

ADDRESSING VIOLENCE AGAINST WOMEN AND GIRLS THROUGH COMMUNITY REFERRAL AND MENTORING SERVICES



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Cover image: Human Rights Defenders receiving recognition award on International Women's Day.
Back cover image: Human Rights Defenders during a training workshop.

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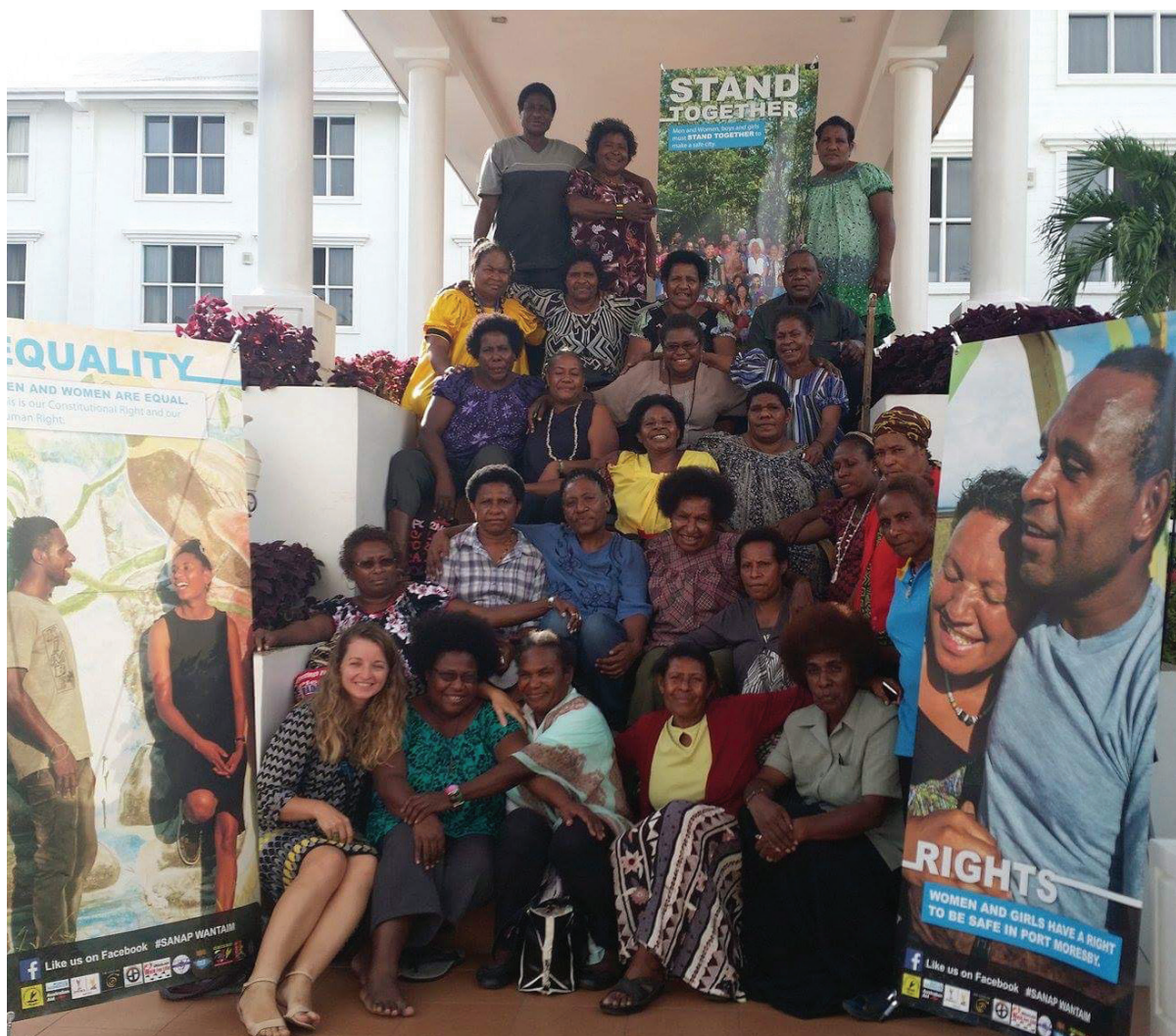
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ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRAMS	Community Referral and Mentoring Services
CSO	Civil society organisation
FBO	Faith-based organisation
GBV	Gender-based Violence
GBVAC	Gender-based Violence Action Committee
HRDs	Human Rights Defenders
LPA	Lukautim Pikini Act
MACC	Multi-agency Case Conferencing
MoU	Memorandum of Understanding
NCD	National Capital District
NCDC	National Capital District Commission
NGO	Non-governmental organisation
PM SC	Port Moresby Safe City
UIC	Unique Identifying Code
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence Against Women and Girls

PURPOSE

The Purpose of this Toolkit is to provide an easy to use guide to state and non-state stakeholders who are implementing or planning to implement successful programmes to reduce violence, especially against women and girls, by establishing Community Referral and Mentoring Services (CRAMS) networks. The Toolkit can be used for new or existing programmes. All users need to contextualise guidance provided in this Toolkit.



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CRAMS with UN Women trainer Ms. Jurgita Sereikaite at the end of two weeks preparatory training for HRDs.

TARGET AUDIENCE

The target audience is the implementing organisation and this includes state actors and non-state stakeholders such as local authorities, women’s organisations, civil society organisations (CSOs), faith-based organisations (FBOs), non-governmental organisations (NGOs), donor agencies, and other development partners who are involved in gender-based violence (GBV) prevention and response. This Toolkit is applicable with government agencies, development organisations, and any other civil society groups that are engaged in developing the capacity of local, district, and city governments to manage safe public spaces. These organisations are referred to as the implementing organisation in this Toolkit.



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Human Rights Defenders discuss ways to improve coordination with GBV service providers.

STRUCTURE

1. Context and Programme Background;
2. Port Moresby Safe City Programme Approach;
3. Key Components of Community Referral Mentoring and Services;
4. Setting Up Community Referral Mentoring and Services; and
5. Monitoring and Reporting Mechanisms.

Also presented in this Toolkit are annexes and references for further reading.



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NCDC GBVAC Officer, Ms Lavinia Raula, conducting training on data collection and coordination for HRDs and GBV service providers.

CONTEXT AND PROGRAMME BACKGROUND

Gender-based violence (GBV) is a pervasive global health and human rights problem that affects every society in the world, devastating lives, fracturing communities, and impeding a country's social and economic progress.¹ A finding from UN Women shows that at least one out of every three women around the world will be beaten, coerced into sex, or otherwise abused in her lifetime.² Globally, Papua New Guinea recorded one of the highest rates of violence with an estimated 70% of women experiencing rape or assault in their lifetime (Human Rights Watch, 2017). Although there are numerous legislations and multiple service providers offering care and protection for survivors of GBV in Papua New Guinea, women and girls who experienced violence continued to face difficulties accessing such services.

In Papua New Guinea's capital, Port Moresby, very few people knew how the law protects them from violence, what services are available and free of charge, where services are located in the city, and how to get there.³ The service providers in the city are often stretched for resources and capacity to adequately serve the number of survivors of GBV. Limited coordination between service providers resulted in increased barriers for survivors in accessing all essential services. Case coordination was not carried out for survivors, and survivors often gave up trying to access services due to lack of knowledge of what was available and how to access help. As a result, many survivors returned to violent homes and relationships, where the cycle of violence perpetuates.⁴

It is acknowledged that although the gaps and challenges in the space of GBV response in Port Moresby (and across Papua New Guinea) are immense, there are many actors implementing initiatives to address these issues from multiple angles. The Port Moresby Safe City (PM SC) Programme works collaboratively with these other organisations to complement, reinforce, and promote such initiatives, with the ultimate objective of improving survivor access to services and justice. The PM SC Programmes supported the newly established Family Sexual Violence Unit within the regular police force with technical training, financing, and programmatic collaborations. Following the trial of a unified intake form and consolidated GBV data collection across four provinces in 2016,⁵ the Programme trained service providers and Human Rights Defenders (HRDs) to participate in the trial. With the national adoption of the National Strategy to prevent and respond to GBV, the Programme has been supporting the National Capital District (NCD) and national bodies to implement the strategy.

1 See, <https://www.unfpa.org/gender-based-violence>.

2 See, <http://asiapacific.unwomen.org/en/focus-areas/end-violence-against-women>.

3 Based on interaction with survivors of GBV through the Gender Desk, GBVAC Secretariat and CRAMS.

4 Medecin sans Frontiers, "Return to Abuser".

5 The pilot rolled out across four provinces was implemented by UNDP in consultation with the Office for Development of Women and respective provincial governments.

PORT MORESBY SAFE CITY PROGRAMME APPROACH

Although the PM SC Programme is focused on the reduction of Violence Against Women and Girls (VAWG) in public spaces, particularly at the markets, the high rates of violence in Papua New Guinea necessitates Programme interventions at the markets to include considerations of VAWG that take place in other areas. The PM SC Programme approach to addressing the issue is to support the NCD Gender-based Violence Action Committee (GBVAC) in establishing the Community Referral and Mentoring Services (CRAMS), with local networks established in each electorate in the city, loosely connected to the Programme markets in each electorate.

In response to the existing gaps, the PM SC Programme advocated for and supported the establishment of the NCD GBVAC, formerly NCD Family and Sexual Violence Action Committee. The coordinating body mandated to lead GBV prevention and response work in Port Moresby was constrained by limited capacity and limited resources.

