

NATIONAL REFERRAL PROTOCOL ON GENDER BASED VIOLENCE

**Pathways to Service Provision for victims/
Survivors of GBV**

Government of Sierra Leone



**Ministry of Social Welfare,
Gender and Children's Affairs**

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List of Acronyms

CBOs	Community-Based organizations
CRA	Child Rights Act
CSOs	Civil Society organizations
CWC	Child Welfare Committees
FBOs	Faith-Based organizations
FSU	Family Support Unit
GBV	Gender-Based Violence
GOSL	Government of Sierra Leone
MDAs	Ministries, Departments and Agencies
MEST	Ministry of Education Science and Technology
MIA	Ministry of Internal Affairs
MLGRD	Ministry of Local Government and Rural Development
MOFED	Ministry of Finance, Economic Planning and Development
MOHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
NGOs	Non-Governmental Organizations
PHU	Peripheral Health Unit
PRS	Poverty Reduction Strategy
PSDO	Principal Social Development Officer
SGBV	Sexual Gender-Based Violence
SLANGO	Sierra Leone Association of Non-Governmental Organizations
SLHRC	Sierra Leone Human Rights Commission
SLP	Sierra Leone Police
TBA	Traditional Birth Attendant

Preamble

Considering the prevalence of Gender Based Violence (GBV) in the country and its limited response in terms of medical, psychosocial and legal support; and also considering the current reporting mechanisms;

Responding to Government's Poverty Reduction Strategy (PRS)- Agenda for Change , the Child Rights Act 2007, and the three Gender Acts (Domestic Violence 2007, Registration of Customary Marriage and Divorce Act, 2007 and the Devolution of Estates 2007), and other related policies. This GBV Referral Protocol is a technical guidance document that aims to ensure that all survivors/victims of GBV (Domestic and sexual violence) receive a prompt and comprehensive response from service providers that meets their needs from the first point of contact onwards.

This Referral Protocol is an agreement of cooperation among the respective Government of Sierra Leone Ministries, Departments and Agencies – Ministry of Social Welfare, Gender and Children's Affairs (herein noted as MSWGCA), Ministry of Health and Sanitation (MOHS), Ministry of Education, Science and Technology (MEST), Ministry of Local Government and Rural Development,(Sierra Leone Police -Family Support Units (FSUs) and Non-Governmental Organisations (NGOs) /Community Based Organisations (CBOs) to ensure an effective response to, and coordination of, services for victims/ survivors of Gender Based Violence (Domestic and sexual violence)

1. Objectives of the Referral Protocol

In summary, the primary objectives of the Referral Protocol are to:

- Ensure that Survivors/victims of GBV (Domestic and sexual violence) receive prompt and coordinated response from service providers
- Ensure that a holistic and comprehensive support and services are being provided for survivors/victims of domestic and sexual violence. This will include **free medical care**, psychosocial support, protective care, and legal services (legal advice, representation, mediation and litigation (impact litigation))
- Ensure that existing policies and agreed procedures are followed with maximum opportunity for the provision of support services to survivors/victims and for prosecution of perpetrators
- Ensure that standards of professional practices are prescribed and followed with regards to confidentiality, information sharing and recording of sensitive information, avoiding conflicts of interest
- Raise awareness among all key stakeholders about GBV and the Referral Protocol
- Develop a framework for monitoring and evaluation

2. Definition of Terms and Concepts

Victim

A person against whom an offence is committed.

Survivors

A preferred term for a person who has lived through an incident of Gender-Based Violence

Perpetrator

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

Suspect

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

First Point of Contact

The first point of contact is defined as the Government of Sierra Leone service provider for example the MOHS, MSWGCA and other Agencies, the Sierra Leone Police /FSU, NGO/CBO service providers, parents/guardians teachers/ lecturers traditional, Religious, or other Community Leaders and any other person(s) to whom the victim first reports an incident of abuse.

Gender Based Violence¹:

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. The term "gender-based violence" highlights the gender dimension of these types of acts; in other words, the relationship between male and female. It reveals the 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, honor killings, widow inheritance, and others

Domestic Violence²:

Domestic Violence is defined as any of the following acts or threat of any such act:

- Physical or sexual abuse
- Economic abuse
- Emotional, verbal or psychological abuse, including any conduct that makes another person feel constantly unhappy, humiliated, ridiculed, afraid or depressed or inadequate or worthless;
- Harassment, including sexual harassment and intimidation;
- Conduct that in any way harms or may harm another person, including any omission that results in harm and either-
 1. Endangers the safety, health or wellbeing of another person;
 2. Undermines another person's privacy, integrity or security; or
 3. Detracts or is likely to detract from another person's dignity or worth as a human being.(Domestic Violence Act,2007)

Sexual Violence: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work. It involves psychological intimidation, blackmail or other threats – for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation. Sexual violence includes rape, defined as physically forced or otherwise coerced penetration even if slight – of the vulva or anus, using a penis, other body parts or an object.

