GUIDELINES FOR DISTRICT AND DIVISIONAL LEVEL REFERRAL SYSTEM SEXUAL AND GENDER BASED VIOLENCE

Table of Contents

Abbreviations

CAT - Convention Against Torture

CEDAW - Convention on the Elimination of All Forms of Discrimination against Women

CPO - Child Protection Officer

CRC - Convention on the Rights of the Child

CRPO - Child Rights Protection Officer

CSO - Civil Society organizations

CWDU - Child and Women Development Unit

DV - Domestic Violence

ESP - Essential Services Package

GAC - Global Affairs Canada

GBV - Gender Based Violence

GN - Grama Niladhari

ICCPR - International Convenient on Civil and Political Rights

ICESCR - International Covenant on Economic, Social and Cultural Rights

LAC - Legal Aid Commission

MOMCH - Medical Officer of Maternal & Child Health

MOH - Medical Officer of Health

MOWCASS - Ministry of Women and Child Affairs and Social Security

NCPA - National Child Protection Authority

PDVA - Prevention Domestic Violence Act

PSEA - Prevention of Sexual Exploitation and Abuse

Terms and Definitions:

Essential Services- Essential services encompass a core set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence[1]

Coordination- A collaborative effort by multi-disciplinary teams, personnel and institutions from all relevant sectors to implement laws, policies, protocols and agreements and communication and collaboration to prevent and respond to violence against women and girls[2].

Gender-Refers to the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men. Gender interacts with but is different from, the binary categories of biological sex[3]

Stakeholders- all government and civil society organizations and agencies that have a role in responding to violence against women and girls at all levels of government and civil society. Key stakeholders include victims and survivors and their representatives, social services, health care sector, legal aid providers, police, prosecutors, judges, child protection agencies, and the education sector, among others[4].

Victim/survivor- Women and girls who have experienced or are experiencing gender-based violence to reflect both the terminology used in the legal process and the agency of these women and girls in seeking essential services.[5]

Referral systems- Systems in place to connect GBV survivors to appropriate, quality, multi-sectoral services in a timely, safe and confidential manner.[6].

Referral Pathways - A 'referral pathway' is a flexible mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support[7].

---

[1]https://www.unfpa.org/sites/default/files/pub-pdf/Essential-Services-Package-en.pdf
[2]https://www.unfpa.org/sites/default/files/pub-pdf/Essential-Services-Package-en.pdf
[3]: WHO https://www.who.int/gender-equity-rights/understanding/gender-definition/en/
[4]https://www.unfpa.org/sites/default/files/pub-pdf/Essential-Services-Package-en.pdf
[5]https://www.unfpa.org/sites/default/files/pub-pdf/Essential-Services-Package-en.pdf
[6]UNFPA's The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, 2019
[7]IASC-Gender-based-Violence-Guidelines, 2015

Forms of Gender Based Violence[8]:

Sexual Abuse- A sexual act that takes place without the voluntary consent or choice of the victim /survivor. Regardless of whether the act has taken place; or it was an attempt of such an act when a person is not capable of conceding to or refusing participation due to illness, disability, the influence of alcohol or substances (psychoactive substances), age, intimidation, blackmail or pressure. Rape, Grave Sexual Abuse, Sexual Harassment and Sexual exploitation are main criminal offences of sexual abuse in Sri Lanka as outlined under penal code.

Emotional (psychological) Abuse- Is defined as acts of constant humiliation and belittling; intimidation; threats of harm and violence; deliberately embarrassing, manipulation intimidation and verbal aggression.

Controlling behavior- Includes but is not limited isolation from family members and friends, monitoring her movements, and social interactions; denying her access and control over money, resources and services that influence the victim's mental and emotional state**.**

Types of Sexual and Gender Based Violence

Domestic Violence Intimate Partner Violence- Violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. This type of violence may include physical, sexual and/or psychological abuse, as well as the denial of resources, opportunities or services.

In Sri Lankan Law, physical abuse against a person are offences against the human body detailed in Chapter XVI of the Penal Code, Extortion in Section 372, and Criminal intimidation in section 483 of the Penal code and attempts and any attempt to commit any of these offences. In addition to these acts being criminal offences, according to the Prevention of Domestic Violence Act (PDVA) no 34 of 2005, the protection orders can be obtained to protect from the above offences being committed by someone in relation to a domestic relationship. PDVA also recognizes the emotional abuse as a "pattern of cruel, inhuman, degrading or humiliating conduct of a serious nature directed towards an aggrieved person".

Rape- is non-consensual sexual intercourse or penetration of the vagina.

Statutory Rape- Sexual intercourse takes place where the female is below the age of 16, as the age of consent is set at 16 years.

Custodial Rape- A form of rape which takes place while the victim or the Victim Survivor is "in custody" and constrained from leaving, and the rapist or rapists are an agent of the power that is keeping the victim in custody.

[8] https://www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide_ENGLISH.pdf

Gang rape- The offence of rape is committed by one or more persons in a group of persons, where each person in such a group commits or abets the commission of the rape.

Marital Rape- Any unwanted intercourse or penetration obtained by force, threat of force, or when the wife is unable or not willing to consent.

Incest- Incest is sexual intercourse between persons closely related by blood or marriage as defined by law. Incest also applies in instances of legal adoption.[9]

Sexual harassment- Any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another. It can include a one-off incident or a series of incidents. Sexual harassment may be deliberate,[10] unsolicited and coercive.

Offences committed using this nature of act will fall under Prevention of Domestic Violence Act (PDVA) or the 345 of the Penal code

Trafficking in Persons- is the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.

Rape, grave sexual abuse, incest, sexual harassment and trafficking are some offences under the Penal Code. These could also constitute as physical abuse.

Harmful Traditional Practices - Cultural, social and religious customs and traditions that can be harmful to a person's mental or physical health. It is often used in the context of female genital circumcision/mutilation or early/ forced marriage. Other harmful traditional practices affecting children include binding, scarring, burning, violent initiation rites, forced marriage, so-called "honor" crimes and dowry-related violence.

[9]https://www.actnowsrilanka.info/incest/

[10]UNHRC Policy on harassment

Introduction

The Guidelines are developed after extensive consultations[11] from 2017 to 2020 with district and divisional level government and civil society stakeholders in Mannar and Hambantota Districts and selected 8[12] divisional secretariats within the districts. The intervention is part of the work led by the Ministry of Women and Child Affairs and Social Security (MoWCASS) under their portfolio, with the technical support of United Nations Population fund (UNFPA). Although, the Guidelines are focused on Mannar and Hambantota Districts, it can be used to scale up and replicate referral systems for SGBV in other districts and divisions.

The Guidelines do not replace existing guidelines and procedures developed within sectors for the response of SGBV. It is developed with the expectation to ensure that all sectors work in coordination within a structured framework to provide comprehensive and timely services for victims/survivors of SGBV with a special focus on the role of officers at the district and divisional secretariats in making effective referrals. Furthermore, the Guidelines reflect the international best practices developed by the region and the UN's Essential Services Package(ESP)[13]. The ESP was launched in Sri Lanka in collaboration with key line Ministries and UN Agencies at a multi-stakeholder workshop in June 2018. Sri Lanka is a self-starter country for the ESP and the findings from the workshop were incooeperated when developing the Guidelines.

The Guidelines were developed through the funding provided by Global Affairs Canada (GAC) and in line with UNFPA 9th Country Programme.

Objectives

The Guideline is aimed at streghthening district and divisional level response to SGBV as such to provide a step-by-step guidance for a referral system at the district and divisional level to ensure effective, integrated and coordinated multi-sectoral services for response to victims of Sexual and Gender Based Violence (SGBV) more specifically to:

- To improve safe and timely access to quality services for survivors of SGBV.

[11] 18 divisional level meetings in 8 divisions and 2 district level meetings

[12] Tangalle Ds, Hambantota DS, Suriyawewa DS and Lunugamwehera DS in Hambantota District and Musali DS , Nannatan DS, Mannar town DS and Manthai west DS in Mannar district

[13] The Essential Services Package is a guidance tool identifying the essential services to be provided to all women and girls who have experienced gender-based violence, including services that should be provided by the health, social services, police and justice sectors. This package also provides guidelines for the coordination of these services- https://www.unfpa.org/sites/default/files/pub-pdf/Essential-Services-Package-en.pdf

- To provide standardized quality care for victims and survivors of SGBV and facilitate the recovery and integration of the survivor to the community.
- To formalize district and divisional referral pathways to facilitate effective coordination of service providers for delivery multi-sectoral response for SGBV.

Methodology

The process of developing the Guidelines for the two selected districts of Hambantota and Mannar including the selected 8 Divisional Secretariats, was initiated in 2017.

With the engagement of the WDOs in the two districts, a mapping of SGBV service providers was completed by gathering details through individual interviews and intial multi-stakeholder consultations conducted in 2017. 128 service providers in the Hambantota district and 95 from the Mannar district were identified and included in the directory of services compiled in 2018 and subsequently updated bi annually.

MOWCASS with the technical support of UNFPA conducted a number of consultations with multi-sectoral service providers at district and divisional level. The consultations were with the key service providers for SGBV at the district, divisional and GN level inclusive of government and non-government actors. Health, police and justice and social services sectors and representatives of the civil society organization in 8 divisions were consulted.

Hambantota- Tangalle DS 36 (women 19 and men 17), Hambantota DS 38 (women 20 and men 18), Suriyawewa DS 43 (women 21 and men 22) and Lunugamwehera DS 32 (women 15 and men 17) and meetings were led by the divisional secretary or his/her representatives while coordination was done by the women development officers respectively.

Mannar- Musali DS 51 (women 18 and male 33), Nannatan DS 54 (women 21 and men 33), Mannar town DS 75 (women 40 and 35 men) and Manthai west DS 85 (women 60 and male 25).

Two district level consultation meetings were held in Mannar and Hambantota to obtain the consensus on the importance of a district and divisional referral pathways and a coordination mechanism to address SGBV effectively. Further the consultations identified challenges for effective service provision to SGBV victims by MOWCASS and the district secretariat in both districts. The Mannar district consultation meeting was attended by 86 service providers (women 61 and men 25) and district meeting in Hambantota had 60 service providers (women 37 and male 23), from government and non-government institutions.

Capacity building sessions were provided for 279 service providers including women and child development units, officials from the police women and children's desk, foreign employment development officers and GN officers. Through these sessions whilst the knowledge and skills were strengthened to provide quality services for SGBV and coordination it also provided further

information that was useful in developing the guidelines. It should be noted that intial consultations identified the lack of knowledge on the issue and before developing the coordination framework it is important to build

Rationale

Sexual and Gender-Based Violence (SGBV), remains one of the most prevalent human-rights violations and the public health issue. It leaves behind significant and long-lasting impacts on the health, psychosocial and economic well-being of victims/survivors, their families and communities. Women and girls experience SGBV in the private and public spheres more than men and boys in their lifetime due to prevailing patriarchal attitudes and norms, which perpetuate and condone the acts of SGBV.[14]

Sri Lanka collected their first national data on the prevalence of violence against women as part of the 2016 Demographic and Health Survey (DHS). Using a limited number of questions in the domestic violence module, it found that rates of domestic violence by partners were a concern that needed further research through a dedicated survey. The key findings of the DHS are highlighted in the box below.[15]

- **Prevalence of domestic violence:** In Sri Lanka, 17% of ever-married women age 15-49 have suffered from domestic violence from their intimate partner.
- **Forms of domestic violence**: 2% of ever-married women who suffered from domestic violence, experiences in any form of domestic violence daily.
- **Differentials of domestic violence**: Prevalence of domestic violence by an intimate partner increases with the age of the women. Urban residents also reported the highest percentage of domestic violence (20%). Kilinochchi and Batticaloa districts have the highest level of domestic violence (50 %). Ever-married women who belong to the lowest wealth quintile and those with primary education reported the highest percentages in domestic violence (28 % and, 30 % respectively).
- **Support for domestic violence**: Among women who suffered from domestic violence, only just over one fourth of women (28 %) have sought help, with three fourth of them (75 %) seeking help from their family members, 27 % from friends or neighbors and only 18 % seeking help from the police. Half of the ever-married women age 15-49 (50 %) indicated to know about the Sri Lanka Women Bureau to combat violence, while 26 % mentioned the midwife and Women Help Line.

(source: DHS 2016- Chapter 13)

Subsequently, in 2019, the Department of Census and Statistics with the support of UNFPA, conducted the first dedicated national prevalence survey on violence against women using the WHO methodology. Known as the Women's Wellbeing Survey (WWS) it covered all 25 districts

[14] https://www.unhcr.org/583577ed4.pdf
[15] http://www.statistics.gov.lk/social/DHS_2016a/Chapter13.pdf

in Sri Lanka and interviewed more than 2,200 women aged 15 and above. The key findings of the WWS are highlighted in the box below[16]

- Women in Sri Lanka are more than twice as likely to have experienced physical violence by a partner (17.4%) rather than by a non-partner (7.2%).
- **One** in **five** (20.4%) ever-partnered women have experienced physical and/or sexual violence by an intimate partner in their lifetime.
- **Two in every five women** (39.8%) have experienced physical, sexual, emotional, and/or economic violence and/or controlling behaviours by a partner in their lifetime.
- **One** in **four** (24.9%) have experienced physical and/or sexual violence since age 15 by a partner or non-partner.
- 4% percent of women have experienced sexual violence and 7.2% of women have experienced physical violence by a non-partner.
- Lifetime rates for women with a disability were higher for physical, sexual and emotional violence by a partner. However, indicated slightly lower rates of physical and sexual violence by a non-partner since age 15 than women with no disability.