In its efforts to enhance awareness of government obligations in terms of service provision and care for survivors of GBV across the city, the NCD GBVAC found that the strongest and most sustained approaches emerged where there was a strong local women's organisation, or very strong women leaders or HRDs; there were good networks reaching out to the districts; a rights-based approach has been adopted; and a large number of community leaders, police, health care staff, and Village Court Magistrates had been exposed to training on human rights and gender equality.⁶

Based on this finding, UN Women, in partnership with National Capital District Commission (NCDC⁷), adopted the approach of CRAMS, defined as a local network of HRDs helping to address the gap for capacity and coordination support in the work of service provision to survivors of GBV, with the aim of improving access to services and justice for survivors of GBV. CRAMS also includes a component of advocacy and training, focusing on inspiring and enabling a range of individuals, groups, and institutions from the community to become HRDs themselves. The following activities were implemented:

Build Capacity in Coordination

In the early years of the PM SC Programme, UN Women worked closely with the NCDC Youth and Gender Desks, providing technical support in skills development, creation of division structures, and development and implementation of annual work plans. These inputs improved the ability of the Gender and Youth Desks to deliver better-coordinated and well-planned interventions for women and youth across the city. The Gender Desk focuses on three main areas in addressing gender issues: Economic Empowerment, Health and Wellbeing (including GBV), and Leadership and Good Governance. NCDC works with Port Moresby women in its various empowerment programmes by providing capacity-building training through its Gender Desk.

As part of its interventions, the PM SC Programme advocated for provincial technical support towards the establishment of NCDC GBVAC Secretariat. In 2015, in response to the high rates of GBV being reported across the city, and across Papua New Guinea, the NCDC Gender Desk and UN Women, with strong political and financial support from the Governor, advocated for the establishment of the NCD GBVAC Secretariat. This body was endorsed by the NCDC Board and fully populated by 2016. The Secretariat developed formal agreements with civil society actors through a Memorandum of Understanding. The programme also consolidated all GBV service providers in the NCD and estab-

6 Findings through capacity support provided to NCD GBVAC through the Port Moresby Safe City Programme from 2010-2018.
7 NCDC is the municipal government of the City of Port Moresby, National Capital District, Papua New Guinea.

lished a referral pathway. UN Women works closely with the Secretariat to support CRAMS across the respective electorates of Port Moresby.

Strengthen Coordination of Service Providers

Parallel to the establishment of the NCD GBVAC Secretariat, PM SC Programme also supported NCD in the coordination of service providers in the city to consolidate the referral pathway. All members of the consolidated referral pathway convene regular meetings (the Multi-agency Case Conferencing – MACC – meetings) to discuss and coordinate on high-risk GBV cases to ensure continuity in support and timely services to survivors of violence. This has proven to be an effective mechanism for coordination, but requires strong management to ensure the MACC meeting convenes when needed.

Community Referral and Mentoring Services

Against the background of several key legislations (Family Protection Act, Lukautim Pikinini Act) and policies (Gender Equity and Social Inclusion and the Sorcery National Action Plan) in Papua New Guinea, implementers are needed to translate the aspirations embodied in these government documents into real development that people in communities can experience. HRDs are key actors in this process, in promoting GBV survivors' protection and enhancing perpetrators' accountability in ways that speak to the local realities.

Although there are numerous legislations and multiple service providers offering care and protection for survivors, women and girls who experience violence continued to face difficulties navigating the services and legal framework.⁸ CRAMS activities include providing support to GBV survivors after the incident through to their safe reintegration back in the community. Additionally, CRAMS works towards mobilizing its community to recognise, promote, and protect the rights of women and children and to develop systems to support effective GBV response. It aims to inspire and enable a range of individuals, groups, and institutions from the community to become HRDs themselves. HRDs work is embedded in the newly adopted Papua New Guinea National Gender Based Violence Strategy 2015-2025 under the fourth objective of "Human Rights Defenders are effectively advancing prevention in their communities".

The National GBV Committee – the national coordinating body described in the Papua New Guinea National Strategy to prevent and respond to GBV – is yet to be established and fully funded. The ability of the National GBV Committee to coordinate and help strengthen the Provincial Family and Sexual Violence Action Committees is limited until full funding and staffing can be assured. The CIMC FSVAC has been delivering trainings across the provinces. Women and men who are, in one manner or another, responding to violence against women in their communities do not regard themselves as HRDs, not least of all because are unfamiliar with the term. With limited resources, and often isolated from one another, these HRDs are primarily concerned with providing direct and immediate assistance to women in need around them. It is clear that they are motivated by a desire to promote and protect human rights. According to Amnesty International's report,⁹ in order to fill the vacuum left by non- or poorly-functional government agencies, these women and the organisations they represent provide what services they can with the resources available, mostly their efforts are primarily directed towards restoring temporary "peace" to families and communities that have been divided by violence, even at the expense of pursuing justice. They know the State is failing them and female survivors, but HRDs are mostly confined to the periphery of important decision-making processes

⁸ For more information on Papua New Guinea GBV service providers and available GBV data see Painim Na Lukautim Save: Luk-save Understanding Gender-Based Violence to Secure Sustainable Development in Papua New Guinea, UNDP, 2015 (hard or electronic copy available from the Department for Community Development).

⁹ Papua New Guinea: Women Human Rights Defenders In Action, Amnesty International, 2006, <http://www.unhcr.org/refworld/docid/4517a2ff4.html>.

and struggle to have an appropriate sense of urgency and importance attributed to the issues they seek to raise.

Police and other government agencies claim that violence against women is a problem of enormous proportions in Papua New Guinea, requiring urgent and decisive actions. However, very few government agencies demonstrated a proper understanding of their own obligations towards women in this context and most are unable to offer any evidence of sustained and coordinated activity, which might bring about a decrease in gender-based violence either in the short or long term.

International standards acknowledge the expertise of women's rights organisations and call on governments to work in cooperation with them.¹⁰ The State should seek the advice, input, and criticism of HRDs and work in partnership with them to ensure that it meets its obligations under international human rights law.

CRAMS, as a network of HRDs together with the provincial government body, such as National Capital District Gender-based Violence Action Committee (NCD GBVAC, previously known as NCD FSVAC, but name changed after the passing of the National Strategy to Prevent and Respond to Gender-based Violence in Papua New Guinea) aims to bridge this gap. CRAMS, promoting public recognition of women's rights, serves as an interlocutor empowered to participate in the custom-based informal justice systems and to change customary norms and practices that discriminate on the basis of sex and gender. Through data collection and documentation of abuse, CRAMS works to enforce the state's accountability for all forms of women's human rights violations.

Papua New Guinea is a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child. The Family Protection Act (2013), the Lukautim Pikinini Act (2015),¹⁰¹¹ and the Criminal Code Act (2002) include provisions related to gender-based violence, including protection to sexually and physically abused children, and survivors of family and sexual violence. General principles that underpin the work of the HRDs are: safety, confidentiality, respect, non-discrimination, no criticism, and refer.¹²

10 See for instance Beijing Declaration and Platform for Action, adopted by the Fourth World Conference on Women, A/CONF.177/20 (Declaration) and A/CONF.177/20/Add.1 (Platform for Action), 15 September 1995, Declaration, para. 20, Platform for Action, para. 26; UN Declaration on the Elimination of Violence Against Women, UN Doc. A/RES/48/104, adopted by the UN General Assembly on 20 December 1993, Article 4(e).

11 The Lukautim Pikinini Act 2015 is based on the United Nations Convention on the Rights of a Child. It extends protection to all children, including those sexually and physically exploited, children affected by conflicts, children with disabilities, and those infected/affected by HIV/AIDS. It guarantees protection of rights and respect for dignity of all children; in particular child in need of protection and children with special needs.

12 See Annex 1.

KEY COMPONENTS OF COMMUNITY REFERRAL AND MENTORING SERVICES

Human Rights Defenders

HRDs are key individuals in the CRAMS team. They are united by a common desire to assist survivors of gender-based violence, are respected advocates, and live in the heart of their community. HRDs connect survivors to service providers to ensure they receive timely and necessary support to prevent or respond to violence. At the onset of PM SC Programme, there was a significant lack of access to services in Port Moresby and very few people knew how the law protects them from violence, what services are available and free of charge, where services are located in the city, and how to get there. HRDs unlocked these barriers to ensure survivors can enter the referral pathway and receive essential services.

A frequent question from the public or service providers is, “How can I sign up as an HRD?” However, as explained in this section, HRDs are identified by community leaders and other service providers, based on their ongoing work. HRDs need first to be defenders of human rights before they can be recognised as one.”

HRDs feel deeply connected to the issue of GBV — they understand it, analyse it, and feel compelled to do something about it. HRDs are “active,” people who are out and about to create change. HRDs see the work of preventing violence against women not as a nine-to-five job, but as a personal mission. They know they will have to work for a long time to witness the ultimate change they seek. They recognise that they cannot do it alone, so they connect with other activists and organisations. Together they create a movement. Together they feel part of something larger than themselves, each

Frontline informants for identifying HRDs:

Community leaders, Village Court Magistrates, and other service providers (Welfare, Gender Desk, Family Support Centre, etc.)

taking small steps toward a broader shared goal.¹³ HRDs are volunteers who actively challenge accepted traditions and stereotypes; socio-cultural norms that deny women their human rights and enforce a systematic and cyclical web of discrimination, which manifests in the multiple forms of violence against women and girls.