¹ IASC GBV handbook – give out the meaning of the acronym IASC

² World Report on Violence and Health 2002

3. Roles and Responsibilities

3.1 Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA)

The mission of the Ministry is to ensure the provision of services to the socially marginalized, disadvantaged groups, and the less privileged, particularly children, whether in homes or "street" children and those affected by the war or in conflict with the law, women, the aged, the physically disabled, as groups or individuals, or family units, and all who need welfare attention in our communities.

In this regard, the MSWGCA's roles and responsibilities (some of which would be done in collaboration with Local Councils) at national, regional and chiefdom levels in relation to children and women victims of all forms of abuse are specified as follows:

- 3.2.1 Advocacy for law reform and policy development in relation to women and children at National Level.
- 3.2.2 Coordination and monitoring of Child Protection and Gender-based violence activities at National, Regional and Chiefdom levels, e.g. NGOs, other GoSL Ministries, as well as the monitoring of trends and concerns.
- 3.2.3 Chairing the National and District Child Protection Committees and NaCGBV.
- 3.2.4 Serves as Secretary to chiefdom level Child Welfare Committees.
- 3.2.5 Information and data gathering on GBV and Child Protection abuses at National, District and Chiefdom levels.
- 3.2.6 Family tracing at district and chiefdom level.
- 3.2.7 Alternative care arrangements, including monitoring where needed.
- 3.2.8 Probation (monitoring of children in police cells and remand homes) at district and chiefdom level.
- 3.2.9 Provision of care for and rehabilitation of juvenile offenders.
- 3.2.10 Monitoring courts and child welfare institutions such as orphanages, remand homes, approved schools, safe homes and interim care centres and homes.
- 3.2.11 Provides psychosocial counselling by Social Workers for victims.
- 3.2.12 Develop policy guidelines for confidentiality rules in dealing with GBV cases for all service providers

- 3.2.13 Transportation support for victims/survivors to attend court sessions, police stations to make statements or follow ups, hospitals for medical and other purposes, etc.
- 3.2.14 Family casework:
- Family mediation in situations where GBV occurs between two minors
 - Referral for legal, medical, educational services and provision of skills training to victims of GBV abuse
 - Provision of shelter for victims of GBV
 - Family tracing and reunification for victim of GBV
- 3.2.15 Raising the level of awareness on gender based violence among the citizenry across the county.

3.2 Ministry of Finance and Economic Development (MOFED)

The Mission of the Ministry of Finance & Economic Development is to develop and manage macroeconomic, financial, monetary and fiscal policies for the maximum benefit of every citizen on the basis of social justice and equality of economic opportunities.

In this regard, MOFED's roles and responsibilities at national, regional and chiefdom levels in relation to children and women victims of all forms of abuse are specified as follows:

- 3.2.1 Mainstream all issues relating to women and children in the national development plans such as the Agenda for Change (PRSP)
- 3.2.2 Provide adequate financial resources to Ministries, Departments and Agencies for implementation of the protocol.
- 3.2.3 The Social Services Unit of the Central Planning, Monitoring and Evaluation Division to undertake activities relating to planning monitoring and evaluation of mainstreamed programmes in the Agenda for Change (PRSP).
- 3.2.4 MOFED to engage Multi-lateral and bi-lateral agencies to generate resources for the full implementation of the Protocol

3.3 Ministry of Health and Sanitation (MoHS)

The Ministry of Health and Sanitation is resolved to ensure that quality health services are available and affordable to all, especially vulnerable groups like children under five, school children and women of child bearing age.

In this regard, MoHS roles and responsibilities at the national, regional and chiefdom levels in relation to children and women victims of all forms of abuse are as follows:

- 3.3.1 MoHS clinical staffs are obligated to provide free medical examination and treatment and follow-up for all victims of GBV, and other forms of abuse i.e. physical abuse, neglect etc.
- 3.3.2 If first point of contact, the Peripheral Health Unit in Charge, in the absence of an available qualified doctor, will undertake an initial examination (not internal), provide

emergency treatment, and submit referral to the doctor with full findings noted in the referral letter and attached report.

3.3.3 Following the assessment and treatment by a doctor, the medical report will then be sent on to the Family Support Unit, to assist the investigation and prosecution process. Referrals can also be made to appropriate partners.

3.3.4 MoHS conducts Community awareness raising sessions on GBV in collaboration with other stakeholders/service providers.