(source: WWS 2020)

The effects of SGBV on a victim/survivor is multifaceted in nature. Therefore, responding to a SGBV victim/survivor's need requires a multi-sectoral approach. The Essential Services Package has identified a core set of services to be provided by the health care, social service, police and justice sectors to secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.[17] In Sri Lanka, various actors from different sectors including the Health, Social Services, Police and Justice have services specifically designed to respond to victims/survivors of SGBV.

However, evidence highlights there is minimum coordination between the service providers and the lack of an established system for referrals impedes quality care for the survivors. It is believed that these Guidelines will improve referral system and coordination among different service providers to effectively and efficiently respond to SGBV incidents at the district and divisional level in both the developemnet and humanitarian contexts and as prescribed by the Policy Framework and National Plan of Action to address Sexual and Gender-based Violence in Sri Lanka (2016-2020).

[16] https://asiapacific.unfpa.org/sites/default/files/pub-pdf/srilanka_wws_2019_final_report.pdf
[17] https://www.unfpa.org/sites/default/files/pub-pdf/Essential-Services-Package-en.pdf

Advantages of a referral system at divisional and district levels

1. Enables the provision of standardized services to victims/survivors to meet their various needs.

2. Improve victim/survivors' access to needed services and benefit from the multi-sectoral SGBV service providers at district and divisional level.
3. Ensure effective case management through identified coordinating agency for SGBV cases and focal points at service providing agencies.
4. Enables to track the case progression through the referral pathway and to identify service gaps.
5. Effective use of financial and human resources at district and divisional level for more efficient delivery of services.

During mapping of the service providers in the two districts and eight divisions, the following services were identified as essential for the recovery and reintegration of the victims/survivors of SGBV.

Target Group

The Guidelines are aimed at providing guidance to district and divisional administration leadership and officers of the Child and Women Development Units with a special focus on Women Development Officers at the District Secretariats and Divisional Secretariats.

Child and Women Development Units (CWDUs) are established by the Ministry of Women and Child Affairs and Social Security at the district and divisional secretariats and comprises of the following officers:

1. Women Development Officer/s (WDO) and/or Women Development field assistant/s (WDFA)
2. Counselling officers (CO) and/or Assistants (CA)
3. Child Rights Promotion Officer (CRPO) and/or Assistants (CRPA)
4. Early Childhood Development officer (ECDO) and/or Assistant (ECDA)
5. Child Protection Officer (CPO) and/or Child Protection Assistant (CPA)

The guidelines will further provide direction to the officers of the Health, Social, Economic and Educational and the Police and Justice sector who are connected to the district and divisional level.

Legal and Policy Framework.

National Legal Frame work

Constitution: In terms of the national legal framework, the Constitution of Sri Lanka guarantees among others, women's rights to equality, freedom of speech, assembly, association, movement and freedom from torture and equality before the law.

Article 12(1) of the Constitution of Sri Lanka states that 'all persons are equal before the law, and are entitled to the equal protection of the law'.

Article 12(2) also states that 'no citizen shall be discriminated against on the grounds of…sex.

Penal Code of Sri Lanka Initially codified in 1883 and later in 1995 and 1996 the penal code was amended with progressive changes in addressing SGBV. These amendments created new offences in relation to incest, (S. 364 A), grave sexual abuse, (S.365 B), cruelty to children (S. 308 A) and sexual harassment. (S. 345) and modified existing provisions on rape and sexual violence

Prevention of Domestic Violence Act (2005): The Act defined offences under Chapter XVI of the Penal Code as domestic violence and recognized emotional abuse as a form of domestic violence It also provides for a speedy remedial action in the form of a Protection Order by the court.

Protection of Victims of Crime and Witnesses Act (2015): The Act gave effect to international standards on the rights of victims of crime and witnesses. The Act guarantees the rights to be treated with equality, fairness, privacy, to receive prompt and fair redress and to be protected from harm and was specifically focused on protecting female victims of sexual and gender based violence

**Despite these laws, there remain a number of laws that are discriminatory against women and legalize SGBV which require the attention of the legislature. Such as Muslim Marriage and Divorce Act (1951), Vagrants Ordinance (1841) and some sections in the penal code related to Marital rape.

International Obligations

Sri Lanka has ratified all 9 core UN human rights treaties including the International Convenient on Civil and Political Rights (ICCPR); International Covenant on Economic, Social and Cultural Rights (ICESCR); Convention on the Rights of the Child (CRC); Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (CAT); and Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Sri Lanka has also ratified the Beijing Platform for Action, a global plan specifically focused on women's rights.

With the ratification of the UN Convention on the Elimination of All Forms of Discrimination against Women (1979) in 1981, the government of Sri Lanka has made significant efforts to prevent and respond to gender based violence by enhancing its policy and legal framework to address GBV and strengthening the national and local level mechanisms to tackle SGBV incidents.

National Policy

Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (2016-2020): The SGBV National Action Plan was developed by the Ministry of Women and Child Affairs in partnership with nine key ministries. It comprises of related sectoral plans, prepared by technical committees consisting of government and non-government representatives. This is at present being reviewed for the 2nd Phase.

Guiding Principles

1. Victim/Survivor-centered approach

Victim/survivor-centered approach place the rights, needs of women and girls at the center of focus in service delivery. This requires consideration and sensitization of service providers to ensure the multiple needs risks and vulnerabilities, the impact of decisions and actions taken, ensures that services are tailored to the unique requirements of each individual womon and girl. Service providers should conform to the wishes of the survivor.[18] A survivor- centered approach aims to create a conducive environment in which the survivor's rights are respected and treated with dignity and respect. [19]

A survivor-centered approach is based on the following principles[20]

- **Safety:** The safety and security of the survivor and her/his children is the primary consideration.
- **Confidentiality:** Survivors have the right to choose to whom they will or will not disclose information. Informed consent of the survivor should be obtained prior to sharing any information with other stakeholders
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor.

[18]UN Women, UNFPA, WHO, UNDP & UNODC (2015), Essential Services Package for Women and Girls Subject to Violence.
[19]GBV-Sub Cluster (Turkey Hub – Syria) (2019), Standard Operating Procedures for Gender-Based Violence Prevention and Response.
[20]https://www.unfpa.org/sites/default/files/pub-pdf/GBVIE.Minimum.Standard.Publication.FINAL

- **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic

2. **LIVES: Important First Contact support**[21]
   First line support to protect the survivor/ victims' life:

   - **Listen:** Active listening with empathy and not judgmental.
   - **Inquire about the needs and concerns:** Assess and respond to the needs and concerns of the victim / survivor (emotional, physical, social and practical care needs such as child support).
   - **Validate:** Through expressions and body language indicate you believe the victim.
   - **Enhance safety:** Discuss how to protect the victim from further harm.
   - **Support:** Support to connect her to other services needed for recovery.

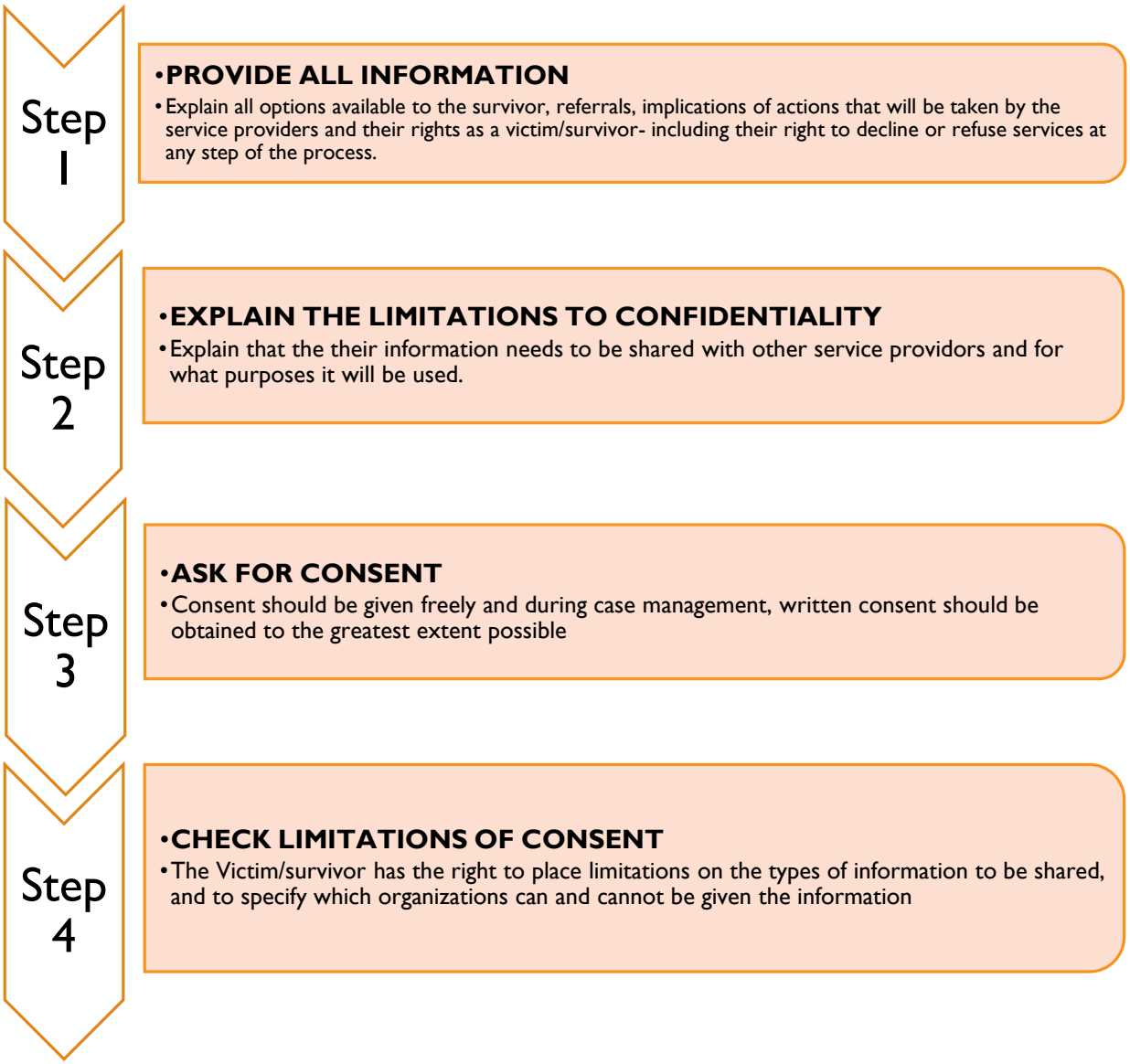
3. **Best Interest of the Child**
   When the victim/Survivor is a child (below the age of 18), decisions need to take into account the rights of the child. Many factors such as age, sex, cultural background and child's experiences should be considered when making decisions. Any interpretation of this principle must be made in the spirit of the Convention on the Rights of Children, and must give due regard to expert advice from both legal and child protection perspectives.[22] According to the Sri Lankan legal framework the court is considered as the upper guardian of a child.

4. **Informed consent of the SGBV victim/survivor**
   Informed consent means asking for permission from the survivor/victim to willingly participate and provide information on the incident to the service provider. In order for a victim/survivor to give informed consent, she should have a clear understanding of the facts, implications of any action that will be undertaken and must be able to evaluate and understand the consequences. Victim/survivor's informed consent should be obtained before undertaking any action relating to her (e.g. before recording the incident, making a referral, a medical examination, or sharing information about the victim/survivor and

[21] https://www.who.int/reproductivehealth/publications/participants-handouts.pdf?ua=1
[22] https://reliefweb.int/sites/reliefweb.int/files/resources/gbv_sc_sops_2018_english_final.pdf

the incident). On behalf of a child (person below the age of 18 years), a guardian should provide informed consent.

The service providers should adopt a consent form. A template for the Consent form is attached herein **(Annex 1).** This form should be made available in local languages and read to the client or guardian (if the SGBV survivor is a child) in their first language. It should be clearly explained to the survivor or the guardian that they can choose any or none of the options listed.



Referral System

A referral system is in place to connect SGBV survivors to appropriate, quality, multi-sectoral services in a timely, safe and confidential manner. It will facilitate service providers with the necessary information on how best they can respond to SGBV and provide victims and survivors with quality and timely services needed for recovery. It is a cooperative framework through which government and nongovernmental service providers will fulfill their obligations to protect and promote the human rights of survivors of SGBV.