Provincial Government

CRAMS is connected to and supported by the provincial government office, the NCD GBVAC Secretariat,¹⁴ referred to as the Secretariat. The Secretariat is part of the NCDC and its reporting line extends to the City Manager. The Secretariat brings a coordinated, holistic, and quality approach in strengthening GBV prevention and response in the capital. It supports the committee of service providers with secretarial facilities, coordinates and monitors the quality of services provided to survivors, and ensures coordinated data collection. The work of the Secretariat is guided by the provincial NCD GBV strategy, plan of action, and budget established through an inclusive and holistic planning process. The Secretariat establishes a strong working relationship between the government, NGOs,

¹³ Manual for Human Rights Defenders in Papua New Guinea Working with Survivors of Gender Based Violence, 2016. Available in hard copy at the Office for the Development of Women.

¹⁴ This is the ideal government desk to coordinate and support the CRAMS and is the desk that the PM SC Programme works closely with to institutionalise CRAMS. However, in cases when embedding CRAMS with this desk is not viable, it is also possible to work with the Gender Desk or Community Development Division within the Provincial government.

CSOs, FBOs, and the private sector.

The focus of the NCD GBVAC Secretariat's work around CRAMS is to enhance HRDs capacity, improve their networking with key service providers, and assist with protection from harm by perpetrators when challenging their interventions.

All certified HRDs details are recorded in the HRDs database that is managed and regularly updated by the NCD GBVAC Secretariat.

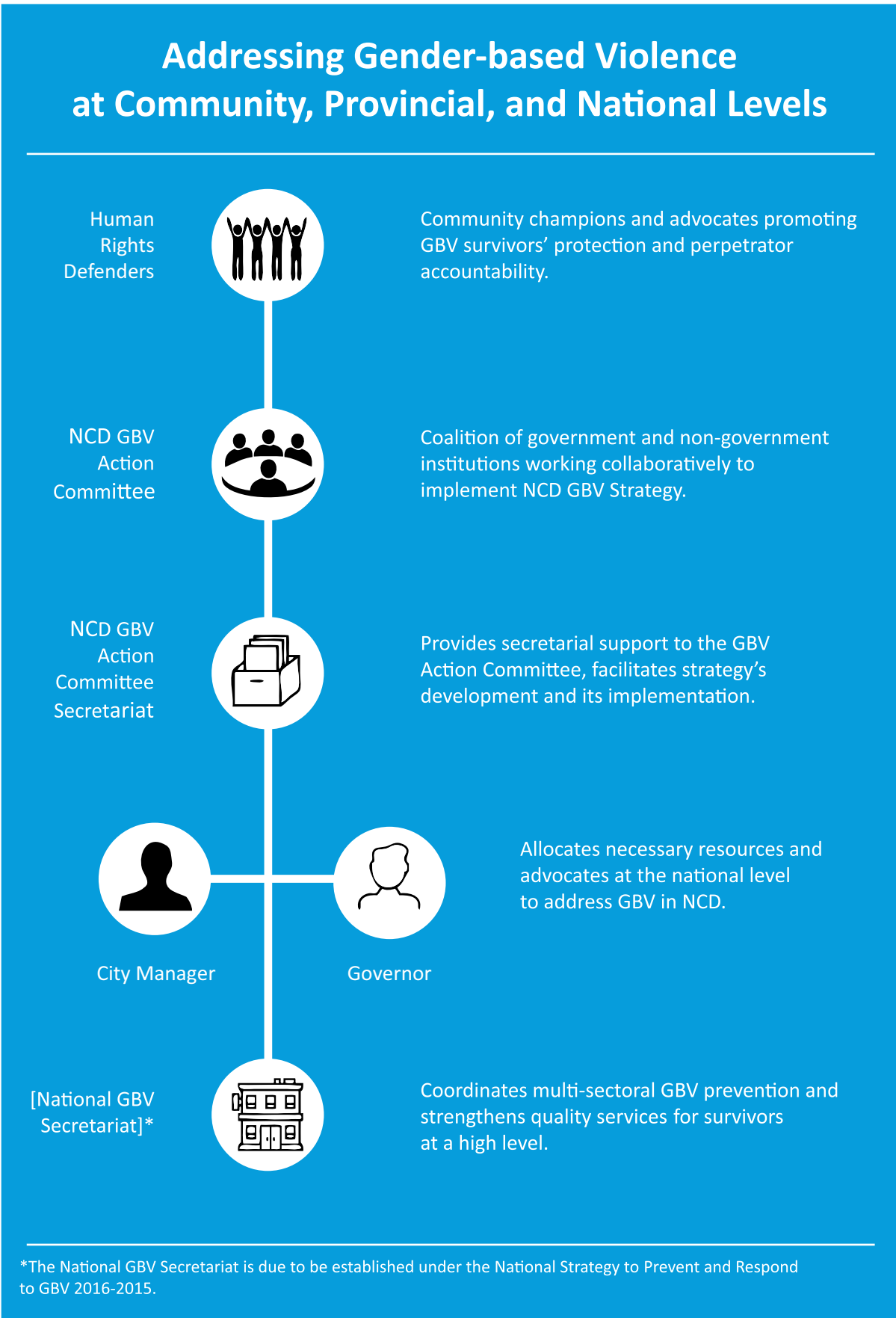
Key activities performed by HRDs

- ✓ Working in close collaboration with the Provincial GBVAC Secretariat to develop GBV awareness messages to communities;
- ✓ Delivering messages about GBV services in communities, using a variety of context-appropriate methods;
- ✓ Supporting the Provincial GBVAC Secretariat and the Committee in organizing awareness sessions in the community;
- ✓ Building and maintaining relationships with communities, including local leaders, community-based groups and other stakeholders;
- ✓ Identifying cases of concern in the community, liaising directly with other service providers in the area;
- ✓ Assisting in the development of services mapping and referral pathways for the community;
- ✓ Serving as a focal point for the Provincial GBVAC Secretariat and service providers in specific communities;
- ✓ Conducting interviews and needs assessments, and developing individual case management action plans, ensuring implementation, referrals, follow-up, and case closures;
- ✓ Updating of GBV database by reporting new GBV cases and providing follow up information;
- ✓ Reporting progress achieved and providing feedback on cases to the Provincial GBVAC Secretariat monthly;
- ✓ Participating in Multi-agency Case Conferences organised by the Provincial GBVAC Secretariat;
- ✓ Building and maintaining partnerships and collaboration with other GBV partners and relevant stakeholders;
- ✓ Identifying concerns related to and supporting adherence to GBV referral protocols and GBV guiding principles, and bringing these concerns to the Provincial FSVAC Secretariat.

The role of NCD GBVAC Secretariat in supporting HRDs

- ✓ Providing continuous training,
- ✓ Sharing technical knowledge,
- ✓ Providing financial assistance on a case-by-case basis to enable HRDs to carry out their work in helping survivors,
- ✓ Implementing activities related to meeting the needs and aspirations of the survivors, and
- ✓ Facilitating monthly (or at agreed intervals) meetings with HRDs to: review caseloads, challenges, resources, training needs, etc., and to respond to these accordingly.

Figure 1: Governance of GBV response in the National Capital District



SETTING UP COMMUNITY MENTORING AND REFERRAL SERVICES

The five key steps in setting up CRAMS include:

1. Identifying HRDs;
2. Enlistment of HRDs;
3. Training of HRDs;
4. Inauguration of HRDs; and
5. HRDs mobilising referral networks in their community.

The key partner in setting up CRAMS is the provincial government office responsible for social services, or an office specifically addressing gender-based violence. This is to ensure the sustainability of HRDs efforts to assist survivors of violence and collect necessary GBV data.¹⁵

Identifying HRDs

Human Rights Defenders are leaders in their own communities who have been recommended by others as champions in addressing gender-based violence. The provincial government office, the GB-VAC Secretariat, where possible with assistance of current Human Rights Defenders, identified other HRDs according to specific criteria (Annex 2). When initiating conversations with those who will be recommending HRDs it is essential to communicate the voluntary nature of HRDs, as individuals who are already doing community work. This assists in setting the right expectations of the role from the start to avoid leading individuals to believe this is a paid position under the provincial government scheme. The terms of reference served as a guide to identifying the right people, and spells out key qualities and skills of those who may be best suitable to become Human Rights Defenders.

Provincial government officers consulted with other relevant sections of the government for any recommendations of outstanding HRDs, especially those who reach out deeply into communities, such as Village Courts, local level government division, sports, gender, or welfare. Community leaders can also provide useful insights to the individuals within each area who are actively providing care and support to survivors of GBV.

¹⁵ When the implementing organisation is not a government entity, extra attention must be paid to linking the CRAMS network to a relevant government office, preferably the GBV Secretariat. CRAMS will be most effective and sustainable when complementing the work of the government office coordinating on GBV responses and prevention work.

Key qualities and skills of potential HRDs

- ✓ Chosen and recommended by other community members;
- ✓ Demonstrates commitment to women's empowerment and protection;
- ✓ History of being active in community sensitization or mobilization activities;
- ✓ Excellent listening and observation skills, including ability to create trust, support, respect, and to interact with survivors of all ages, backgrounds, and diversity;
- ✓ Demonstrates understanding of and ability to maintain confidentiality and respect for GBV survivors;
- ✓ Ability to keep records and write simple and basic reports of activities in English;
- ✓ Ability to use mobile phones for texting, taking photographs, and using basic smart phone functions;
- ✓ Passionate, positive, and professional attitude; and
- ✓ Strong ability to maintain composure and work in a difficult environment.