Sierra Leone Psychiatric Hospital:

3.3.4.1 Provide practicing MoHS clinical staff in the districts with advice on the identification of signs and symptoms of mental health disorders for survivors and perpetrators.

3.3.4.2 Provide advice and consultation on symptom management, prescribing of appropriate pharmacological treatment (medication) and monitoring of this treatment, if there is need for further examination and referral.

3.4 Ministry of Internal Affairs (MIA)

The Ministry exists to ensure the safety of the citizens and to support the peaceful development within the law of Sierra Leone by formulating, prioritising, monitoring and reviewing policies, and creating the enabling environment for its agencies to deliver services relating to:

- Registration of all manner of persons
- Prevention and control of fire
- Control of immigration
- Prevention and detection of crime
- Safe custody of offenders and their reform and rehabilitation
- Collaborate with other government departments in preventing and mitigating the effects of disaster

In this regard, MIA's roles and responsibilities at national, regional and chiefdom levels in relation to children and women victims of all forms of violence are specified in work of the Sierra Leone Police (Family Support Unit) as follows:

3.4.1 Sierra Leone Police/Family Support Units (FSU).

The Family Support Units (FSUs) are specialist units attached to police stations across Sierra Leone with a mandate for the investigation of all forms of abuse (sexual abuse and violence, physical abuse, exploitation, including commercial exploitation, including internal and cross border trafficking). The FSU also has a mandate to investigate allegations of sexual and domestic violence and commercial and other forms of exploitation against women and vulnerable members of society. There is a partnership between the Sierra Leone Police and the MSWGCA in an effort to combat all forms of abuse against children and women.

The FSU among others do the following:

- 3.4.1.1 Investigation of alleged GBV cases.
- 3.4.1.2 Advise to victims and families/care givers on the process of investigation and prosecution.
- 3.4.1.3 Gathering evidence for presentation to court for prosecution of alleged perpetrators of the abuse.
- 3.4.1.4 Referrals for medical assessment and treatment when the FSU is the first point of contact and there is no medical report.
- 3.4.1.5 A MSWGCA social worker should be located in the FSU, in line with the Memorandum of Understanding between the Sierra Leone Police and MSWGCA, and is responsible for referrals for, or direct provision of, psychosocial care and legal advice.
- 3.4.1.6 Where there is insufficient evidence the matter can be referred to MSWGCA for counselling.
- 3.4.1.7 Awareness raising and outreach activities to communities, groups and institutions on GBV across the country.
- 3.4.1.8 Provide witness support in collaboration with other partners and agencies.
- 3.4.1.9 Ensuring adherence to and support for the Referral Protocol by strengthening Community Police Partnership Board.
- 3.4.1.10 Transportation support to victims/survivor to attend court sessions and hospitals for treatment.

3.4 Ministry of Education, Science and Technology (MEST)

The Ministry of Education, Science and Technology (in collaboration has a mission to provide quality, affordable and accessible education for the people of Sierra Leone at Government institutions.

MEST's roles and responsibilities at the national, regional and chiefdom levels in relation to children and women victims of all forms of abuse are specified as follows:

- 3.4.1 MEST personnel (e.g. Teachers, Lecturers, Guidance Counsellors and other staff) should adhere to the code of conduct for teachers developed by the Government in relation to professional obligations and the maintenance of appropriate relationships with children.
- 3.4.2 If the MEST personnel is the first point of contact (for instance, the child makes the first disclosure of abuse to, for example, their class teacher or a Guidance Counsellor), the case should be referred to the Family Support Unit in order for the matter to be formally investigated.
- 3.4.3 If the child or woman requires urgent medical attention, the local MoHS service providers should be the first port of call, with the MSWGCA and FSU informed of the case.
- 3.4.4 The MEST personnel to whom the child has disclosed should document details of the disclosure, with the report to be held in a locked and secured area, and ensure that the confidentiality protocols are followed to protect the dignity and privacy of the child.
- 3.4.5 School Guidance Counsellors and other social workers should maintain confidentiality on disclosures made by victims in their care.
 - 3.4.5.1 Behaviour patterns of pupils should be monitored and make referrals of cases of concern to the relevant authorities.
 - 3.4.5.2 Implement the Code of Conduct for Teachers and other education personnel.

3.5 Human Rights Commission Sierra Leone

The Human Rights Commission of Sierra Leone (HRCSL) was established by the Sierra Leone Parliament in 2004 (Act No 9) as provided for by the Lome Peace Agreement of 1999 and the Truth and Reconciliation Commission Report 2004. The vision of the Commission is to take the lead role in building a culture of human rights (including respect for individual responsibilities) which maintains human dignity for all in Sierra Leone in full compliance with the Constitution, laws, international and regional instruments through effective partnerships and collaboration.