At a minimum, a referral system requires:

(1) A network of qualified multi-sectoral service providers

(2) A service directory of available service points within each district

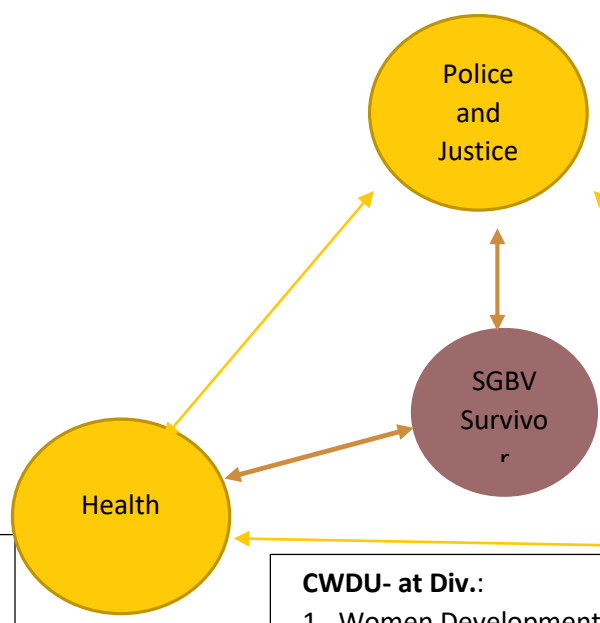
(3) Standardized and established referral pathway or system that supports survivors' timely, safe and confidential access to services[23]

Multi- Sectoral SGBV Response Framework at Divisional level

The diagram below shows the various services to victims-survivors of violence provided by different service providers of the 3 essential services sectors (in line with the ESP). As the focus of the guidelines is on the district and divisional level referral system, in Mannar and Hambantota, the following service providers were identified as the key stakeholders in an ideal situation

[23]UNFPA's The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, 2019

Service Providers' Framework at Divisional Level



OIC of Police and OIC of Women and Child Desks, mediation board/s, GNs, and Legal Aid Commission. Community Correction Officer, Probation Officer

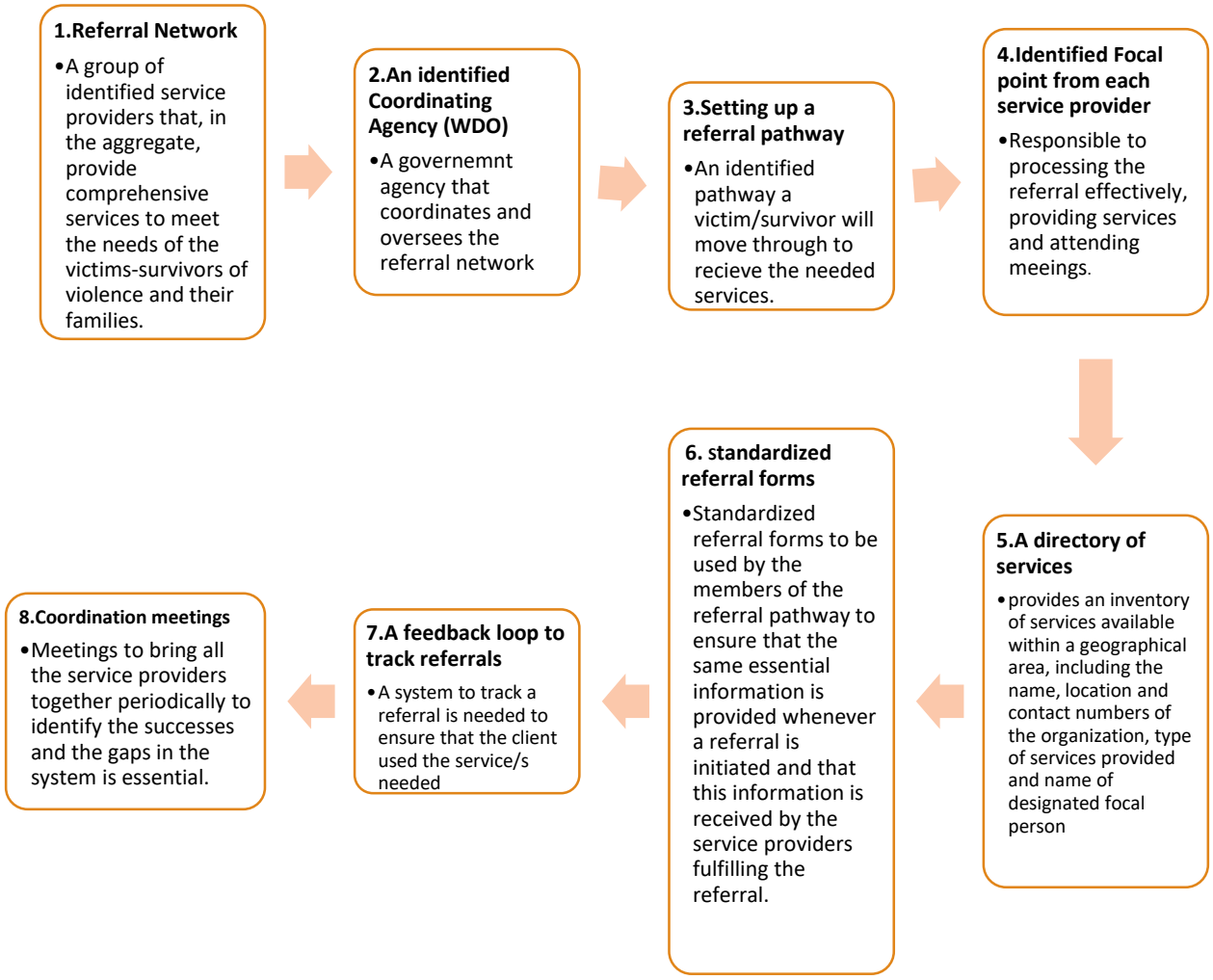
1. District/Base Hospitals /Divisional Hospitals
2. Judicial Medical Officer
3. MOH and staff of MOH office (Public Health Nurses, Public Health Mid-wives and Public Health Inspectors) at divisional level.
4. CSOs providing counselling support

CWDU- at Div.:

1. Women Development Officer/s and or Women Development field assistant/s;
2. Counselling officers and or Assistants;
3. Child Rights Promotion Officer and or Assistant;
4. Early Childhood Development officer and or Assistant;
5. Child Protection Officer and or Assistant (NCPA);
6. Psychosocial officer and Assistant (NCPA)

1: Divisional Secretary /Additional secretary.
2.Members – Divisional Women's' Federation
3.Social Services Officer
4.Labour officer
5. Director Divisional Education Office
6. Social Counselling officer
7.Foreign employment development Officer
8.Economic Development Officers
8 Disaster management Officer
9.Youth Officer
10. CSOs

Essential Elements of a Referral system



Essential Element 1: Referral Network

As the focus of the guidelines is on the district and divisional level referral system, especially the referral system in Mannar and Hambantota, the following service providers were identified as the most involved in the SGBV referral network through the mapping exercise carried out.

No	Sector	Government Service Providers
1	Leadership and Administration	District Secretary, Additional District Secretary and Divisional Secretaries
2	Child Affairs	Early Childhood Development Officers and Assistants, Child Rights Protection Officers and Assistants, Child Rights Protection officers and Assistants, Psychosocial Officer
3	Disaster Management	Assistant Director, the staff of District Disaster Management Unit
4	Economic Development and Employment	Administration Samurdhi Officers Assistant directors in Planning (In-charge of Economic Development Officers) Assistant Labour Commissioner Vidatha Officers
5	Education	Directors at the zonal education office
6	Empowerment and Prevention	Women Development Officers, Social Welfare Officers, Senior Citizen Rights Promotion Officers, Social Services Officers, At the District and Divisional Secretariats
7	Foreign Employment	Development Officers on Foreign Employment, At the District and Divisional Secretariats
8	Health	Directors/in-charge of hospitals Consultant JMO Consultant Psychiatric In-Charge MOH Offices Director of RDHS Counselling officers Family counsellors
9	Justice and Law Reforms	Legal Officers- Legal AID SP, ASP of the Police Divisions OICs in Police Stations OICs and other officers attached to Women and Child Desks Quasi judges Probation Officers Chairmen Mediation Board Community Correction Officers

		GN Officers
10	Media	Information Officer, Media Unit, At the District Secretariat

Essential Element 2: An identified coordinating agency (WDO)

District level Women Development Officers (WDOs)will be the coordinating agency at the district level and the Divisional WDOs will be the coordinating agency of the SGBV referral system at a divisional level.

As the coordinating agency, the WDUs at district and divisional levels are responsible for (among other):

- Designate a Focal Person within each service provider to coordinate referrals within the division or district.
- Conduct meetings, consultations and case conferences with service providers of the referral network.
- Follow-up on operational issues/concerns between and among agencies such as but not limited to solutions for the inaction or delayed action on referrals, improving feedback mechanisms and documentation of referrals; identifying gaps in services for SGBV victims/survivors and initiate measures to address these gaps in consultation with the Ministry and DS & DiV offices; sharing of knowledge, strategies and good practice and assessment of the referral system and how it could be more effective.
- Maintain a database on cases however, confidentiality and security of the data must be ensured through data protection protocols.
- Maintain and update a Directory of Service providers and a Referral Registry.
- Provide progress reports to the Ministry of Women and Child Affairs of the SGBV issues at the district and divisional level on a quarterly basis.

Essential Element 3: referral pathway

- Through the service mapping and consultations existing support services inclusive of national structures were identified. A sample template for SGBV service mapping is provided in **Annex 2.**
- The flow of the referrals from one agency to another was identified.

- The roles and functions of each of the service provider in the referral pathway were defined and their working arrangement and expectations within the referral pathway was discussed and agreed during the meetings held.

Essential Element 4: Identified Focal point from each service provider

During the mapping exercise and subsequent consultations, each service provider in the referral system was required to identify a focal point to handle SGBV cases when the cases are referred to them. This focal point is responsible for the management of the SGBV case, provide services and making further referrals within the referral pathway efficiently. **(He/she shall be the Case Manager within the service providing agency- See below the section on Case Management.)**

Essential Element 5: A directory of services

A directory of services was developed with the information received from the service mapping. The service directory includes, among others, an inventory of services available within a geographical area, including the name, location and contact numbers of the service providing agency, type of services provided and name of the designated focal person.

This directory should be given to all the focal points of the referral system. A sample template for district/divisional level directory of services is provided in **Annex 3**.

Essential Element 6: Standardized referral forms

Standardized referral forms to be used by the service providers of the referral pathway to ensure that the same essential information is provided whenever a referral is initiated and this information is received by the service providers fulfilling the referral ensuring safety and confidentiality protocols and ensuring the principles of o no harm.

A sample template of a Referral Form for service providers is provided in **Annex 4.**

Essential Element 7: A feedback loop to track referrals

The main responsibility to ensure a victim/survivor receives all the services he/she requires within the referral system rests with the district level WDO and this task is assisted by the divisional level WDO.

The WDO can develop a SGBV referral database to track the progress of a victim/survivor in the referral pathway. The referral form in the referral system should record the services provided by each service providing agency and the date at which the services were provided.

The WDO should also periodically follow-up with SGBV service providers, during coordination meetings to ensure SGBV victims/survivors have received the services they require.

Essential Element 8: Coordination meetings

At the Divisional and District level, the coordination meetings will be convened by the Child and Women Development Units at the District and Divisional Secretariats Chaired by the District / divisional Secretary.

SGBV Referral Pathway and Case management at District and Divisional level.

Phases in the Referral Pathway at Divisional and District level

Phase 1 - Divisional WDO's referral pathway

ENTRY- WDO receives cases through the following channels:

- Referred by members of Women's societies in villages /women's federations
- Referred by 1938 hotline of NCW
- Referred by Divisional secretary
- Referred by other development officers and GNs in the divisional secretariat
- Referred by District WDO (who has received by the Police, Hospital or District Secretariat)
- Directly received complaints by the victim/survivor and Family members

Phase 2- INITIAL ASSESSMENT- Upon receiving complaints, WDO does an initial assessment of the case with the support of other officers with the consent of the victim within the Child and Women Development Unit.

Phase 3 - CASE REFERRAL PLAN- Based on the information received and the needs of the victim/survivor, with the support of other officers within the Child and Women Development Unit, WDO will develop a case referral plan. The case referral plan will include;

1. Internal referrals within the unit (eg: for counselling, child related and social empowerment)
2. External referrals to health, Police and Justice, Social, Economic and Educational services providers.

