries. Such relationships are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work. This applies both during and after working hours.
12. Employees may not accept, solicit, or profit from, sexual services. This rule applies both within and outside of working hours.
13. Ensure that all confidential information, including reports of breaches of these standards by colleagues, obtained from beneficiaries or colleagues are handled correctly and with the utmost confidentiality.
14. Ensure that reports of breaches of these standards are immediately provided to senior management or the human resources manager (or through other established reporting mechanisms). Those receiving these reports are expected to investigate immediately.
15. Any breach of the Code of Conduct will result in disciplinary action in accordance with the respective conditions and guidelines of the individual agencies.
16. Any staff member purposely making false accusations on any action by another staff member will be subject to disciplinary action in the discretion of the employer.

The signatory of the staff member below has read, understood and is in agreement with the content of this document and specifically articles 1 – 16 of Section C, the Code of Conduct, which shall be subject to periodic revision and review. The signatory also accepts the consequences of any violation of any of the above provisions under this Code of Conduct.

(Source: Code of Conduct For Humanitarian Workers in the Kenya Refugee Program, Nairobi Kenya, November 2003)

Annex 2. Case Definitions (Types of GBV)

Suggested case definitions – or “types” of GBV – are listed below. An essential good practice is to agree on a standard set of GBV case definitions, clearly define them, and use them consistently. It is equally important that anyone filling the Incident Report Form and selecting the type of GBV be properly trained and supervised.

Case definitions used in field sites normally are NOT 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.

Compiling and using incident data to guide interventions involves more than simply counting the number of incidents. Other data elements are needed to more fully understand the types of incidents that are disclosed and the circumstances in which they occur. For example, there is no “domestic violence” case definition below. By analysis of total reported incidents by type of incident AND the survivor’s relationship to the perpetrator, one would be able to identify domestic violence. And, the problem of domestic violence would be much more clear; i.e., whether it involves physical assault or sexual assault or other types of violence. Another example is that there are no sexual exploitation or sexual abuse case definitions listed. Again, the numbers of specific types of violence should be analysed along with relationship to or identity of the perpetrator. This will provide more accurate and complete information about the nature and extent of the problems.

A list of 8 core incident types has been identified as follows. The 8th category (“other”) allows for cultural – or context-specific forms of GBV to be included (*but should be avoided if at all necessary, as it has the potential to create overlap between incident types*).

1. **Sexual abuse:** any act that is sexual in nature, including but not limited to:
 - Rape (incest marital)
 - Sexual harassment
 - Acts of lasciviousness
 - Treating the woman or her child as a sex object
 - Making demeaning and sexually suggestive remarks
 - Physically attacking the sexual parts of the victim’s body
 - Forcing the victim to do indecent acts and /or make films thereof.
 - Forcing the wife and mistress/lover to live in the conjugal home or to sleep together in the same room with the abuser.
 - Causing or attempting to cause the victim to engage in any sexual activity by force, physical or other harm, coercion or threats thereof
 - Prostituting the woman or her child

2. **Physical abuse:** shall consist of any combination of the following but not limited to:
 - slapping, pulling of hair boxing kicking, shoving ,throwing banging of the head on floor, wall or any hard objector surface;
 - Hitting with an any object or use of deadly weapons;
 - Forcing the use or intake of alcohol, drugs or other dangerous substance.

3. Psychological abuse: acts or omissions causing mental or emotional suffering of the victim, such as but not limited to:
 - Intimidation
 - Harassment
 - Damage to property
 - Public ridicule or humiliation
 - Stalking
 - repeated verbal abuse
 - Marital infidelity
 - Causing or allowing the victim to witness the physical, sexual or psychological abuse of a family member
 - Causing or allowing the victim to witness pornography in any form
 - Causing or allowing the victim to witness abusive injury to pets
 - Unlawful or unwanted deprivation of the right to custody and/or visitation of common children.
4. Economic abuse: acts that make a woman financially dependent, including:
 - Withdrawal of financial support.
 - Preventing the victim from engaging in any legitimate profession, occupation, business or activity
 - Deprivation of financial resources and the right to conjugal, community or property owned in common
5. Other GBV: Pornography, VAW in Media, Reproductive rights violation, medical abuse, abuse of women with disabilities and discrimination against lesbians.

6. Annex 3-6 :Forms and Documents Used in this Setting

As recommended by Philippine Commission on Women Manual on the Guidelines in the Establishment and Management of a Referral System on VAW at the LGU Level except for Annex 3 which is the Protection Incident Report Form developed by GPC and CPWG

Annex 3	Protection Incident Report Form
Annex 4	Referral for Service Form
Annex 5	Referral Feedback Form
Annex 6	Referral Registry Form
Annex 7	Directory of Resources Part I
Annex 8	Directory of Resources Part II

References

1. Guidelines for Gender Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies, 2005
2. World Health Organization 2007:WHO Ethical and Safety Recommendations and Monitoring Sexual Violence in Emergencies.
3. Guidelines In the Establishment and Management of Referral System on VAW at the LGU Level; Philippine Commission on Women and Inter Agency Council On Violence Against Women and their Children
4. R A 9262:Violence Against Women and their Children Act of 2004 Manual
5. RA 9208:Anti Trafficking Against Person
6. Performance Standards and Assessment Tools For Psycho social counselling services for women-victims of violence and their children; DSWD
7. Performance Standards and Assessment Tools For services Addressing VAW In the Philippines ;Local Government Units (LGU)
8. Performance Standards and Assessment Tools For services Addressing VAW: Investigation and Police Services.
9. Code of Conduct For Humanitarian Workers in the Kenya Refugee Program, Nairobi, Kenya, November 2003.