HRCSLs roles and responsibilities at the national and regional levels in relation to children and women victims of all forms of abuse are specified as follows:

- 3.5.1 Documentation of SGBV cases
- 3.5.2 Conduct investigations into cases of SGBV as may be appropriate
- 3.5.3 Make referrals to other partners such as the Sierra Leone Police, FSU, MSWGCA, hospitals, etc.
- 3.5.4 Raise awareness on GBV across the country in collaboration with partners
- 3.5.5 Bring GBV issues to the fore, both locally and internationally, through the State of Human Rights in Sierra Leone, a flagship report of the Commission
- 3.5.6 Influence the development of legislations, policies and programs of the government regarding GBV issues
- 3.5.7 Monitor the government's commitments to international standards relating to women's rights including GBV issues.

3.6 Judiciary

The judiciary is the arm of government that interprets and applies the law in the name of the state. The judiciary also provides a mechanism for the resolution of disputes.

The judiciary's roles and responsibilities at the national, regional and community levels in relation to children and women victims of all forms of abuse are specified as follows:

- 3.6.1 The judiciary should ensure that the survivors/victims of GBV enjoy their constitutional right to access to a lawyer who would defend them in the court of law.
- 3.6.2 The judiciary will establish and ensure the efficient implementation of a system that guarantees GBV victims/survivors rights to a speedy and fair trial.
- 3.6.3 Survivors and witnesses wishing to testify at the court must be adequately protected.
- 3.6.4 The judiciary should provide interpreters for survivors and witnesses particularly those who find difficulty in understanding the language spoken at the court.
- 3.6.5 The judiciary must ensure that testimony by survivors and witnesses of GBV cases are done in chambers or closed courts.
- 3.6.6 Court officials who deal with cases of GBV must be adequately trained in women's rights, children's rights and protection issues. A good reference point could be the 3 Gender Acts and the Child Rights Act.

3.7 Ministry of Local Government and Rural Development

(City and District Councils)

The Local Government and Rural Development Ministry ensures the supervisory, monitoring and coordinating role of the activities of all Local Government Bodies nationwide. It also assists in the identification, planning, implementation and monitoring of development programmes that foster poverty reduction and the socio-economic revitalization of the urban and rural sectors.

The overall focus of the Ministry is to ensure the implementation of the Local Government Reform and Decentralization Programme, which involves the strengthening of Local Government Institutions.

In this regard, the Ministry of Local Government and Rural Development's roles and responsibilities at the National, Regional and Chiefdom levels in relation to children and women victims of all forms of domestic and sexual violence are specified in the work of the Local Councils and Traditional Authorities as follows:

District/Local Councils

- 3.7.1 District/City councils should support government health facilities with adequate resources required to enable them provide free medical services to survivors/victims of GBV.
- 3.7.2 A city/district council shall protect the welfare and promote the rights of children and women within its area of authority and shall ensure that within the district, government agencies liaise with each other in matters concerning women and children (sec 58(1) of CRA 2007 and Domestic Violence Act, 2007).
- 3.7.3 Councils should establish women and child welfare departments and shall investigate cases of contravention of child rights within the district/city that are reported to it or come to its notice (sec 58(2) of CRA and the three Gender Acts 2007).
- 3.7.4 Councils should collaborate with the MSWGCA to develop a system to coordinate the activities of service providers within the district.
- 3.7.5 Councils should collaborate with community leaders to develop by-laws on violence against women and children and where such laws exist reinforce them.
- 3.7.6 Awareness raising on GBV and child protection issues for stakeholders for preventive and responsive measures at community level.

Traditional Authorities

Traditional Authorities are central to governance in Sierra Leone. The office of paramount chief is for life and in many regions of the country women are not allowed to hold such positions based on culture and tradition. It may however be said that one of the greatest challenges to the protection of women and children's rights is the attitude and posture taken by paramount chiefs and traditional authorities who have in many instances turned a blind eye or provided other support to alleged perpetrators of women and children's violations.