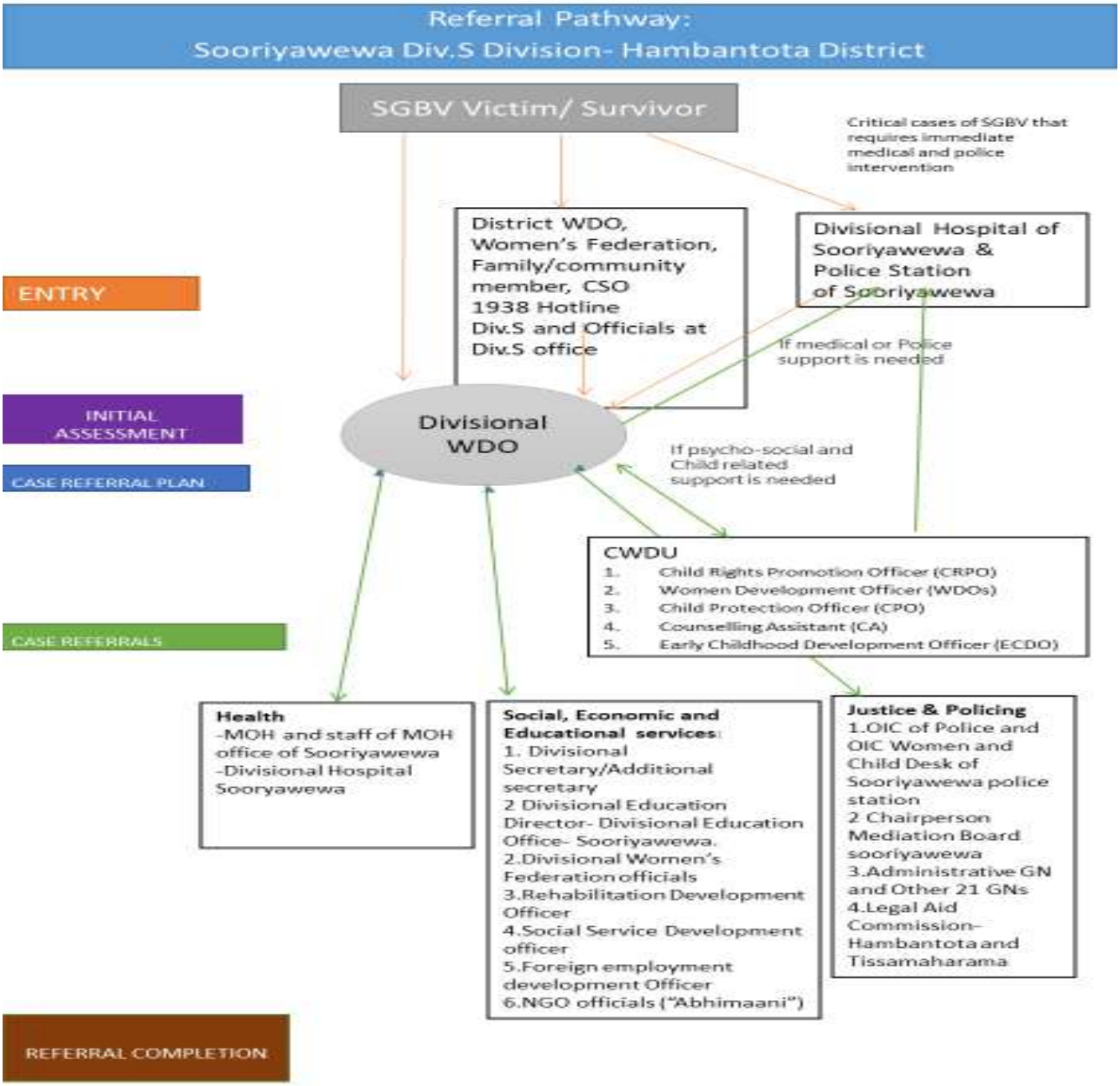
Based on the need of the victim case will be referred to after conducting a case conference with related officials:

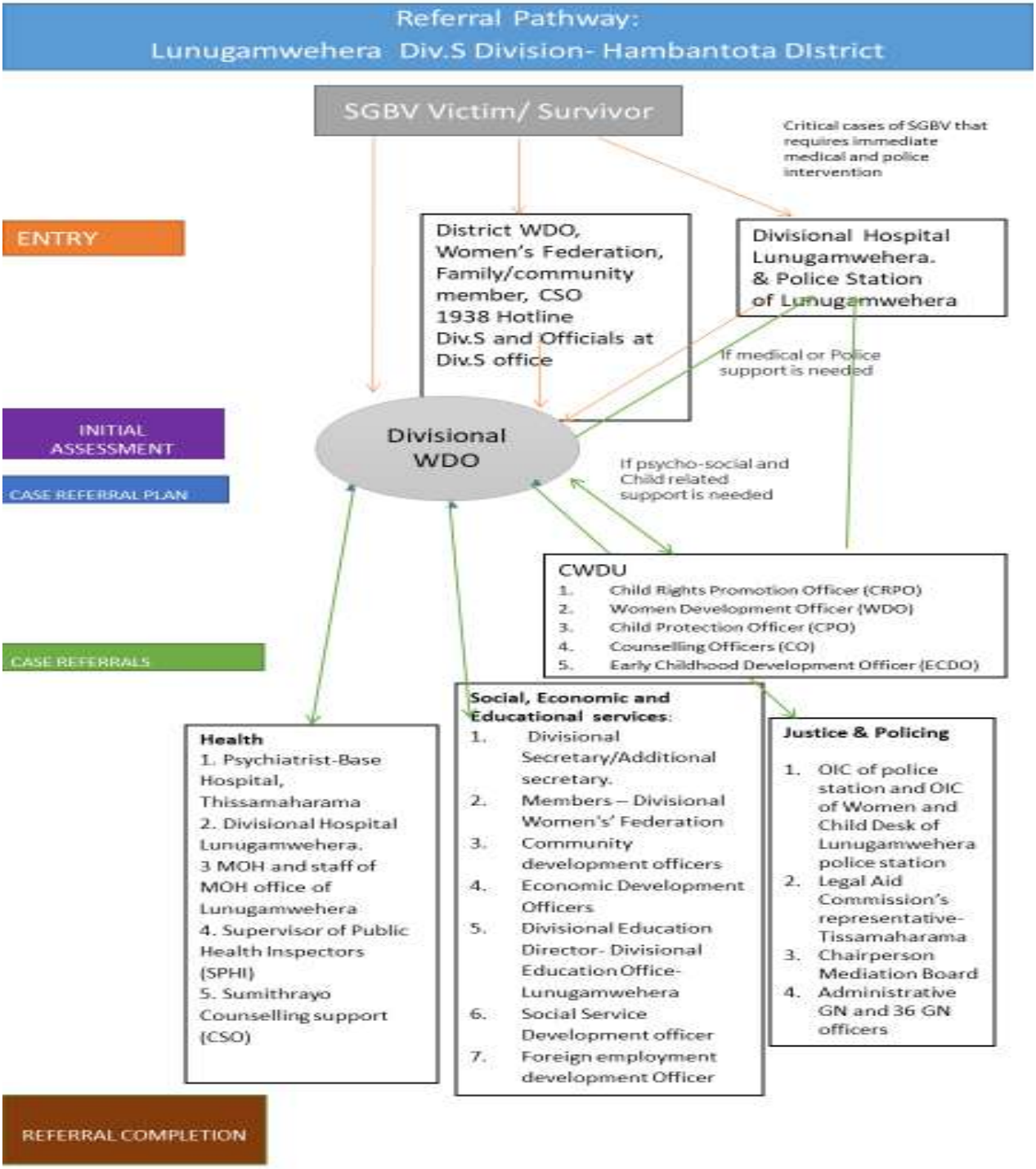
- Health- Hospital emergency, Mental health unit, MOH to midwife
- Justice and Police- Women and children desk at the Police, Legal Aid, Qazi Court
- Social Economic and Educational services – Related government officer such as Economic development officers, foreign employment development officer and CSOs

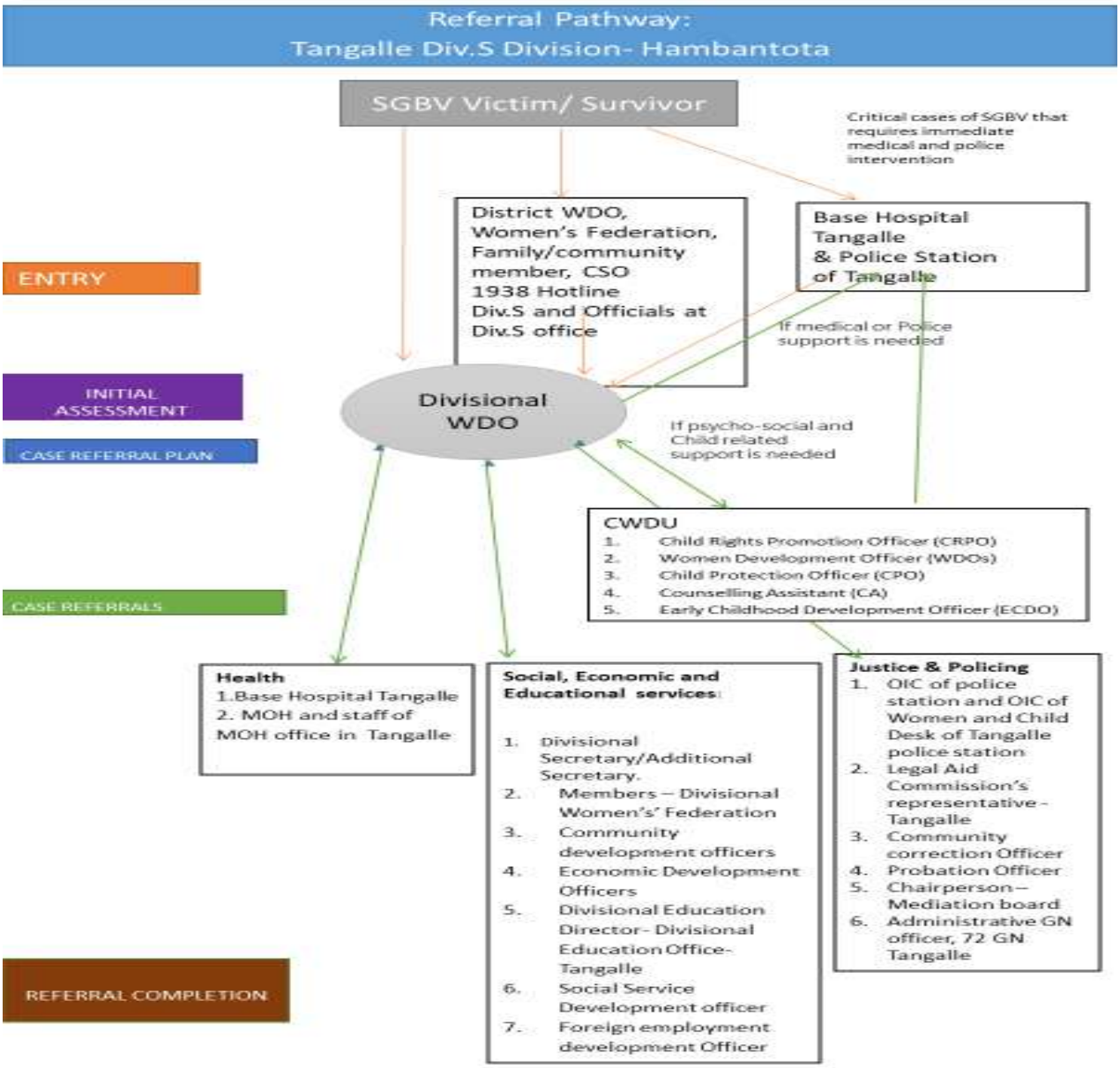
Phase 4- CASE REFERRALS – Case referrals will be made from one service provider to the other in the referral pathway as per the case referral plan until the victim/survivor receives all the services she requires based on the nature of the SGBV incident. As noted above, a standardized referral forms will be used by the service providers of the referral pathway to ensure that the same essential information is provided whenever a referral is initiated and that this information is received by the service providers fulfilling the referral. A sample template of a Referral Form for service providers is provided in Annex 4.

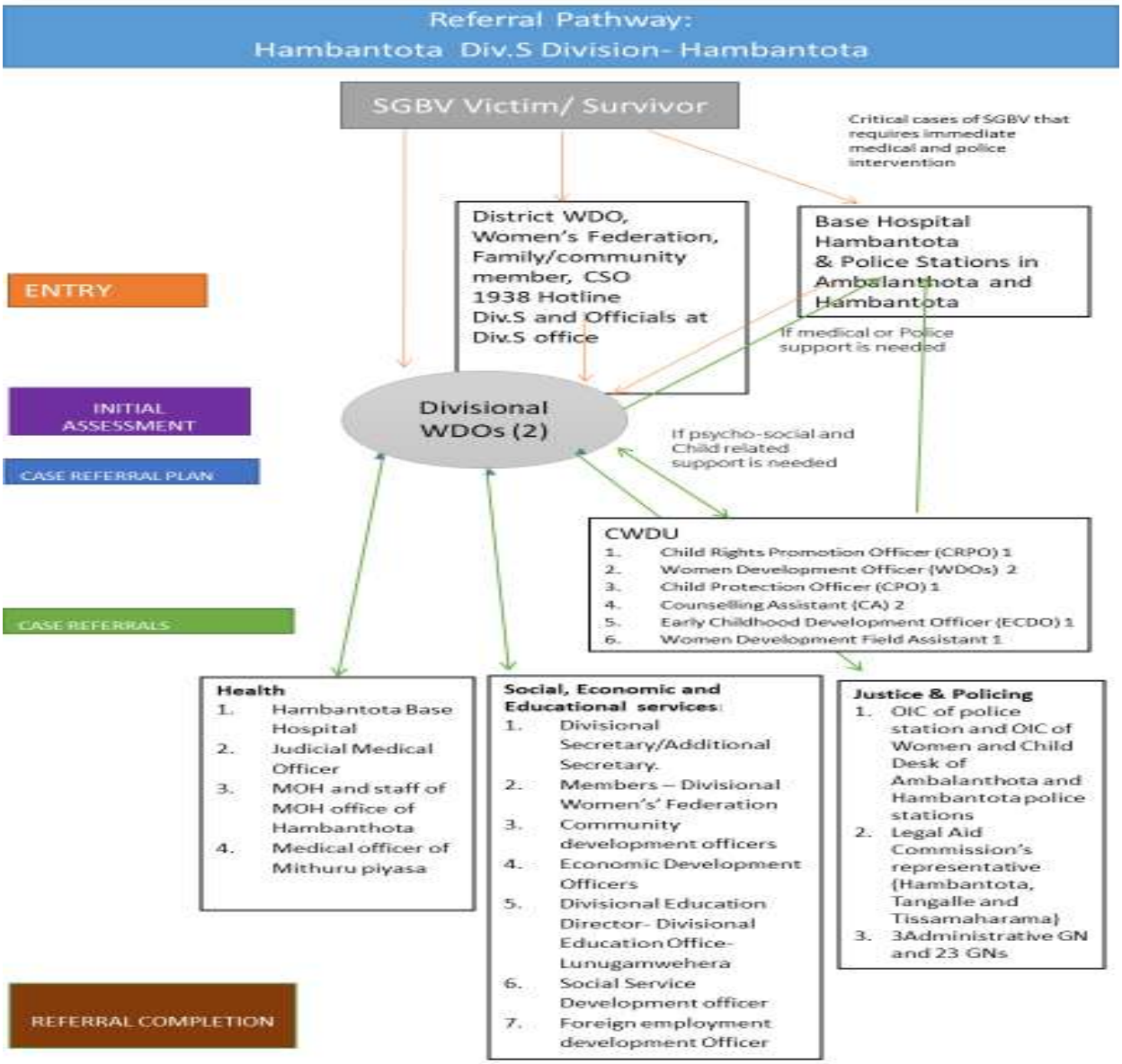
Phase 5 - REFFERAL COMPLETED- After all the referrals identified in the case referral plan are made and the service providers in the referral pathway has provided their services, the WDO may meet the victim/survivor to identify whether all her needs are met. If the victim/survivor has met all her needs through the services received, the WDO may conclude that the referrals are completed. If not, further referrals are made until the victim/survivor receives all the support she requires.