Enlisting HRDs

Whilst it is important to initiate HRD identification through the provincial government, the PM SC Programme process also pursued recommendations from other community or faith-based organisations to ensure an unbiased selection of HRDs. Following the initial identification of names, HRDs were invited for a conversation with the Programme team to learn more about their work in the community. The conversation questions were framed around the qualities and skills required as listed in the terms of reference (Annex 2). The set up of the conversation can take place outside of the office, and kept as informal as possible, to avoid misleading individuals to thinking it is a recruitment process for paid employment. Group interviews are also recommended, where open discussions can bring out some great examples of their work. This also serves as an initial "bonding" of HRDs, if they come from different ethnic backgrounds or communities. It is a process through which they start connecting and realise they are not alone helping survivors of violence and putting their lives at risk.

Training of HRDs

Example: Case study

W is in her late 20s. She lost her right hand when her former partner attacked her with a bush knife after accusing her of adultery. The incident was reported to the police but no action was taken, even though she visited the police station on several occasions. Her relatives claimed a compensation of K800 and 6 small pigs, for the loss of her hand. W still sees him in the community and this disturbs her greatly.

This example is taken from the Report of the UN Special Rapporteur on violence against women, its causes and consequences, who visited Papua New Guinea in 2012. (A/HRC/23/49/Add.2, Appendix, p.23).

Following the identification of the HRDs, the Secretariat coordinated the arrangements for the initial HRD training. The training included the essential knowledge to effectively respond to GBV incidents, such as how to best assist survivors and manage perpetrator-associated risks. The HRDs also learnt about the law in Papua New Guinea addressing GBV, and international mechanisms that are available to report human rights abuses in the country. Moreover, the training included the introduction to essential services available for GBV survivors and how to access the referral pathway to ensure effective and coordinated response. The HRDs were taken on a visit to the locations of essential services providers to gain a better understanding of each service and how to access them. It was also useful for service providers to deliver presentations at

trainings, which helped HRDs to meet the staff and build personal relationships with these individuals. This increases HRDs ability to contact staff personally and reach out for timely support.

The training was conducted by qualified HRD trainers who carried out three full days' of training for the HRD candidates, plus required days to conduct visits to service providers. HRD trainers use the manual Training of Trainers Manual for Human Rights Defenders Addressing Gender Based Violence in Papua New Guinea,¹⁶ which includes all necessary modules and proposed training agendas.

HRDs Inauguration Event

The inauguration event is a significant part of the process, and it is essential for HRDs to be acknowledged for their on-going community work. The event acknowledges the work of the HRDs, and also recognises their newly developed capacity through the intensive training that they have undergone. In implementing the PM SC Programme, the visibility of celebrating the HRDs also assisted them in conducting their work as HRDs. It helped build their credibility as HRDs, and enabled them, when necessary, to challenge public officials in cases where they were not responding adequately to reports of domestic violence incidents.

It was important to attract as much media visibility to the event as possible, reaching out to a range of different media outlets. This also enabled those who would like to become HRDs to reach out to the provincial government later on. The event sought participation and acknowledgement from the national government and the justice sector to illustrate the important role HRDs play as advocates helping survivors to access justice from reporting the case to the police, through the support they provide when cases are in court.

HRDs who fully completed a set number of days of training were issued with certificates, listing all topics they have been trained in. The certificates were issued on the day of the inauguration, together with the HRD IDs. Issued IDs included a portrait picture with HRDs full name. The ID is an important item for HRDs as it validates their role and gives them credibility. ID cards should include an expiry date, which should realistically reflect the frequency of refresher trainings and renewal of commitment to act as a HRD.

Mobilization of Local Referral Pathway Agencies

Trained HRDs who live and operate in the same geographical area share insights on the service providers who are responsive and effective in supporting survivors. These service providers – which include key government offices, NGOs, the private sector, churches, or other organisations – were then identified by HRDs and invited to the second training. The training was organised with the active involvement of the provincial Secretariat and covered all modules from the Training Manual on Provincial GBVAC Secretariat Standard Operating Procedures.¹⁷ The purpose of the training was to strengthen multi-agency response to meet survivors' needs and bring perpetrators to justice. The training included topics on how to strengthen the referral pathway, collecting GBV data, engaging and participating in multi-agency case conferences, and understanding the legal frameworks addressing GBV. The training aimed to strengthen coordinated response through learning each other's roles and the best way of working in collaboration amongst a range of key government, non-governmental, private sector, and church agencies. Newly trained HRDs were the participants in training that was conducted by the Provincial GBVAC Secretariat.

¹⁶ Available in soft and hard copy at the NCD GBVAC Secretariat and the Department for Community Development.

¹⁷ This training manual is available in hard copy at The Office for the development of Women. For further information contact Ms. Gayle Tatsi at gtatsi95@gmail.com.

Monitoring and Reporting Mechanisms¹⁸

GBV Data Collection

Data collection and analysis is the backbone of results-based response. It is critical to the effectiveness of targeted service delivery, advocacy, policy development, and accountability and monitoring.

By monitoring GBV response activities through the collection of quality data, the Government and service providers can:

- Ascertain whether programming priorities are evidence-based;
- Ensure that programme development and implementation, policy work, funding solicitation, etc. are all rooted in identified problems and related needs;
- Monitor the impact and effectiveness of interventions and strategies and ensure they are effective;
- Show accountability and good governance;
- Provide decision makers with information required for planning, resource allocation, programme design, programme improvement, and effectiveness of the programme; and
- Correctly assess whether minimum standards exist for comprehensive prevention and response.

In order to build the GBV database, intake forms are used for data collection by the stakeholders, including HRDs. The GBVAC Secretariat compiles GBV data onto an electronic centralized database and completes data analysis of received reports.¹⁹ The NCD GBVAC Secretariat provides reports to the National GBV Secretariat, the Provincial GBVAC, and the provincial Executive Council.

The intake form provides data that can be used to report valuable indicators. This is important in order to measure the quality and effectiveness of services for the individual survivor, and will also help to analyse the context, situation, and needs.

CRAMS collects data about the number and type of GBV cases HRDs are dealing with. This enables them to know what impact they are having and the profile of people they are helping. It also helps to better inform HRDs on targeted prevention activities based on the information they have about the number and type of cases that are most likely to occur in the areas where they work.

As the first point of contact for survivors accessing help, HRDs gather data which includes information about the survivors, perpetrators, number of incidents experienced by survivor, types of services received, or types of cases worked on. Given the many pressing demands facing human rights defenders at the local level, data collection can be a difficult task. The role of the NCD GBVAC Secretariat is to manage the GBV database and liaise with HRDs to secure reliable information. CRAMS members will have to determine measures for the secure storage and handling of data.²⁰

HRDs must always obtain the survivor's consent to use information related to them even if HRDs are not using their personal details. Data is collected anonymously (without personal details), but consent is nonetheless required to do so because HRDs are still using their information.

18 See also Annexes 5-10.

19 This was the case following the pilot implemented by UNDP in 2015-16 on the use of a Unified Intake Form and data consolidation through the use of electronic tablets with an Internet connection. However, due to numerous challenges with the process, most service providers have ceased to use the system as of June 2018.

20 Confidentiality of survivor and perpetrator information is paramount as the safety of both could be at risk if data is leaked.

Some challenges when introducing CRAMS

1. Resources to support HRDs

HRDs are often caring for survivors of violence out of their own resources, including paying for transport, communications, food, shelter, and sometimes medical bills. While HRDs welcome the recognition of their efforts and sacrifice, they often ask for some form of monetary support to offset their own financial outlay. For HRDs who regularly care for survivors, this is justified and very necessary. Provincial or local authorities should discuss this with HRDs and jointly explore mechanisms for official funding support to offset the financial burdens arising from caring for survivors. While “payment” for HRD services may corrupt the service that was provided through altruism, the complete lack of financial support can result in frustration and hardships for the HRDs, impacting the sustainability of the CRAMS model.

2. Limited literacy of HRDs

Training the diverse group of HRDs who have spontaneously risen to meet the needs of their neighbours and communities means there will be a spectrum of capacities and skills among the group. Adult literacy training may be required for some to enable them to read and fill out forms in their support to the survivors. Other training on care of survivor, HRD self-care, rights of the survivors, and accessing essential services, among others, will require intensive training, and repeated reminders. Dedicated officers should be assigned as focal contact points for HRDs, so that they do not become discouraged when they encounter obstacles in their work.

Case Studies

Case studies are narratives that illustrate the kind of work HRDs do, or the kind of cases they work on. It may be useful to write up case studies in order to describe to others what kind of work HRDs do, to show the kind of problems they have encountered, and to analyse how these were addressed. Case studies are a powerful tool in describing the work HRDs do on an individual basis, rather than through data and numbers. HRDs may consider including general data, and showing what this means by including a case study.

When HRDs write up case studies they must take steps to ensure the confidentiality of the victim and security. One way of doing this is by changing the names of individuals involved. In many cases this is not sufficient, as people may still be able to identify the survivor or others described in the case study. HRDs may have to delete or change names of locations, certain details of the case, or other facts. In some cases, where the confidentiality and security of the individuals involved cannot be guaranteed, HRDs should choose a different case. Even though they ensure that the identity of the survivor and others cannot be identified, they must still have her or his informed consent to use the case study. In all cases, consider the impact that using the information will have on the survivor.