Traditional authorities' roles and responsibilities at the national, regional and community levels in relation to children and women victims of all forms of violence are specified as follows:

- 3.7.8 Chiefs (and customary law officers) should adopt by-laws for the prevention of GBV and including early and forced marriage. The by-laws must also make it mandatory that perpetrators of GBV must be arrested with the support of the community for legal prosecution.
- 3.7.9 Chiefs should ensure that cases of sexual abuse against women and children are not adjudicated at their local courts but should be referred to the FSU and other competent authorities.
- 3.7.10 The chief or any community leader to whom the survivor/victim of GBV or family of the victim has reported an abuse should immediately ensure that the victim has access to medical and psychosocial support from the service providers as well as inviting the intervention of the police. Community Women including Soweis, Mammy Queens and TBAs who receive a GBV report should not do any examination but refer the matter to FSUs or hospitals.
- 3.7.11 Chiefs should collaborate with the police, MSWGCA officials and NGOs to sensitize members of the community about the referral protocol.
- 3.7.12 Chiefs should (in collaboration with the police) ensure that survivors and families opting for legal prosecution of their cases are adequately protected at community level.

3.8 Civil Society Organisations (NGOs, CBOs, FBOs)

Civil Society Organizations (CSOs) made up of a wide array of organizations: community groups, non-governmental organizations (NGOs), labour unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations.

It is acknowledged that CSOs by their nature have differing roles and activities, for example legal advocacy, vocational/skills training, monitoring, counselling etc. This section summarises the general principles and activities that apply to NGO's working with victims of sexual abuse and domestic violence:

- 3.8.1 NGOs receiving a report of an alleged abuse from a victim/survivor should ensure that they follow the initial referral pathway. That is referring the case to the Family Support Unit, the local MoHS service provider and MSWGCA.
- 3.8.2 NGOs will provide medical, counselling and other forms of psychosocial support as per their funded mandate and areas of expertise.
- 3.8.3 NGOs should endeavour to attend District Child Protection Committee meetings and Chiefdom Child Welfare Committee meetings in their geographical areas of operation, and register their activities with the MSWGCA, Ministry of Development and the Sierra Leone Association of Non-Governmental Organisations (SLANGO).
- 3.8.4 NGOs running residential care establishments/orphanages will be obligated to register with both the MSWGCA and the Local Authority in their geographical area of operation, and adhere to prescribed minimum standards.
- 3.8.5 NGOs are obligated to ensure that counselling and other services are provided to an acceptable professional standard taking into account the importance of confidentiality in handling such cases and always act in the best interest of the survivor/ victim.
- 3.8.6 NGOS provide technical and financial support to the government and CBOs

4. Reporting and Case Coordination Responsibilities

- 4.1 All agencies, as specified in the appropriate sections, are obligated to use the reporting pathways, as outlined in Appendix 1, when the child or woman victim presents to the first point of contact.
- 4.2 Disclosures of abuse should be documented by the agency to which the disclosure has been made. The written record should consist of an account of the alleged abuse, and any observations as to the child's or women's physical and emotional state, as this may be required as evidence to assist a successful prosecution.
- 4.3 On completion of the initial investigations by the Family Support Unit, and medical assessment and treatment, further support for the child or woman i.e. psychosocial support, counselling etc should be coordinated through agreement and cooperation in a weekly Case Coordination/Case Conference meeting.
- 4.4 The Case Conference is the focal point for child protection professionals to plan interventions and coordinate responses/interventions. The senior representative of the MSWGCA in the locality, the Principal Social Development Officer, or those with delegated responsibility in their absence (Social Development Officer or NGO Service Provider) will chair these professional planning meetings.
- 4.5 The Case Conference will meet on a weekly basis, to ensure that actions are taken promptly, and to avoid duplication of tasks. Additional meetings can be convened in response to any urgent cases requiring immediate interventions, as required.
- 4.6 In the event of the child or woman requiring emergency assistance before the case details are discussed at the Case Conference (e.g. foster placement, post abuse counselling), the agency making the referral will ensure that the case is registered at the first available opportunity at the Case Conference, to facilitate the planning of further interventions, effective case monitoring and data collection.

5. Data Collection

- 5.1 Statistical case data will be submitted to the monthly District Child Protection Committees and GBV Steering Committees chaired by the MSWGCA PSDO/RGDO or those with delegated responsibility, by all child protection and gender responsive agencies/service providers. A national data base should be established at the MSWGCA.
- 5.2 Data should be recorded in an anonymous form to ensure confidentiality and protection of the victims/survivors' privacy.
- 5.3 Data from Child Protection and GBV Committees should be submitted to the MSWGCA Chief Social Services Officer and service providers on a quarterly (every 3 months) basis and presented to the National Child Protection Committee, NaCGBV and SSL.
- 5.4 All agencies working with SGBV cases, including NGO's, are ***obligated*** to submit data to the MSWGCA, via the National Child Protection and NaCGBV Committees.