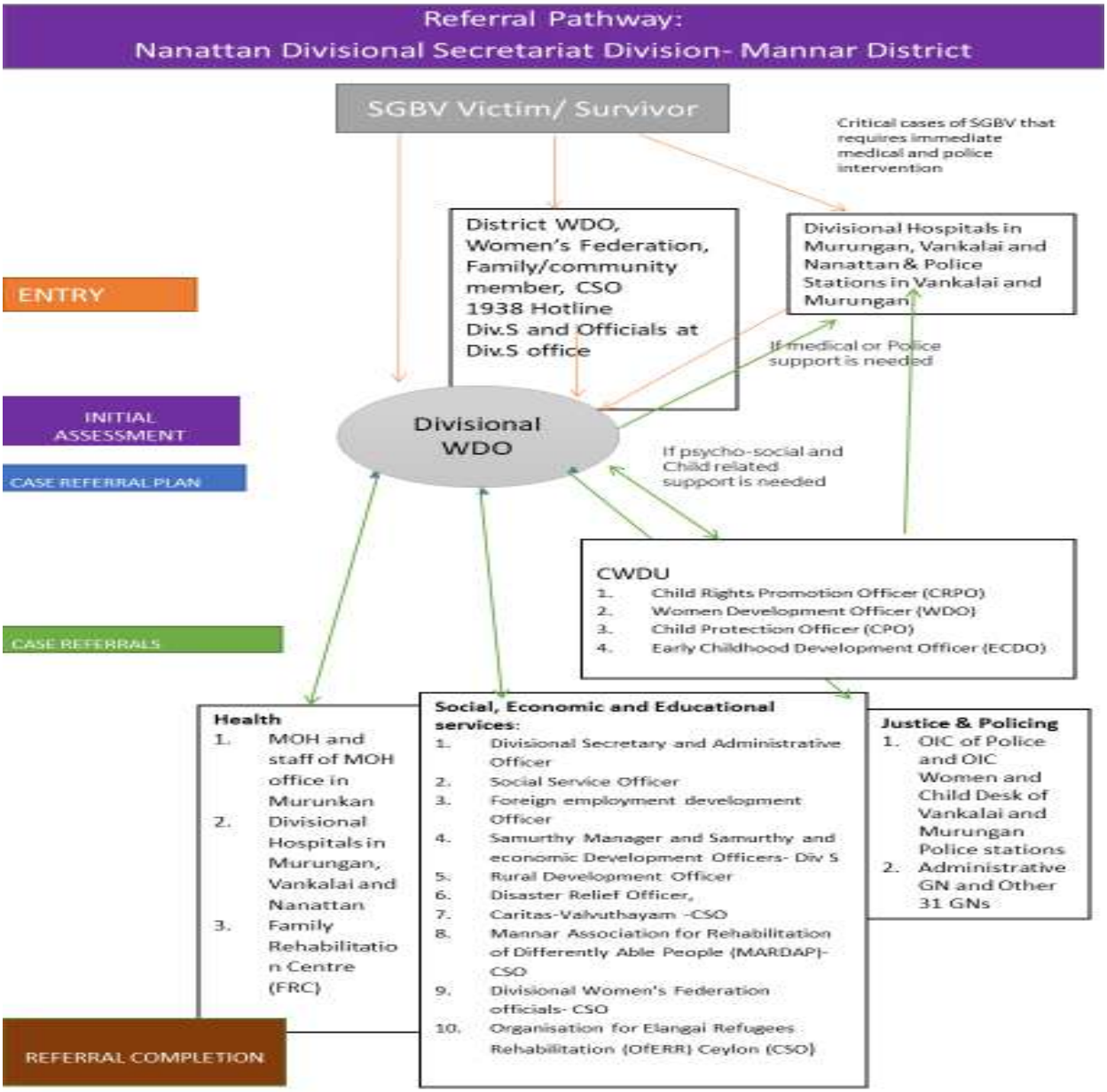
REFERRAL FLOWCHARTS (DISTRICT & DIVISIONAL LEVEL)

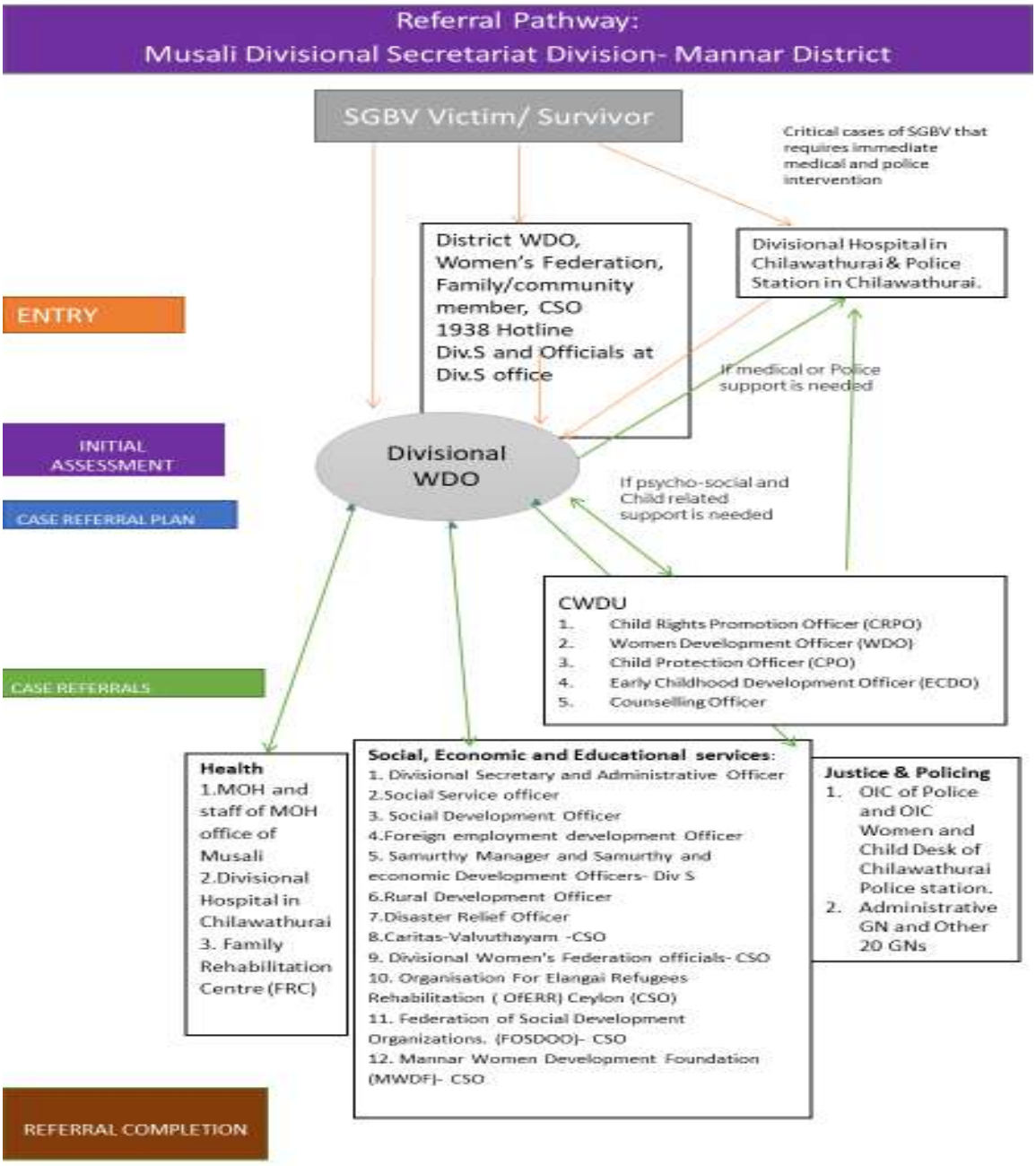


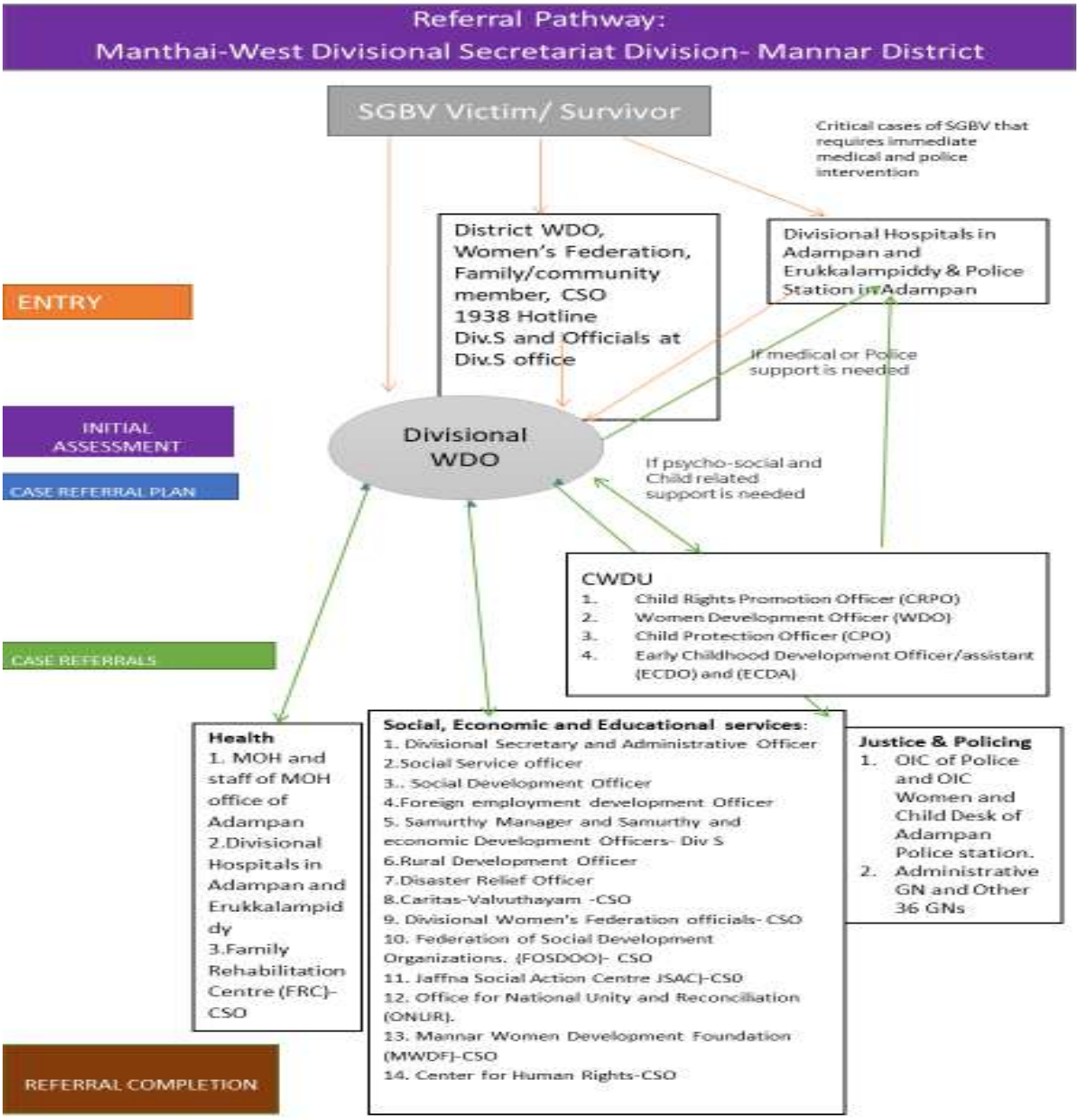

Referral Pathway:
Lunugamwehera Div.S Division- Hambantota DIstrict
SGBV Victim/ Survivor
Critical cases of SGBV that requires immediate medical and police intervention
ENTRY
District WDO, Women's Federation, Family/community member, CSO 1938 Hotline Div.S and Officials at Div.S office
Divisional Hospital Lunugamwehera. & Police Station of Lunugamwehera
If medical or Police support is needed
INITIAL ASSESSMENT
Divisional WDO
CASE REFERRAL PLAN
If psycho-social and Child related support is needed
CWDU
1. Child Rights Promotion Officer (CRPO)
2. Women Development Officer (WDO)
3. Child Protection Officer (CPO)
4. Counselling Officers (CO)
5. Early Childhood Development Officer (ECDO)
CASE REFERRALS
Health
1. Psychiatrist-Base Hospital, Thissamaharama
2. Divisional Hospital Lunugamwehera.
3 MOH and staff of MOH office of Lunugamwehera
4. Supervisor of Public Health Inspectors (SPHI)
5. Sumithrayo Counselling support (CSO)
Social, Economic and Educational services:
1. Divisional Secretary/Additional secretary.
2. Members – Divisional Women's' Federation
3. Community development officers
4. Economic Development Officers
5. Divisional Education Director- Divisional Education Office- Lunugamwehera
6. Social Service Development officer
7. Foreign employment development Officer
Justice & Policing
1. OIC of police station and OIC of Women and Child Desk of Lunugamwehera police station
2. Legal Aid Commission's representative- Tissamaharama
3. Chairperson Mediation Board
4. Administrative GN and 36 GN officers
REFERRAL COMPLETION