Annex 1:

Essential Knowledge to Support GBV Survivors

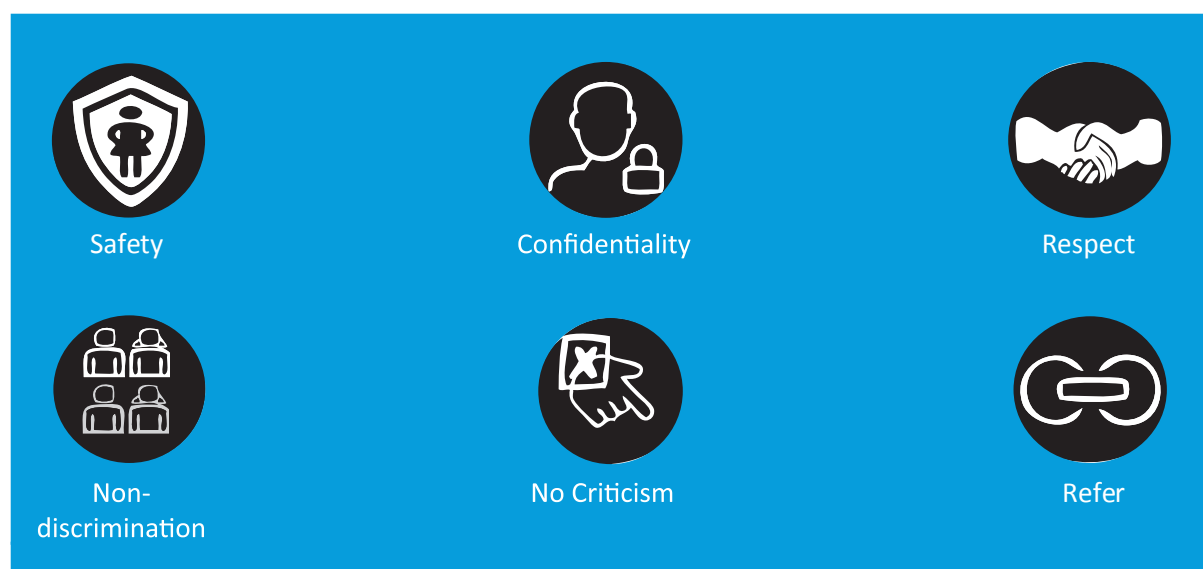
Basic Principles of Assisting Survivors of GBV

The following guidelines are based on the [Manual for Human Rights Defenders in Papua New Guinea Working with Survivors of Gender Based Violence \(2016\)](#).

CRAMS aims to assist GBV survivors to access information, services, and safety. There are a number of basic principles HRDs should keep in mind at all times when assisting survivors of GBV.

The guidelines are underpinned by a number of values and principles, such as the Constitution of Papua New Guinea, which protects the rights of its people through the Bill of Rights provisions, which includes the Right to Freedom, the Right to Life, Freedom from Inhuman Treatment, and Protection of the Law. Papua New Guinea is a signatory to CEDAW and the Convention on the Rights of the Child. The Family Protection Act (2013), the Lukautim Pikinini Act (2015), and the Criminal Code Act (2002), include provisions related to gender-based violence, including protection for sexually and physically abused children, and survivors of family and sexual violence.

Figure 2: General principles that underpin the work of the HRDs:²¹



Safety

Safety includes the survivor's safety and the HRD's safety. If the survivor is reporting a case of violence or potential violence, the perpetrator is likely to be violent; therefore, HRDs should consider both the survivor's safety and their own safety. It is also important to note that the NCD GBVAC Secretariat is not responsible for any injuries of HRDs.

²¹ Practice Standards for Working with Women Affected by Domestic and Family Violence, Queensland Government, Department of Families, 2002.

A short risk assessment should be carried out in relation to the survivor's safety, including some basic information about the survivor and the perpetrator. The Intake Form (Annex 3) should be used as a guide to complete a risk assessment. The survivor may be at risk from the perpetrator, but they may also be at risk from themselves, as they may want to harm themselves as a result of the incident. The risk from a perpetrator's family or a survivor's family should also be considered. Finally, if there are children and this is a domestic situation, then the safety of the children should be considered.

Some indicators that the survivor is at risk from the perpetrator are:

1. The survivor fears the abuser and, in a domestic situation, is afraid of going home.
2. The survivor has physical injuries.
3. The perpetrator has made threats to kill the survivor.
4. The violence has increased in severity in the last few months.
5. Children are involved.
6. The survivor is considering separation or has just separated from the perpetrator.
7. The perpetrator was under the influence of alcohol or drugs during the dispute.

Indicators that the survivor may be at risk of hurting herself or himself are:

1. Previously tried to self-harm.
2. Says want to die.
3. Suffering from anxiety, depression, or deep anger.

Finally, it is important to consider whether or not the children might be at risk, including whether the perpetrator has made threats against them or they were present during the incident between the survivor and the perpetrator.

Once the HRD has assessed the risk to the survivor, it is important to keep that risk in mind for the duration of time that the HRD deals with the case. Keeping in mind that risk to the survivor may change over time, as the situation changes, the HRD may need to revisit the initial assessment, for example if the HRD learns additional information or if the perpetrator makes new threats.

If the HRD believes that the survivor is in immediate danger, the HRD should ask for help from authorities (police).

The HRD should also consider their own safety as they might be at risk if the perpetrator considers they are helping the survivor. This will be explored in more detail below.

Confidentiality

Many survivors are concerned with confidentiality. This is often linked to safety as there may be an increased risk if the perpetrator becomes aware that the survivor is seeking help.

It is very important that HRDs are upfront with the survivor about confidentiality. HRD cannot guarantee the survivor's confidentiality; HRD can only assure them that they will not share their information with anyone without the survivors' express consent and that they will keep all records of their meetings with them in a locked and safe place.

HRD cannot guarantee confidentiality as certain things are outside of their control. For example, someone might have seen the survivor coming into the HRD's office to speak to them. However, the HRD can minimize the risks of a breach of confidentiality, for instance by finding somewhere private to talk, or by arranging a meeting in a different location than their office. Further, the HRD could

agree that for follow up, they will do so at specific times to ensure that the survivor is alone when they call them.

Respect

All survivors who come to HRDs are entitled to respect. They are entitled to make their own choices, even if the HRD disagrees with them. The HRD's role is to help survivors make their own choices by providing them with information about all the options available to them. HRDs should not be judgmental about the choices survivors make.

Non-discrimination

The survivor has come to the HRD for assistance. This is often a very difficult step for the survivor. As a human rights defender, they should adhere to the principle that human rights are universal and as such all survivors of gender-based violence are entitled to an HRD's assistance without discrimination, regardless of their gender, the choices they have made, their sexual orientation, their socioeconomic class, or marital status.

No Criticism

The principle of no criticism is linked to respect. HRD should not criticize the survivor, but listen with an open mind. HRDs should be aware that everyone, including human rights defenders, may have their own prejudices. It is also very important in cases of intimate partner violence not to criticize the survivor's partner. In many cases, this puts the survivor in a defensive position and he or she may end up supporting their partner as opposed to telling the HRD what happened.

Refer

Depending on the situation, survivors may need a wide range of services. In many cases, the HRD will not be able to provide the survivor with all the assistance they need. The HRD should tell the survivor about the different service providers that exist (counselling, medical treatment – family support centres, police assistance – family sexual violence units, public solicitor, IPOs), and refer the survivor to service providers who can help, as long as this is what the survivor wants.

Completing the Intake Form (based on the Unified Intake Form piloted by UNDP in 2016)

The form has a dual function in that it is used for the initial reporting of all GBV cases, and also for tracking individual cases through the referral pathway up to and including the closure of the case. This form is designed to support the NCD GBVAC Secretariat's data requirements.

First Page

The name of the organisation:

Input the name "Human Rights Defender" or CRAMS

Contact person name, number, and e-mail address:

Input the name, the phone number, and e-mail address of the person completing the form. The Secretariat must have the contact details of the HRD who made the referral in case they have questions

or queries regarding the form. The person who completed the form is the best person to answer these questions. If you do not have an e-mail address, please note, “no e-mail”.

Unique Identifying Code:

Question 1		Question 2		Question 3		Question 4		Question 5		Question 6	

The Unique Identifying Code (UIC) is designed to identify the survivor, whilst at the same time maintaining confidentiality.

The UIC is based upon six questions that the survivor will provide the answers to. The answers to the questions generate the UIC. Using the UIC makes it possible to track the survivor’s progress from the initial incident reporting through to the completion of the case.

Every time a survivor meets with any of the service providers, the service provider will ask the survivor if they know their UIC. If the survivor knows the UIC it is recorded on the GBV Data Collection Form. If the survivor does not know their UIC, then the HRD asks the survivor the six questions and generates the UIC, which is then recorded on the intake form.

The six questions are as follows:

- Question 1: What are the last two letters of your last name at birth?
- Question 2: What is your district of birth? (Use first two letters)
- Question 3: Are you left or right handed?
- Question 4: What is your order of birth? (01, 02, 03, etc.)
- Question 5: What is your gender? (1 for male, 2 for female, 3 for transgender)
- Question 6: What are the last two letters of your first name at birth?

Unique Identifying Code Generation Example:

The following is an example of how the six questions are used to generate the UIC:

- The answer to Question 1 is TH (survivor’s last name at birth is Smith, the last two letters are TH)
- The answer to Question 2 is GO (survivor was born in Goroka district, the first two letters are GO)
- The answer to Question 3 is R (survivor is right handed)
- The answer to Question 4 is 03 (survivor was third child born; survivor has an older brother and an older sister)
- The answer to question 5 is 2 (survivor is female, therefore 2)
- The answer to question 6 is RY (survivor’s first name at birth is Mary, the last two letters are RY)

We then take the answers to generate the UIC and complete the UIC box on the intake form. When completed the UIC box looks like this:

Unique Identifying Code

Question 1		Question 2		Question 3		Question 4		Question 5		Question 6	
T	H	G	O	R		0	3	2		R	Y

Risk Level Assessed:

The Risk Assessment is used to assess the level of risk that the survivor is facing. When the Risk Level has been established, the appropriate box is ticked, i.e. High, Medium, or Low.