6. Record Keeping, Information Sharing and Confidentiality

For all data collection, it is advisable to use the standardised form developed by the MSWGCA

- 6.1 All service providers should maintain a confidential file on their work with each individual woman and child.
- 6.2 The file should be structured, maintained in good order, and updated on a regular basis.
- 6.3 Case files should be audited twice yearly by the senior officer/manager of the service provider agency.
- 6.4 Case files should be stored in a locked cabinet.
- 6.5 Information should be shared on a 'need to know' basis i.e. full medical reports should only be shared between Health and the Family Support Units; full records of counselling sessions should not be disclosed to other agencies etc. The woman or child, or their parent/guardian, should give consent before any information is shared, and this consent should be noted on the case file.
- 6.6 All service providers will submit a copy of their organisational Confidentiality Policy to the National and District Child Protection Committees and NaC-GBV to ensure that minimum standards are being followed with regard to confidentiality and safeguarding the dignity of vulnerable women and children.
- 6.7 The Child Protection Committee and GBV Committees should also be made aware of specific confidentiality requirements contained in the Professional Codes of Conduct of service provider personnel (e.g. medical and nursing practitioners etc).
- 6.8 Any breaches of confidentiality should be investigated by a senior officer designated to take up this task by the District Child Protection Committee.

7. Monitoring and Evaluation (M & E)

- 7.1 All Monitoring and Evaluation activity will be coordinated through the District and National Child Protection Committees and NaC-GBV.
- 7.2 The Referral Protocol shall be reviewed 6 months after the date of implementation, and thereafter on an annual (yearly) basis.
- 7.3 MSWGCA supported by UNICEF to develop M&E tools.
- 7.4 MSWGCA to identify key NGO partners to report on a quarterly basis, review yearly or as exigencies may require. The Ministry should also provide training for actors on data collection, collation and analysis.

8. Professional Standards for Working with women and children

- 8.1 All professionals working with women and children should be aware of the legislative framework (Child Rights Act 2007, Domestic Violence Act.2007) and their own professional and institutional guidelines.
- 8.2 In the event of a conflict of interest i.e. when a family member or close associate of the professional etc. is involved in a case, as victim or perpetrator, the professional should notify their line manager, and request that the case is managed by a colleague.
- 8.3 It is important to ensure that the child or woman survivor is always protected from further abuse.
- 8.4 Professionals should ensure maximum confidentiality about the child or woman survivor's situation.
- 8.5 Information on progress made about the case of a woman and a child must be relayed to the woman or child/ parents at all times and before taking any further step, the professional must seek the consent of the woman or child/ parents.

9. The Referral Pathway

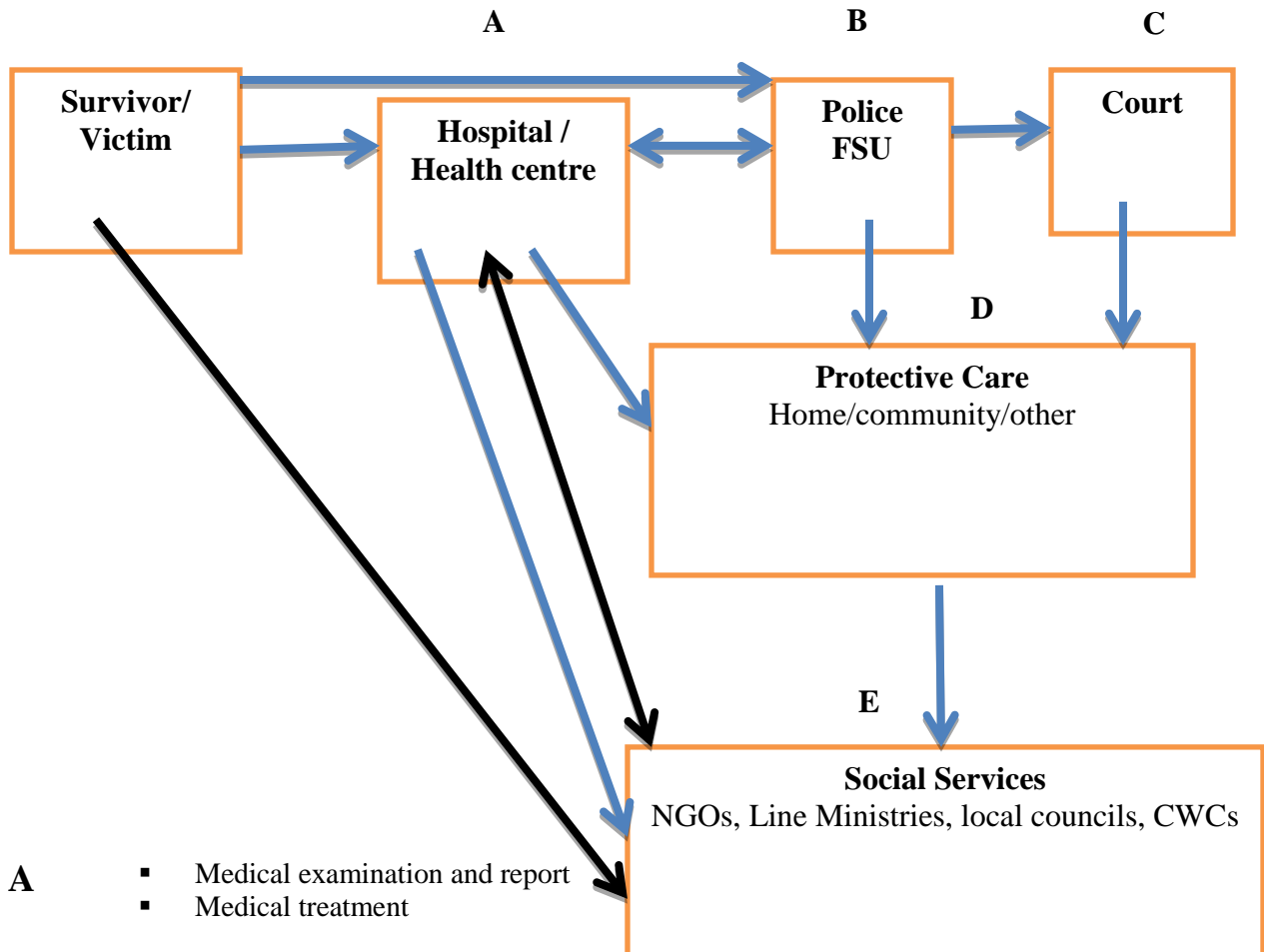
In doing referral, the importance of minimizing further trauma to the survivors must be emphasized, and the efficiency of professionals who are in place to support them must be maximized.