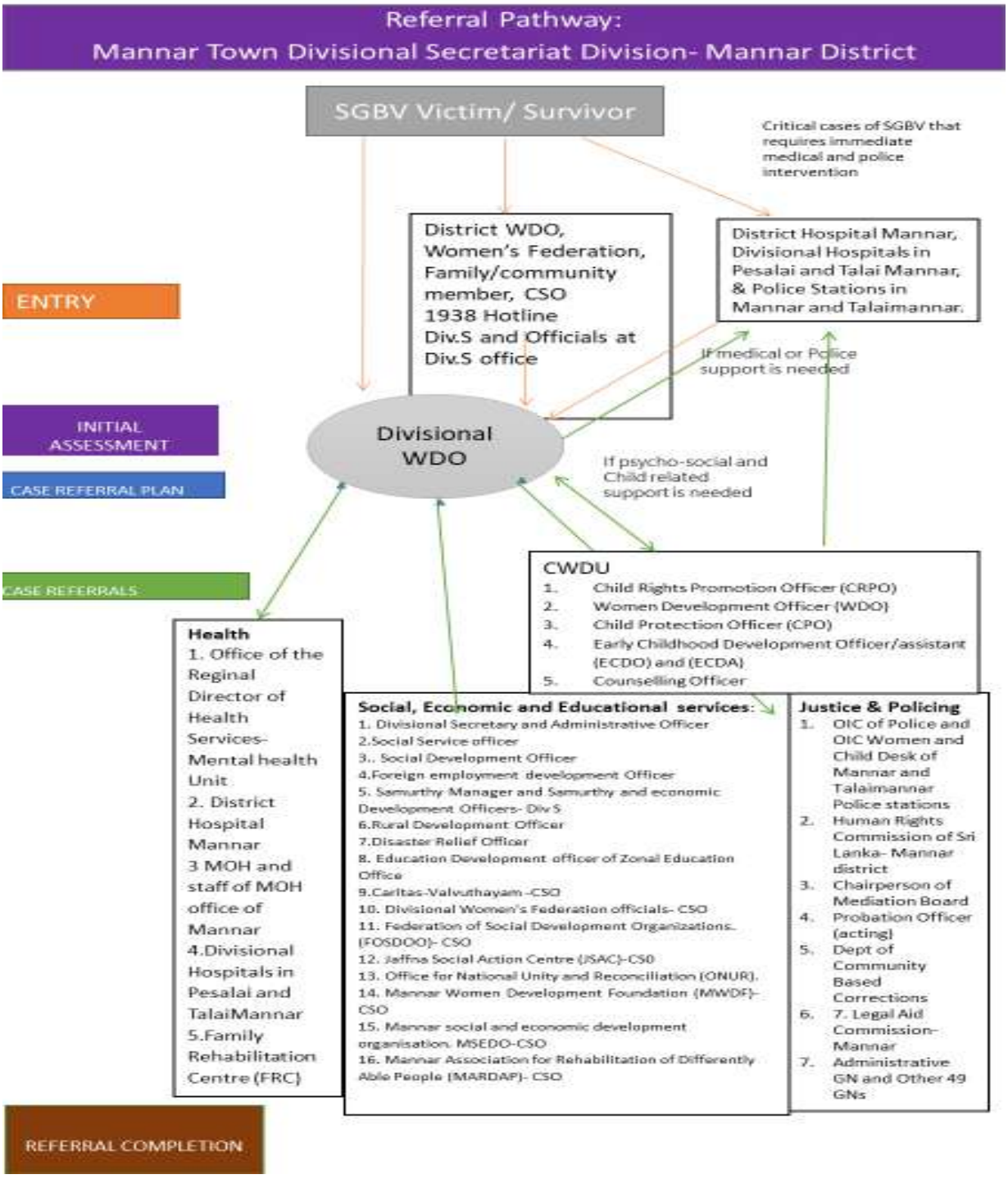

Referral Pathway:
Tangalle Div.S Division- Hambantota
SGBV Victim/ Survivor
Critical cases of SGBV that requires immediate medical and police intervention
ENTRY
District WDO, Women's Federation, Family/community member, CSO 1938 Hotline Div.S and Officials at Div.S office
Base Hospital Tangalle & Police Station of Tangalle
If medical or Police support is needed
INITIAL ASSESSMENT
Divisional WDO
CASE REFERRAL PLAN
If psycho-social and Child related support is needed
CWDU
1. Child Rights Promotion Officer (CRPO)
2. Women Development Officer (WDOs)
3. Child Protection Officer (CPO)
4. Counselling Assistant (CA)
5. Early Childhood Development Officer (ECDO)
CASE REFERRALS
Health
1.Base Hospital Tangalle
2. MOH and staff of MOH office in Tangalle
Social, Economic and Educational services:
1. Divisional Secretary/Additional Secretary.
2. Members – Divisional Women's' Federation
3. Community development officers
4. Economic Development Officers
5. Divisional Education Director- Divisional Education Office- Tangalle
6. Social Service Development officer
7. Foreign employment development Officer
Justice & Policing
1. OIC of police station and OIC of Women and Child Desk of Tangalle police station
2. Legal Aid Commission's representative - Tangalle
3. Community correction Officer
4. Probation Officer
5. Chairperson – Mediation board
6. Administrative GN officer, 72 GN Tangalle
REFERRAL COMPLETION

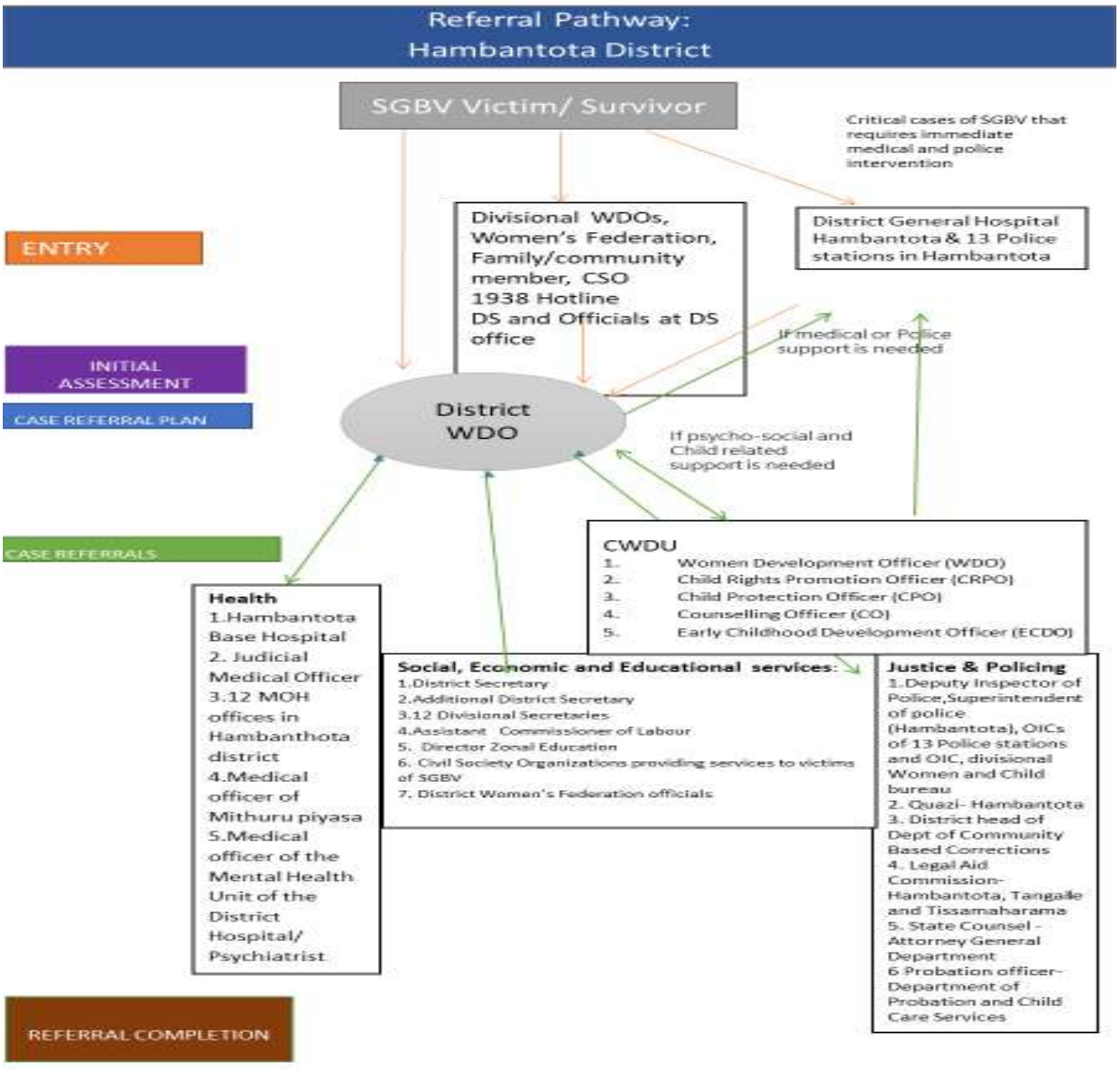

Referral Pathway:
Hambantota Div.S Division- Hambantota
SGBV Victim/ Survivor
Critical cases of SGBV that requires immediate medical and police intervention
District WDO, Women's Federation, Family/community member, CSO 1938 Hotline Div.S and Officials at Div.S office
Base Hospital Hambantota & Police Stations in Ambalanthota and Hambantota
ENTRY
If medical or Police support is needed
INITIAL ASSESSMENT
Divisional WDOs (2)
If psycho-social and Child related support is needed
CASE REFERRAL PLAN
CWDU
1. Child Rights Promotion Officer (CRPO) 1
2. Women Development Officer (WDOs) 2
3. Child Protection Officer (CPO) 1
4. Counselling Assistant (CA) 2
5. Early Childhood Development Officer (ECDO) 1
6. Women Development Field Assistant 1
CASE REFERRALS
Health
1. Hambantota Base Hospital
2. Judicial Medical Officer
3. MOH and staff of MOH office of Hambanthota
4. Medical officer of Mithuru piyasa
Social, Economic and Educational services
1. Divisional Secretary/Additional Secretary.
2. Members – Divisional Women's' Federation
3. Community development officers
4. Economic Development Officers
5. Divisional Education Director- Divisional Education Office- Lunugamwehera
6. Social Service Development officer
7. Foreign employment development Officer
Justice & Policing
1. OIC of police station and OIC of Women and Child Desk of Ambalanthota and Hambantota police stations
2. Legal Aid Commission's representative (Hambantota, Tangalle and Tissamaharama)
3. 3Administrative GN and 23 GNs
REFERRAL COMPLETION