If the risk to a survivor is assessed as High, it is the responsibility of the HRD to respond immediately and refer the survivor to the NCD GBVAC Secretariat, which will facilitate a multi-agency case conference for the case.

DOB:

Ask survivor their date of birth. If they are unsure of their exact date of birth, ask them to take a best estimate, and deduct age from current year adding the year of birth and 1st of January as the day and month of birth.

Sex:

Tick the box that corresponds to the survivor's sex, i.e. Female, Male, Transgender, or Not Disclosed.

The Type of the Most Recently Reported Incident:

Record the type of incident here. Many survivors will have experienced multiple GBV incidents in their lives. However, we need to record only the most current incident, and not previous incidents. Many incidents are of more than one type. For example, a client may have suffered Rape/Penetration, Physical Assault, and Removal or Damage to Property, all within the same incident. In a case such as this all the boxes that apply need to be ticked, ensuring that all the boxes ticked apply only to this most current incident. If survivor reports a type of incident that is not on the form, then tick the 'Other' box and specify the type within the space provided.

Dependent Children Impacted:

Record here any children impacted by the incident; either the survivor's children or any other children. If children were impacted, tick the 'Yes' box; otherwise tick the 'No' box.

Number of Children:

If the answer to Children Impacted was "Yes", then write out the number of children impacted in both letters and numerals, i.e. five (5). If the answer to Children Impacted was "No", then put N/A in the space provided.

Referral Made To:

If the answer to Children Impacted was "Yes", then record here where the children were referred and tick the appropriate box. If the answer to Children Impacted was "No", then put N/A in the space provided.

Date of Referral:

If the answer to Children Impacted was "Yes", then record here the date on which the children were referred. If the answer to Children Impacted was "No", then put N/A in the space provided.

Perpetrator's Details:

Input here whether the perpetrator was male, female, transgender, or not known, by ticking the appropriate box.

Number of Perpetrators:

Input here the number of perpetrators the survivor is reporting for this incident. Use the space provided to write out the number of perpetrators in both letters and numerals, i.e. Five (5).

Age:

Tick boxes as appropriate for "Under 18" or "Over 18", or "Not Known". If there is more than one perpetrator tick as many as apply.

Relationship of the Perpetrator to the Survivor:

Establish with the survivor the nature of their relationship to the perpetrator, then tick the appropriate box. If the perpetrator is known to the client and is neither an Intimate Partner nor a Person of Authority, then tick the "Known" box and specify the type of relationship in the space provided, e.g. friend, uncle. If the perpetrator is unknown to the client then tick the "Unknown" box.

Referral Received From:

Input the date that the referral was received in the space provided. Tick the box indicating the type of organisation who made the referral.

Referred To:

Input the date that the referral was made in the space provided. Tick the box indicating the type of organisation to whom you are referring the survivor.

Current Case Status:

Input the Current Status of the Case by ticking the appropriate box. Add the individual's date of referral next to the referred agency.

Second Page**High Risk Factors:**

Establish with the survivor whether any of the 10 conditions listed in the High Risk Factor section are applicable in this case. For all 10 conditions tick one of the three boxes associated with the condition. If one or more of the boxes is ticked "Yes", then the survivor must be considered at High Risk and the appropriate action must be taken.

Other Risk Factors:

Establish with the survivor whether any of the 32 conditions listed in the Other Risk Factor section are applicable in this case. For all 32 conditions tick one of the three boxes associated with the condition. If 15 or less of the boxes is ticked "Yes", then the survivor must be considered at Low Risk and the appropriate action must be taken. If between 16 and 32 boxes are ticked "Yes", the survivor must be considered at Medium Risk and the appropriate action must be taken.

The Initial Interview²²

Before HRDs begin, it is important that they consider their own relationship with the survivor, if any, to the case. If the HRD is from the same community as the survivor, or if they are related to the survivor or perpetrator, they may face additional challenges in handling the case in an open and fair, supportive way. Even if they think they can be objective, others may perceive that the actions they take are biased. If this is the case, HRD should consider whether there are other HRDs who may be better suited to handle the case.

When carrying out an initial interview, HRDs should ensure that they are in a safe location, where the survivor feels as free as possible to talk. If at all possible, the interview should be conducted by someone of the same sex as the survivor. This is likely to make it easier for them to talk about sensitive issues, including sexual violence. HRD should try to provide a space where the survivor can speak privately, for example without children in the room.

Survivors of abuse may find it very difficult to disclose in the absence of direct questioning because they are not sure of what to say, how to start the conversation, fear being judged, being stigmatized or, particularly for survivors, not being believed. They might feel ashamed or embarrassed, self-blame, not feeling worthy of help and support. Survivors might also be concerned about “what happens next”. Will police become involved? What will I be asked to do? Will I have to move to a shelter? All could be scary prospects.

As an HRD it is helpful to remember that survivors don’t mind being asked. The vast majority of survivors do not mind being asked about experiences of abuse. They always have the choice not to disclose if they don’t feel ready or comfortable. Survivors often want to be asked because they don’t know how to start the conversation themselves. Asking about an issue can generate the survivor’s confidence and trust in the HRD’s ability to deal with an issue. The HRD may be the only person to ask – HRDs should never assume that someone else has asked or will in the future.

It is important for the HRD to be patient as it is likely to be very difficult for the survivor to tell the HRD what has happened. HRDs should take time to build trust, and enable the survivor to provide them with all the information she or he wants to give them. In some cases, it may be helpful to start with talking about every day issues to build trust and put the survivor at ease.

Before asking substantive questions about what happened, the HRD should obtain the survivor’s personal details and contact information, together with an agreement as to when it might be best to contact them (Annex 3).

It is often useful to start by allowing the survivors to tell what happened to them in their own words. Survivors do not always explain what has happened in a chronological or organised way. Try to avoid frequently interrupting the survivor. The HRD can fill in gaps or clarify issues at a later stage of the interview. If a survivor does not answer a question, the HRD should try asking it in a different way rather than repeating it the same way again. If a survivor gets visibly upset during the interview, the HRD should ask if she or he wants to take a break, or offer the survivor a glass of water. HRDs should not insist on obtaining information the survivor is not ready or willing to give.

The exact wording of the HRD’s questions is crucial as they can, unintentionally, convey judgement. Conversely, they can also communicate important messages. Where possible and appropriate, the HRD should start by framing the question by explaining why HRDs are asking. Explaining why you are asking is useful, particularly when talking to people who may be mistrustful and query the motives behind the questions.

22 See Annex 4 for a sample Interview Form.

HRDs might use generic introductory question such as: How are things at home? How are things with your partner? How are you feeling? How are you managing at the moment? HRDs can also ask a more direct question, but in doing so they need to avoid terms people might not understand – including domestic violence, sexual violence.

Use questions that people relate to more easily, seem less frightening or judgmental. For example, for domestic violence “How do you and your partner work out arguments? Do arguments ever result in you feeling put down or bad about yourself? Do arguments ever result in hitting, kicking, or pushing? Has anyone ever made you feel frightened or scared at home? Do you ever feel controlled by your partner?” If the HRD notices an injury, rather than asking how it happened, they should ask “Who hurt you?” For sexual violence HRDs can ask “Has anyone ever made you do things sexually that you weren’t comfortable with or hurt you? Do you feel like you have to have sex with your partner even when you don’t want to?”

Generally, the HRD should believe what the survivor is telling them. It is rare for a survivor of gender-based violence to lie and in reality the survivor is more likely to minimize what has happened.

When asking substantive questions, the HRD should ask open-ended questions, to ensure that the survivor gives a description of the incident in her own words. Open-ended questions are questions that do not require a yes or no response. They usually start with “Who, What, Where, When, Why, or How”. If HRDs ask closed question, starting with “Did you”, they may be suggesting the answer in the question.

At the end of the interview, it may be useful to the HRD to summarize what the survivor has told them. This will help the survivor to know that the HRD has listened, and may also help identify any misunderstandings so that these can be corrected.

Once the HRD has gathered the relevant information about what happened, he or she will need to advise the survivor about her or his options. HRDs should not provide definitive solutions, but explain what help or support is available and, wherever possible, spend time with the survivor to help them decide for themselves what they want to do. Signpost or refer on, but only with the survivor’s consent. The HRD should respect his or her wishes and the survivor should be in control of what happens. The HRD’s role is to provide the survivor with the information he or she needs to make a choice about what to do. This will include services that might be available (for example legal or medical) and different options for dealing with the situation (for example obtaining a protection order or moving away from the family home).

Once the survivor has made a decision about what to do, the HRD’s role is to support the survivor in reaching that goal. For example, if she or he wants to make a complaint to the police, the HRD can assist by taking the survivor to the police station or by referring him or her to one of the officers the HRD knows at the police station. Before the HRD refers the survivor for other services, the HRD should always consider confidentiality and make sure that the survivor actively consents to them sharing the information with the other service provider. The HRD should keep a record of the outcome of their interview. Finally, the HRD should agree with the survivor on how they will follow up/continue communicating.

Figure 3: What to Say and What Not to Say to Survivors of GBV



Case Management²³

Case Management is a process of six key stages of activities when directly assisting survivors of violence. The stages are as follow:

1. Identification of GBV survivor
2. Initial needs and risk assessment
3. Case planning and implementation
4. Follow up and review
5. Case closure
6. Service evaluation

Case management at the very basic level requires a willingness to complete a number of standardized forms. This means that for each client or survivor, the HRD will complete the same forms. At a bare minimum, these forms should include the 1) initial interview form and risk assessment, 2) consent form 3) further contact form, 4) inter-agency referral form, 5) case closure form, 6) data collection form. Examples of these forms are provided in the annexes. The types of forms and the content should be amended to fit the HRD'S needs.