- 9.1 The referral pathway for child or woman victim of Gender Based Violence and other forms of abuse is noted in diagram form, and attached as Appendix 1. The diagram denotes the referral pathways to be followed at the first point of contact i.e. when the child or woman victim of abuse first presents for help and/or to report an incident of abuse.
- 9.2 The first point of contact is defined as the person, in either a professional capacity or other position of responsibility/authority (Chief, Religious Leader, Elder etc) to whom the victim discloses details of the abuse.
- 9.3 A factual account of the abuse, including details of the victim, perpetrator, and what actually happened (e.g. the victim was sexually assaulted by the perpetrator) should be provided in written form by the referring agency to the Sierra Leone Police Family Support Unit, and the Ministry of Social Welfare, Gender and Children's Affairs.
- 9.4 If the victim requires urgent medical attention, he or she should in the first instance be referred for medical treatment to the local MoHS service provider (e.g. government medical facilities). Once this has been done the case should be reported to the Family Support Unit at the first available opportunity to ensure prompt investigation of the alleged abuse.
- 9.5 It is important to note that there is more than one possible referral route when the victim/survivor is first reporting the incident/seeking help. For example, although the incident needs to be reported to the Sierra Leone Police/Family Support Unit as quickly as possible, the victim may require immediate medical attention/treatment.
- 9.6 Professionals should exercise a 'common sense approach' in this regard –for instance if the victim has an open wound, or is in considerable pain and distress, medical care should be the first priority.
- 9.7 If there is suspicion of, or evidence suggesting victim trafficking, response services should be coordinated via the MSWGCA Trafficking in Persons Focal Point, who will in turn liaise with the International Organisation for Migration. Details will also need to be referred to the Sierra Leone Police Family Support Unit for prompt investigation.