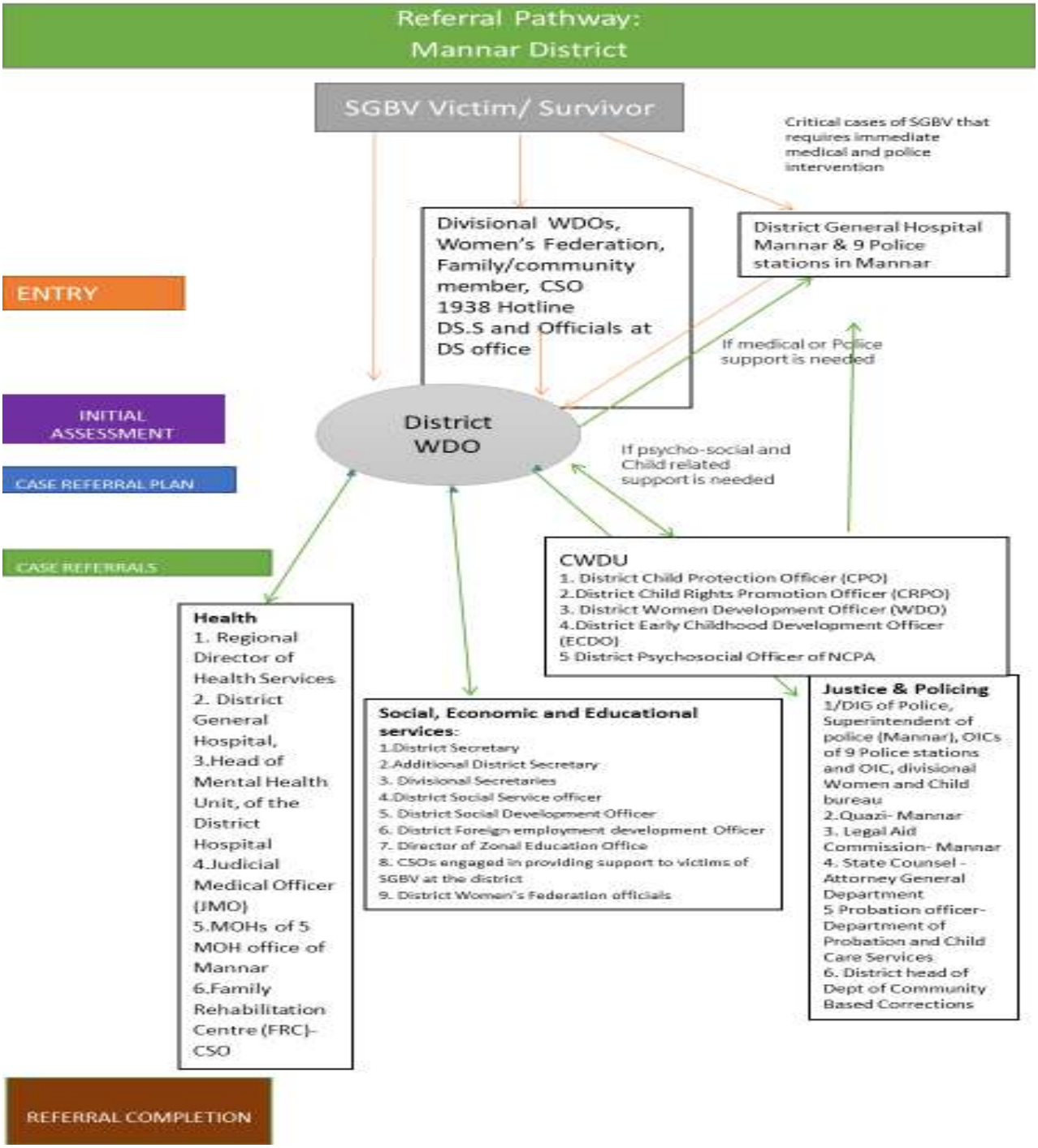

Referral Pathway:
Nanattan Divisional Secretariat Division- Mannar District
SGBV Victim/ Survivor
Critical cases of SGBV that requires immediate medical and police intervention
District WDO, Women's Federation, Family/community member, CSO 1938 Hotline Div.S and Officials at Div.S office
Divisional Hospitals in Murungan, Vankalai and Nanattan & Police Stations in Vankalai and Murungan
ENTRY
If medical or Police support is needed
INITIAL ASSESSMENT
Divisional WDO
CASE REFERRAL PLAN
If psycho-social and Child related support is needed
CWDU
1. Child Rights Promotion Officer (CRPO)
2. Women Development Officer (WDO)
3. Child Protection Officer (CPO)
4. Early Childhood Development Officer (ECDO)
CASE REFERRALS
Health
1. MOH and staff of MOH office in Murunkan
2. Divisional Hospitals in Murungan, Vankalai and Nanattan
3. Family Rehabilitation Centre (FRC)
Social, Economic and Educational services:
1. Divisional Secretary and Administrative Officer
2. Social Service Officer
3. Foreign employment development Officer
4. Samurthy Manager and Samurthy and economic Development Officers- Div S
5. Rural Development Officer
6. Disaster Relief Officer,
7. Caritas-Valvuthayam -CSO
8. Mannar Association for Rehabilitation of Differently Able People (MARDAP)- CSO
9. Divisional Women's Federation officials- CSO
10. Organisation for Elangai Refugees Rehabilitation (OfERR) Ceylon (CSO)
Justice & Policing
1. OIC of Police and OIC Women and Child Desk of Vankalai and Murungan Police stations
2. Administrative GN and Other 31 GNs
REFERRAL COMPLETION


Referral Pathway:
Musali Divisional Secretariat Division- Mannar District
SGBV Victim/ Survivor
Critical cases of SGBV that requires immediate medical and police intervention
District WDO, Women's Federation, Family/community member, CSO 1938 Hotline Div.S and Officials at Div.S office
Divisional Hospital in Chilawathurai & Police Station in Chilawathurai.
ENTRY
If medical or Police support is needed
INITIAL ASSESSMENT
Divisional WDO
CASE REFERRAL PLAN
If psycho-social and Child related support is needed
CWDU
1. Child Rights Promotion Officer (CRPO)
2. Women Development Officer (WDO)
3. Child Protection Officer (CPO)
4. Early Childhood Development Officer (ECDO)
5. Counselling Officer
CASE REFERRALS
Health
1.MOH and staff of MOH office of Musali
2.Divisional Hospital in Chilawathurai
3. Family Rehabilitation Centre (FRC)
Social, Economic and Educational services:
1. Divisional Secretary and Administrative Officer
2.Social Service officer
3. Social Development Officer
4.Foreign employment development Officer
5. Samurthy Manager and Samurthy and economic Development Officers- Div S
6.Rural Development Officer
7.Disaster Relief Officer
8.Caritas-Valvuthayam -CSO
9. Divisional Women's Federation officials- CSO
10. Organisation For Elangai Refugees Rehabilitation (OfERR) Ceylon (CSO)
11. Federation of Social Development Organizations. (FOSDOO)- CSO
12. Mannar Women Development Foundation (MWDF)- CSO
Justice & Policing
1. OIC of Police and OIC Women and Child Desk of Chilawathurai Police station.
2. Administrative GN and Other 20 GNs
REFERRAL COMPLETION


Referral Pathway:
Manthai-West Divisional Secretariat Division- Mannar District
SGBV Victim/ Survivor
Critical cases of SGBV that requires immediate medical and police intervention
ENTRY
District WDO, Women's Federation, Family/community member, CSO 1938 Hotline Div.S and Officials at Div.S office
Divisional Hospitals in Adampan and Erukkalampiddy & Police Station in Adampan
If medical or Police support is needed
INITIAL ASSESSMENT
Divisional WDO
CASE REFERRAL PLAN
If psycho-social and Child related support is needed
CWDU
1. Child Rights Promotion Officer (CRPO)
2. Women Development Officer (WDO)
3. Child Protection Officer (CPO)
4. Early Childhood Development Officer/assistant (ECDO) and (ECDA)
CASE REFERRALS
Health
1. MOH and staff of MOH office of Adampan
2.Divisional Hospitals in Adampan and Erukkalampiddy
3.Family Rehabilitation Centre (FRC)- CSO
Social, Economic and Educational services:
1. Divisional Secretary and Administrative Officer
2.Social Service officer
3.. Social Development Officer
4.Foreign employment development Officer
5. Samurthy Manager and Samurthy and economic Development Officers- Div S
6.Rural Development Officer
7.Disaster Relief Officer
8.Caritas-Valvuthayam -CSO
9. Divisional Women's Federation officials- CSO
10. Federation of Social Development Organizations. (FOSDOO)- CSO
11. Jaffna Social Action Centre JSAC)-CSO
12. Office for National Unity and Reconciliation (ONUR).
13. Mannar Women Development Foundation (MWDF)-CSO
14. Center for Human Rights-CSO
Justice & Policing
1. OIC of Police and OIC Women and Child Desk of Adampan Police station.
2. Administrative GN and Other 36 GNs
REFERRAL COMPLETION


Referral Pathway:
Mannar Town Divisional Secretariat Division- Mannar District
SGBV Victim/ Survivor
Critical cases of SGBV that requires immediate medical and police intervention
District WDO, Women's Federation, Family/community member, CSO 1938 Hotline Div.S and Officials at Div.S office
District Hospital Mannar, Divisional Hospitals in Pesalai and Talai Mannar, & Police Stations in Mannar and Talaimannar.
ENTRY
If medical or Police support is needed
INITIAL ASSESSMENT
Divisional WDO
CASE REFERRAL PLAN
If psycho-social and Child related support is needed
CASE REFERRALS
CWDU
1. Child Rights Promotion Officer (CRPO)
2. Women Development Officer (WDO)
3. Child Protection Officer (CPO)
4. Early Childhood Development Officer/assistant (ECDO) and (ECDA)
5. Counselling Officer
Health
1. Office of the Reginal Director of Health Services- Mental health Unit
2. District Hospital Mannar
3 MOH and staff of MOH office of Mannar
4.Divisional Hospitals in Pesalai and TalaiMannar
5.Family Rehabilitation Centre (FRC)
Social, Economic and Educational services:
1. Divisional Secretary and Administrative Officer
2.Social Service officer
3.. Social Development Officer
4.Foreign employment development Officer
5. Samurthy Manager and Samurthy and economic Development Officers- Div S
6.Rural Development Officer
7.Disaster Relief Officer
8. Education Development officer of Zonal Education Office
9.Caritas-Valvuthayam -CSO
10. Divisional Women's Federation officials- CSO
11. Federation of Social Development Organizations. (FOSDOO)- CSO
12. Jaffna Social Action Centre (JSAC)-CSO
13. Office for National Unity and Reconciliation (ONUR).
14. Mannar Women Development Foundation (MWDF)-CSO
15. Mannar social and economic development organisation. MSEDO-CSO
16. Mannar Association for Rehabilitation of Differently Able People (MARDAP)- CSO
Justice & Policing
1. OIC of Police and OIC Women and Child Desk of Mannar and Talaimannar Police stations
2. Human Rights Commission of Sri Lanka- Mannar district
3. Chairperson of Mediation Board
4. Probation Officer (acting)
5. Dept of Community Based Corrections
6. 7. Legal Aid Commission- Mannar
7. Administrative GN and Other 49 GNs
REFERRAL COMPLETION


Referral Pathway:
Hambantota District
SGBV Victim/ Survivor
Critical cases of SGBV that requires immediate medical and police intervention
ENTRY
Divisional WDOs, Women's Federation, Family/community member, CSO
1938 Hotline
DS and Officials at DS office
District General Hospital Hambantota & 13 Police stations in Hambantota
INITIAL ASSESSMENT
CASE REFERRAL PLAN
If medical or Police support is needed
District WDO
If psycho-social and Child related support is needed
CASE REFERRALS
CWDU
1. Women Development Officer (WDO)
2. Child Rights Promotion Officer (CRPO)
3. Child Protection Officer (CPO)
4. Counselling Officer (CO)
5. Early Childhood Development Officer (ECDO)
Health
1.Hambantota Base Hospital
2. Judicial Medical Officer
3.12 MOH offices in Hambanthota district
4.Medical officer of Mithuru piyasa
5.Medical officer of the Mental Health Unit of the District Hospital/ Psychiatrist
Social, Economic and Educational services:
1.District Secretary
2.Additional District Secretary
3.12 Divisional Secretaries
4.Assistant Commissioner of Labour
5. Director Zonal Education
6. Civil Society Organizations providing services to victims of SGBV
7. District Women's Federation officials
Justice & Policing
1.Deputy Inspector of Police,Superintendent of police (Hambantota), OICs of 13 Police stations and OIC, divisional Women and Child bureau
2. Quazi- Hambantota
3. District head of Dept of Community Based Corrections
4. Legal Aid Commission- Hambantota, Tangalle and Tissamaharama
5. State Counsel - Attorney General Department
6 Probation officer- Department of Probation and Child Care Services
REFERRAL COMPLETION


Referral Pathway:
Mannar District
SGBV Victim/ Survivor
Critical cases of SGBV that requires immediate medical and police intervention
ENTRY
Divisional WDOs, Women's Federation, Family/community member, CSO
1938 Hotline
DS.S and Officials at DS office
District General Hospital Mannar & 9 Police stations in Mannar
If medical or Police support is needed
INITIAL ASSESSMENT
District WDO
If psycho-social and Child related support is needed
CASE REFERRAL PLAN
CASE REFERRALS
CWDU
1. District Child Protection Officer (CPO)
2.District Child Rights Promotion Officer (CRPO)
3. District Women Development Officer (WDO)
4.District Early Childhood Development Officer (ECDO)
5 District Psychosocial Officer of NCPA
Health
1. Regional Director of Health Services
2. District General Hospital,
3.Head of Mental Health Unit, of the District Hospital
4.Judicial Medical Officer (JMO)
5.MOHs of 5 MOH office of Mannar
6.Family Rehabilitation Centre (FRC)- CSO
Social, Economic and Educational services:
1.District Secretary
2.Additional District Secretary
3. Divisional Secretaries
4.District Social Service officer
5. District Social Development Officer
6. District Foreign employment development Officer
7. Director of Zonal Education Office
8. CSOs engaged in providing support to victims of SGBV at the district
9. District Women's Federation officials
Justice & Policing
1/DIG of Police, Superintendent of police (Mannar), OICs of 9 Police stations and OIC, divisional Women and Child bureau
2.Quazi- Mannar
3. Legal Aid Commission- Mannar
4. State Counsel - Attorney General Department
5 Probation officer- Department of Probation and Child Care Services
6. District head of Dept of Community Based Corrections
REFERRAL COMPLETION

CASE MANAGEMENT PROCESS AT THE RECEIVING SERVICE PROVIDER

Case Management Step	**Tasks of the Focal Point at the receiving Service Provider (Case Manager for that service)**
Step 1: Introduction and Engagement	- Greet and comfort the survivor. - Build trust and rapport. - Assess immediate safety. - Explain confidentiality and its limits. - Obtain permission (informed consent) to engage the person in services.
Step 2: Assessment	- Understand the survivor's situation, problems and identify immediate needs. - Provide immediate emotional support. - Give information. - Determine whether the survivor wants further case management services.
Step 3: Case Action Planning	- Develop a case plan based on an assessment with the survivor. - Explain the case plan to the survivor. - Obtain consent for making referrals. - Document the plan.
Step 4: Implement the Case Action Plan	- Assist and advocate for survivors to obtain quality services. - Provide direct support (if relevant). - Lead case coordination.
Step 5: Case Follow-up & Case Conferences	- Follow up on the case and monitor progress. - Re-assess safety and other key needs. - Implement a revised action plan (if needed).
Step 6: Case Closure	- Assess and plan for case closure.