Finally, in order to safeguard the confidentiality of the client, the HRD should ensure that their files are kept safely and securely. They need to ensure that only those who need to see the files to follow up have access to the files. They will also need to consider how long they should archive files once they are closed, who may retrieve the files, and how to dispose of files to ensure confidentiality. The NCD GBVAC Secretariat may be able to give you advice on information management.

Follow Up

HRDs should provide follow up to find out what happened to individuals who came to see them. This is important because it will allow them to know if the work they are doing is effective. Further, if they refer cases to other entities, following up will allow them to know how those entities dealt with the cases.

Following up can be done with the client directly, for example by phoning them or arranging to see them. It can also be done with the entities to which the client has been referred. In both cases, you must obtain the client's consent.

The Provincial GBVAC Secretariat will be one avenue for following up. Due to confidentiality, they may not be able to provide full information on individual cases, once a case has been referred by HRDs to official channels. However, they should be able to provide overall information on what action, if any, was taken. In addition, GBVAC Secretariat and HRDs can work together, as HRDs can in many cases play an important role in the reintegration of survivors into the community.

HRD should keep in mind that they must at all times respect the wishes of the survivor, and this may include not wanting to be contacted once initial assistance is provided.

Working with Perpetrators

The future safety of survivors begins with interventions for perpetrators, in order to remove the threat, or possibility of further harm. For many reasons, however, intervening with perpetrators is

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See Annex 7 for a sample Case Management Form.

themselves a risk. Violence often escalates once the violent relationship is made known to others. An effective response to violence should anticipate an escalation of the violence once it is disclosed.

Working with perpetrators is an area which requires specific skills and techniques, which may be different than those required when working with survivors. It also carries a big responsibility for the individuals involved in this work. Before the HRD embarks on a programme working with perpetrators, they should ensure that they have the relevant skills, knowledge, and procedures required for their work to be effective. Among other things, skills required for working with perpetrators will include knowledge about changing beliefs and behaviours, understanding of various dimensions of gender-based violence, risk assessment, counselling, and assessment of the programme.

In order to ensure the safety of the survivor, those working with perpetrators should ensure that the survivors are informed about the programme. The HRD should also make it clear that the programme cannot guarantee that the perpetrator will change their ways. The survivor should be informed if the perpetrator drops out of the programme or is perceived to be a risk.

A risk assessment should be conducted when the work with the perpetrator starts. As far as possible, information from the survivor should be part of the risk assessment. Other sources of information for the risk assessment could include information from police or other agencies the family has been in contact with, keeping in mind the need for confidentiality and security. The security of children should be taken into account at all stages.

Work with perpetrators is essentially based on the belief that people can change. It may be hard for perpetrators to take responsibility for their violence; some perpetrators try to justify their violence and blame the survivor. Perpetrators should be treated with respect, based on their worth as a person. At the same time, HRDs working with perpetrators must make clear that perpetrators must take responsibility for their violent behaviour, and that such violent behaviour is unacceptable. One of the difficulties when working with perpetrators is being able to identify if they are actually changing their behaviour or if they are simply saying that they will change their behaviour.

HRDs should also consider whether there is a need to refer perpetrators to other services that may be more appropriate, such as counselling or substance misuse programs. Some perpetrators may themselves be survivors.

Another way of addressing perpetrators and preventing individuals from becoming perpetrators is through awareness raising and education. This can include working with men and boys' groups on gender-based violence. It can also include doing radio interviews, drama skits, or working through community leaders and churches.

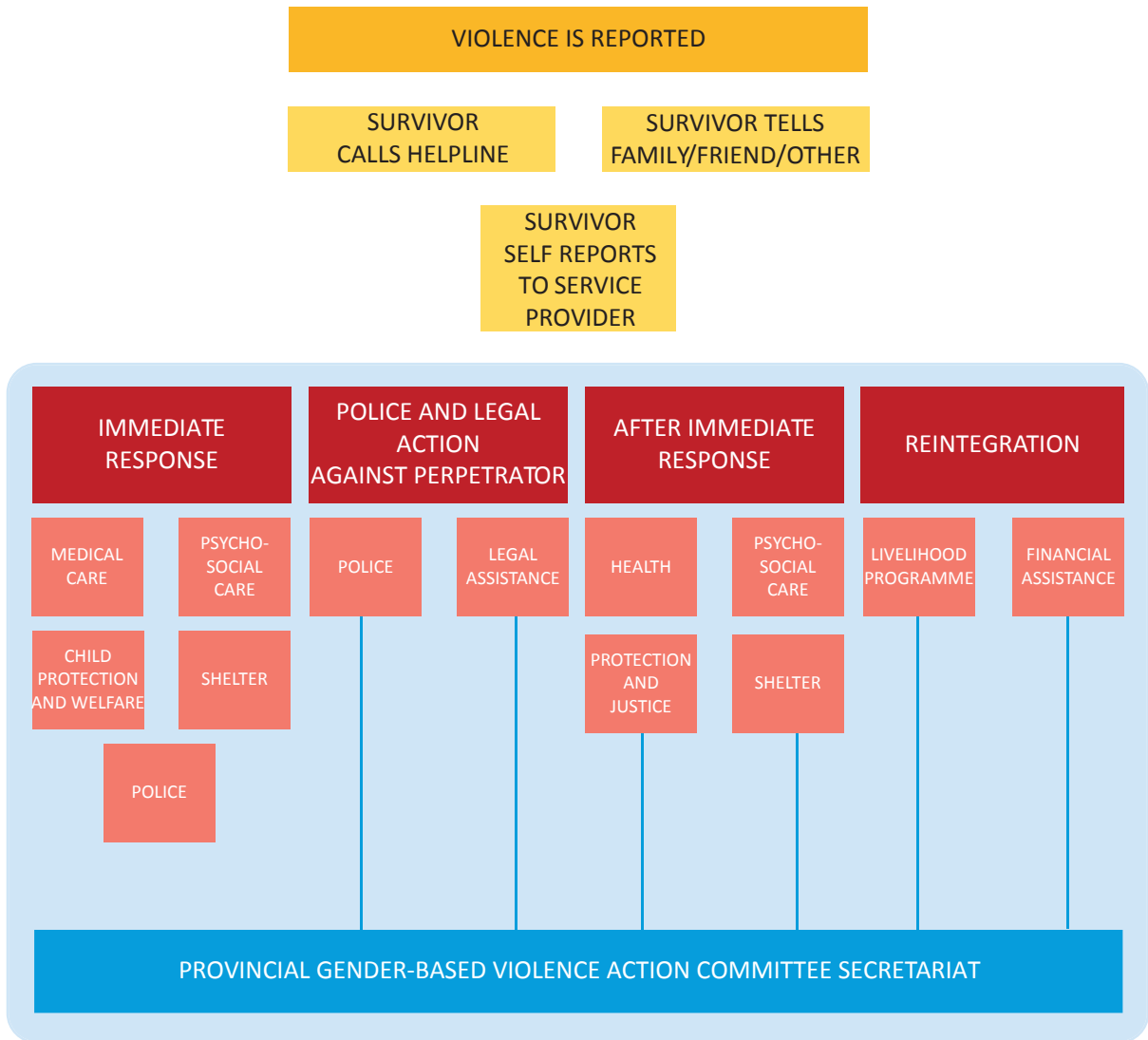
Referral Pathway

A referral pathway describes the processes by which survivors make contact with an individual professional or institution about their case, and how professionals and institutions communicate and work together to provide them with support. Partners in a referral network include different government departments, CBOs, FBOs, and others.

A referral pathway is an institutional framework that connects various entities with well-defined mandates, responsibilities, and powers into a network of cooperation. The overall aim is to ensure the protection and assistance of survivors, to aid in their full recovery and empowerment, to prevent GBV, and to prosecute perpetrators.

The below graph outlines the general steps of a referral pathway, from the survivor reporting the violence that occurred, to his or her reintegration, and the closure of the case.

Figure 4: General Referral Pathway



NCD GBVAC Secretariat develops formal agreements with civil society actors through a memorandum of understanding (MoU). As HRDs, they are likely to work closely with the Provincial FSVAC Secretariats for a range of activities, including service provision, advice, strategic approaches, documentation, training, coordination, and referral.

In addition, as a CSO working at the grassroots level, HRDs may decide that they need to create their own referral network with other agencies to ensure that survivors have the best and fastest access to care.

Before setting up a referral service, it is important to identify the overall purpose and scope of the network. HRDs can then analyse of the types of services available in their area and identify gaps. This will help them identify the organisations that might be involved in the network. A referral network for survivors of GBV will likely involve different service providers. This could include organisations providing the following types of services: counselling, advice, health services, financial services, legal advice, child protection expertise, or shelter.

Once there is agreement on which agencies will be part of the network, HRDs will have to determine each agency’s role. HRDs should develop clear terms of reference for each agency so that there is accountability and transparency about the services each agency is expected to provide.

Agreeing on terms of reference will help avoid disagreements and ensure that the best services are available to those using the network. The MoU should include some guiding principles, such as the rights of the survivor, confidentiality, privacy, and a code of conduct for those working within the network. The MoU should also set out how each organisation will cooperate with the others and what their roles are. It may also include information on how the network will function, for example through monthly coordinating meetings, the creation of focal points within each organisation, the manner in which referrals will take place, and record keeping.