Annex 1 Referral Pathway

REFERRAL PATH WAYS FOR WOMEN AND CHILD VICTIMS OF SEXUAL AND DOMESTIC VIOLENCE

A. Rape/Unlawful Canal Knowledge and serious Physical Wounding with Intent or Torture



- A**
- Medical examination and report
 - Medical treatment

- B**
- Investigation
 - Prosecution
 - Counselling

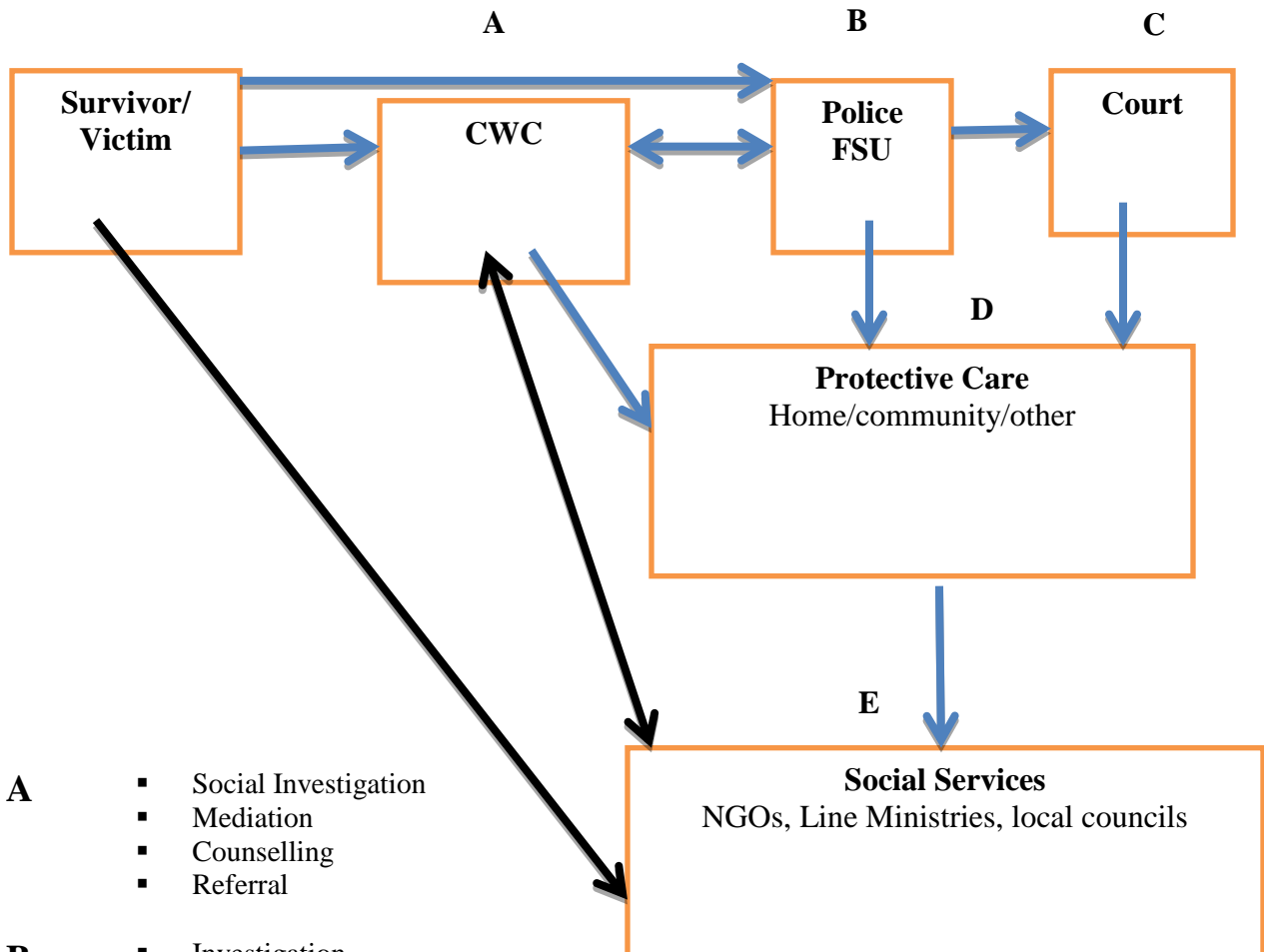
- C**
- Trial- Punishment of perpetrator
 - Protection of victim/survivor
 - Compensation of victim/survivor

- D**
- Protective Care - Free of attack, discrimination and stigmatization

- E**
- Counselling
 - Education/skills training/gainful employment
 - Shelter, medical & other needs
 - Legal counsel

Annex 2 Referral Pathway for other GBV

OTHER GBV THAT DO NOT INVOLVE PHYSICAL INTRUSION OR WOUNDING, E.G. FORCED/CHILD MARRIAGE, FONDLING, INDECENT ASSAULT, CHILD LABOUR, CHILD TRAFFICKING



- A**
- Social Investigation
 - Mediation
 - Counselling
 - Referral
- B**
- Investigation
 - Prosecution
 - Counselling
- C**
- Trial - Punishment of perpetrator
- Protection of victim/survivor
 - Compensation of victim/survivor
- D**
- Protective Care - Free of attack,
- discrimination and stigmatization
- E**
- Counselling
 - Education/skills training/gainful employment
 - Shelter, medical & other needs
 - Legal counsel

Minister of Social Welfare, Gender & Children’s Affairs **Date**

Minister of Finance & Economic Development **Date**

Minister of Health and Sanitation **Date**

Minister of Internal Affairs **Date**

Minister of Education, Science & Technology **Date**

Minister of Justice **Date**

Minister of Local Government and Rural Development **Date**

Representative of Civil Society Organisations **Date**