Case Management - Progress Monitoring and Reporting Mechanism

The formats (Annex 5) are to identify the nature of SGBV Cases; remedial action taken; referral made in the different sectors at District and Divisional Level by Child and Women Unit are the tools to monitor the progress of the reported SGBV incidents.

All the stakeholders attending to the monthly coordinating meeting representing the different sectors; the health care, social service, police and justice sectors should fill the particular format/s in Annex 5.

Instructions to fill the format

1. Format should be fill by the responsible officer of each sector and send to the District/divisional WDO.
2. WDO at the divisional office should collect filled formats from the sectors and prepare a summary sheet of the reported SGBV incidents and send to the WDO at the district office monthly. *
3. WDO at the district office has to prepare a summary sheet of the of the reported SGBV incidents and send it to MoWCA monthly for further actions.*

***Note: If WDO noted there are repetition of the cases, she/ he can identify it as WDO is the main officer who handle the case management. Hence, WDO can prepare a summary sheet considering those factors.**

Filled format- samples

Police/Security / Justice (Community Based Correction Office, JMO etc.)

Name of the District & Division		**Hambamthota / Lunugamwehera**				
Year /Month		**2021/ May**				
Reported By		Name xxxxxxxxxxxxxxx Police Women and Children's Desks				
Types of SGBV Incidents *	**SGBV Incidents Reported**	**Agency/Organization where first reported**	**Process and Outcome (put a tick ✓ for relevant outcome)**			
			No charges filed	**Perpetrator convicted**	**Case dismissed**	**Other (describe)**
Rape	2	WCPD			✓ 1 case	✓ lodged the complaints for 1 case and process ongoing
Physical punishment	4	WCPD	3	1	N/A	Two survivors referred to the hospital and the other two refer to the District WDO.

***eg: rape, isolation, controlling behavior, suicide, Physical violence etc.**

Social Services (GN, District Secretariat, WDO, Counsellor, Development Officer - Foreign Employment, NGOs/ CSOs,and other etc.)

Name of the District & Division		**Mannar/ Mannar town**						
Year /Month		**2021/ May**						
Reported By		**Counselling officer- Divisional Secretariat**						
Types of SGBV Incidents*	**SGBV Incidents Reported**	**Agency/Organization where first reported**	**Process and Outcome(put a tick ✓ for relevant outcome)**					
			Refer to health sector	**Report to police**	**Perpetrator convicted**	**Case dismissed**	**Referred for counseling**	**Other (describe)**
Rape	2	1. Divisional Secretariat 1. CSO	✓ ✓	✓ ✓			✓ ✓	Both cases are ongoing
Physical punishment	4	3. Divisional Secretariat 1. Grama Niladari (GN)	✓ ✓	✓ ✓			✓ ✓	1 case settled at the police without lodging the complaints 3 cases lodged the complaints and process on going

***eg: rape, isolation, attempted suicide, physical violence etc.**

Prevention of sexual exploitation and abuse (PSEA)

PSEA is an important aspect of SGBV prevention. It essential that service providers should not engage in any activity that will involve any sexual transaction, exploitation or abuse of the victim/survivor or any of her family members when providing services. PSEA policies are adopted by UN agencies and other agencies to protect beneficiaries from sexual exploitation and abuse should be adopted by all stakeholders. Sexual exploitation is defined as an actual or attempted abuse of someone's position of vulnerability, differential power or trust, to obtain sexual favors, including but not only, by offering money or other social, economic or political advantages[24].

Adopting PSEA policies by the service providers in the referral system would build trust among victims/ survivors of the SGBV system and prevent misconduct by service providers.

[24] https://emergency.unhcr.org/entry/32428/protection-from-sexual-exploitation-and-abuse-psea

Annex 1: Sample Template- Consent for Release of Information

CONFIDENTIAL

I, _____, give my permission for the Women Development Officer of _____(Division/District) to share information about the incident I have reported to her with other service providers I have indicated below, so that I can receive support with safety, health, psychosocial, legal and other needs.

I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request.

I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me. At any point, I have the right to change my mind about sharing information with the designated agency / focal point listed below.

I would like information released to the following:

(Tick all that apply, and specify name, facility and agency/organization as applicable)

YES NO

☐ ☐ Security Services (specify):

_____

☐ ☐ Psychosocial Services (specify):

_____

☐ ☐ Health/Medical Services (specify):

_____

☐ ☐ Safe House / Shelter (specify):

_____

☐ ☐ Legal Assistance Services (specify):

_____

☐ ☐ Livelihoods Services (specify):

_____

☐ ☐ Other (specify type of service, name, and agency):

_____

Authorization to be marked by client (or parent/guardian if client is under 18):

☐ **Yes** ☐ **No**

2. I have been informed and understand that some non-identifiable information may also be shared for reporting. Any such information shared should not be specific to me or to the incident so that someone could trace back to me. I understand that shared information will be treated with confidentiality and respect.

Signature/Thumbprint of client: _____

(or parent/guardian if client is under 18)

Annex 2: Sample Template -SGBV Services mapping at District/Divisional level

DISTRICT:

A: Profile of Organization/officials

A.1: DS Division: ……..

A.2: Name of Organization: ……..

A.3: Address: ……..

A.4: Contact no/s: ……..

A.5: Email address: ……..

A.6: Key contact person: ……..

A.7: Date the organization was started: ……

A.10: Number of staff: ……

B. Type of Organization

Type of organization	**Indicate where applicable**
Government body/branch	
Local Organization (NGO)	
International Non-Governmental Organization	
Religious Organization	
Private Organization	
Other	

C. Services Provided

Services	Indicate where applicable
Befriended	
Legal Advice	
Legal aid (Court representation)	
Mediation	
Psychosocial Counseling	
Individual Counseling	
Family Counseling	
Counseling for Children	
Livelihood Support (Financial)	
Livelihood Support (Material)	
Livelihood Support (Training)	
Shelter	
Referral to other mechanisms/service providers (Government institutions, NGOs)	
Medical Attention	
Accompanied to Police	
Accompanied to Hospital	
Accompanied to Courts	
Emergency Support (Materials and Finance)	
Legal cost (Finance)	
Other	

D. What are the DS/GN Divisions that are served by your SGBV initiatives

DS Divisions	GN Divisions

E. Languages in which services provided

LANGUAGES	Indicate where applicable
TAMIL	
SINHALA	
BOTH	
ENGLISH	

F: How do clients access your service?

Mode of access		Mode of access	
Drop in at office		Home visit	
Telephone calls		Letters/mail	

G: Please specify target groups of your services

TARGET GROUP	Indicate where applicable
Women	
Girl Child	
Children	
Men	
Everyone	

H: Does your organization keep records of services provided to victims/survivors of SGBV?

YES		NO	

If yes, how are the records maintained?

Written / hardcopy		Ad hoc computer data storage	
Computer database		Client files only	

If No, why …….

I: Are you part of a SGBV network?

YES		NO	

If yes, what is the name of the network/s?

…….

I.1 How frequently does the network meet?

Once a week		Quarterly	
Once a month		Bi-annual	
Annually		Whenever needed	

J. Have you already established any contacts or work relationships with organizations working in the field of SGBV?

YES		NO	

If yes, please specify how. If no, please specify why not.

……..

……

……

H: What is the single most important challenge faced in providing services to Victim survivors of SGBV? (other than the lack of resources)

……

……

……

……

……

Annex 3: Sample Template- Directory of Services at District/Divisional level

Hambantota Division																						
			Services Provided																			
No	Sector	Contact Person	Befriended	Legal Advice	Legal Aid	Legal Cost	Mediation	Psychosocial	Individual	Family	Counselling for	Livelihood	Livelihood	Livelihood	Shelter	Referral to other	Medical	Accompanied to	Accompanied to	Accompanied to	Emergency
1	Administration	Divisional Secretary Divisional Secretariat, Administrative Complex, Hambantota Tel: 0472256044																				
2	Social, Economic and Educational services	Women's Development Officer, Divisional Secretariat, Administrative Complex, Hambantota Tel: 0472256044																				

Annex4- Sample Template- Standardized referral form

This Form should be accompanied by the survivor/victim when referring a client for a service not offered by the referring organization. It has to be send in a seal document.

Referring Institution

1. Name of the Institution: _____
2. Contact Details of the officer: _____
3. Date of referral: _____
4. File number provided for the SGBV survivor: _____
5. Other services provided to them by service providers in the referral pathway:
   _____

Institution Referred to

6. Name of the Institution: _____
7. Contact Details of the officer: _____
8. Reasons for referral:
   _____
   _____
   _____
9. Specify the requested service/s from the referred organization/officer:
10. Informed Consent provided by the survivor/Guardian for this referral: Yes/No __
11. Date of the Informed Consent provided: _____

Signature of the referring person_____

Date: _____

Annex 5 Template- - Progress Monitoring and Reporting Mechanism

Objective

To identify the nature of SGBV Cases; remedial action; referral made in the different sectors at District Level and Divisional Level by Child and Women Unit at the Districts and Divisions.

Instructions to use the formats

- The following formats have to be filled by responsible officer of each sector and send it to WDO at the District/divisional offices monthly, additionally this can be reported at the monthly/bi monthly meeting.
- WDO at the divisional office should collect filled formats from the sectors and prepare a summary sheet of the reported SGBV incidents and send to the WDO at the district office monthly. *
- WDO at the district office has to prepare a summary sheet of the of the reported SGBV incidents and send it to MoWCA monthly for further action. *

***Note: If WDO noted there are repetition of the cases, she/ he can identify it as WDO is the main officer who handle the case management. Hence, WDO can prepare a summary sheet considering those factors.**

Formats

Police/Security / Justice (Community Based Correction Office, JMO etc.)

Name of the District & Division						
Year /Month						
Reported By						
Types of SGBV Incidents *	**SGBV Incidents Reported**	**Agency/Organization where first reported**	**Process and Outcome (put a tick ✓ for relevant outcome)**			
			No charges filed	**Perpetrator convicted**	**Case dismissed**	**Other (describe)**

***eg: rape, isolation, controlling behavior, suicide, Physical violence etc.**

Health Sector (Psychiatrist Consultant, etc.)

Name of the District & Division								
Year /Month								
Reported By								
Types of SGBV Incidents*	**SGBV Incidents Reported**	**Agency/Organization where first reported**	**Process and Outcome(put a tick ✓ for relevant outcome)**					
			Report to police	**Pregnancy**	**Death**	**Disability**	**Referred for counseling**	**Other (describe)**

***eg: rape, isolation, controlling behavior, suicide, Physical violence etc.**

Social Services (GN, District Secretariat, WDO, Counsellor, Development Officer - Foreign Employment, NGOs/ CSOs,and other etc.)

Name of the District & Division								
Year /Month								
Reported By								
Types of SGBV Incidents*	**SGBV Incidents Reported**	**Agency/Organization where first reported**	**Process and Outcome(put a tick ✓ for relevant outcome)**					**Other (describe)**
			Refer to health sector	**Report to police**	**Perpetrator convicted**	**Case dismissed**	**Referred for counseling**	

***eg: rape, isolation, controlling behavior, suicide, Physical violence etc.**

Summary Sheet

Name of the District															
Name of the Quarter															
Reported By															
No	**Name of the Sector**	**Types of Cases**	**SGBV Cases Reported**	**Agency/ Organization where first reported**	**Process and Outcome(put a tick ✓ for relevant outcome)**										
					No charges filed	**Perpetrator convicted**	**Case dismissed**	**Report to police**	**Pregnancy**	**Death**	**Disability**	**Referred for counseling**	**Refer to health sector**	**Other (describe)**

Comments / remarks

……

……