The MoU should include provisions for review and monitoring the effectiveness of the network. This should be done regularly to ensure that procedures are changed, as needed, to better address the needs of survivors. Once the MoU is signed and the network designed, HRDs will need to raise awareness in their community to ensure that those who might need the network are aware of it. HRDs should also make sure that others who play a role that might relate to the network are aware of it, for example members of the local authorities, health workers, counsellors, the police, and courts.

Safety of HRDs

Human rights defenders face a number of risks linked to the work they do. This is because they often challenge the current situation, call for change, and represent individuals with limited power within communities. HRDs can face a number of different abuses including threats and intimidation, limitations on their freedom of expression and association, physical attacks, and in some cases even killings. People associated with HRDs – their families or communities – have also at times been targets of such abuses. Threats can come from a number of sources, including local leaders, police, perpetrators of gender-based violence, community members, private businesses, and also the families and communities of HRDs.

In general, the people who have the best knowledge of how to handle threats are HRDs themselves. HRDs working at the local level are likely to have in-depth knowledge of their environment and of possible risks. However, a full understanding of threats and risks requires an analysis of the situation.

While it is not always possible to foresee events, the risk faced by HRDs can be minimized. This requires HRDs to take a proactive approach to their own protection. The following are strategies that an HRD may use to analyse and manage risk.

1. Keep a written record of incidents, however small, that may indicate unusual activity or threats. If HRDs are part of an organisation, have a system in place for recording these and ensure that the information is shared.
2. Keep relevant members of the authorities informed of their work, and of possible risks they face. Have the numbers of relevant authorities recorded in their phone so that they can be contacted quickly.
3. Use a “buddy system” to ensure that the whereabouts of HRDs are known to someone, especially in times of heightened risk.
4. Ensure access to communication at all times if possible. For example, this would include ensuring that HRDs have credit on their phones and that they are charged.
5. Ensure that HRDs inform the NCD GBVAC Secretariat about any threats they receive, and about any security incidents they encounter as part of their work.
6. Use the legal system if aggressors are breaking the law, report them to police.
7. Consider if there are particular actions or times when they are at particular risk and take steps to address these. For example, are they at higher risk if staying in their office late at night or on their own. They may also face higher risk in connection with particular types of interventions, or

in connection with any publicity they carry out. HRDs should change their behaviour to minimize risk.

8. If risk is too high, consider whether they need to suspend their activities for some time, or even remove themselves from the area or situation, temporarily or permanently.
9. Work with national and international networks that have knowledge about HRDs and may be able to assist.

In all of the above, HRDs should consider also the impact on their family or community, and clients they work with and consider the impact of threats on them in any preventive measures HRDs undertake. The HRD's safety should be a main consideration at all times. HRDs are doing important work; they should not have to compromise their safety to do so.

Annex 2: GBV Terms and Definitions²⁴

Abduction – Taking an unmarried female out of the care of her parents or guardians with the intention of having sexual intercourse with her is an offence. Taking the female away against the will of her parents or guardians. Taking her away against her will for marriage, or making her a servant, or enslaving her, with the intention of benefiting from any property or inheritance or any assets that she may have. If the victim is under 16, it is immaterial if the offender has the consent of the girl or if he believes she is older than 16 years of age (Criminal Code 2013).

Aggravated Rape – Additional factors present in a rape case, such as: the offender was in the company of another person; the offender knowingly had a sexually transmitted disease or HIV/AIDS; if the victim was confined or restrained at the time of the offence; if the victim was threatened with a weapon. The maximum penalty can then be increased to life imprisonment (Criminal Code 2013).

Child – A person under the age of 18 years (Lukautim Pikini Act – LPA) 2014) who is 1) a biological, adopted, step or foster child of the person; 2) in the care or custody of the person (Family Protection Act 2013).

Child Marriage – Marriage for boys and girls under the age of 18 (National Lukautim Pikinini Policy 2015 – 2025).

Child in Need of Protection – Includes a child 1) who has been, or is likely to be physically harmed, sexually or emotionally abused or sexually exploited by some person other than the child's parent, and the parent is unwilling or unable to protect the child; 2) who has been, or is likely to be physically harmed because of neglect by the child's parents, or who is sexually or emotionally abused by the child's parents or guardian; 3) who is living in a household where there has been incidents of domestic violence and, as a consequence, the child is at risk of serious physical or psychological harm (LPA 2014).

Child in Care – A child who is in the care and custody of the Family Services Director or any person authorized by the Director (LPA 2014).

Child Protection Officer – A person appointed under Section 35 of the Lukautim Pikinini Act. The powers of the Child Protection Officers are to prevent and respond to violence, abuse, neglect, exploitation and discrimination against all children.

Confidentiality – An ethical principle associated with medical and social service professions. Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to share information about a client's case with their explicit permission. All written information is kept in locked files and only non-identifying information is written down on case files. Maintaining confidentiality about abuse means service providers never discuss case details with family or friends, or with colleagues whose knowledge of the abuse is deemed unnecessary.

Denial of Resources, Opportunities or Services – Denial of rightful access to economic resources, assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner, spouse or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc.

24 Provincial Gender Based Violence Action Committee Secretariat Standard Operating Procedures, 2016.

Disability – An evolving concept that results from the interactions between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others (Preamble of the United Nations Convention on the Rights of Persons with Disabilities 2006).

Domestic Violence – Violence against a family member that includes 1) assaults, 2) psychological abuses, harassment, intimidation, 3) stalking, 4) sexual abuse, 5) indecent or offensive behaviour, 6) damage to property, and 7) threatening to do any of the above.

Forced Marriage – The proposed amended Marriage Act (2015) (currently in bill) defines marriage as ‘the union between a consenting man and a woman who are 18 years and above’. A marriage can be entered into either under a customary, or a non-customary marriage ceremony. The penalty of persons forcing minors to marry is imprisonment for a term not exceeding five years.

Gender-based Violence (GBV) – Physical, emotional, psychological and sexual abuse directed against a person because of her or his gender in a society or culture including, but not limited to, acts committed with force, manipulation or coercion and without the informed consent of the survivor, to gain control and power over them.

Grievous Bodily Harm - Any bodily injury of such a nature as to endanger or be likely to endanger life, or to cause or be likely to cause permanent injury to health (Criminal Code 2013).

Incest – The relationship between a victim and offender who are close blood relatives. The Family Protection Act (2014) has expanded the relationship between the offender and victim to include children from adoption, stepchildren or any recognized person who is treated as a family member.

Indecent Practices Between Males – Any act of buggery or homosexuality between two male persons with or without consent. Providing, persuading, appointing or obtaining, or even trying to approach someone to have sex with another man, or approaching someone on another’s behalf, also constitutes an offence. The Criminal Code does not clearly define the offense but it has been derived from any act of affection of a sexual nature including but not limited to sexual intercourse between two males.

Informed Consent – The voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Parents/caregivers are responsible for giving consent for their child to receive services until the child reaches 18 years of age.

Key Populations – Defined groups who, due to specific higher-risk behaviours, are at increased risk of HIV, irrespective of the epidemic type or local context. Also, they often have legal and social issues related to their behaviours that increase their vulnerability to HIV. The key populations include men who have sex with men, sex workers, and transgender people.

Mandatory Reporting – The Lukautim Pikinini Act (2014) mandates certain persons in helping professionals (teachers, social workers, health staff, members of the clergy, police officers, etc.) to report actual or suspected child abuse.

Most at Risk Populations (MARPs) – Also known as Key Affected Populations. These are the populations that are at higher risk of being infected with or affected by HIV. It refers to persons who 1) use drugs, 2) engage in sex work, and 3) men who have sex with men.

National Family and Sexual Violence Action Committee (GBVAC) – A sectoral committee of the Consultative Implementation and Monitoring Council. The mandate of the GBVAC is to work towards

reducing the occurrence of and suffering caused by physical, sexual and psychological violence.

Perpetrator – The person who commits FSV/GBV against another person/s.

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

Procuring a Woman or Girl – Also known as ‘Pimping’. Coercing a female with money, or bribing her with some sort of promise or gift, or forcing her to have sex with another person, is a criminal activity. It does not matter if the sex or sexual act occurs in another country.

Provincial Referral Directory – A compilation of referral organisations and/or service providers in each province detailing contact information, as well as types of service provided, the population served and any eligibility criteria. If any particular documentation is required on intake, this should be detailed here. It is important for the Provincial Gender-based Violence Action Committee and/or Secretariat to update the Referral Directory on a regular basis to avoid giving survivors misinformation, which might put them at risk.

Psychological Violence – Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual or menacing nature, destruction of cherished items, etc.

Rape – The sexual penetration of a person without their consent.

Referral Pathway – A comprehensive institutional framework that connects various entities with well-defined and delineated (albeit in some cases overlapping) mandates, responsibilities and powers into a network of cooperation. The overall aim is to ensure the prevention of GBV, protection and assistance of survivors, to aid in their full recovery and empowerment, as well as the prosecution of perpetrators.

Refugee – Any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his or her nationality, and is unable to or, owing to such fear, is unwilling to avail him- or herself of the protection of that country (UN Refugee Convention 1951).

Relocation – A process whereby a service assists the survivor (and any dependent children) to move to an alternative location; possibly the survivor’s place of origin.

Repatriation – A process whereby a service assists the survivor, and any dependents, to return to the survivor’s place of origin. Ideally, at that place of origin, the survivor will have family able to provide supportive care once the repatriation has occurred. In order that the survivor is not completely dependent upon family, additional support should be provided by the service provider. (Repatriation should not be confused with Reintegration, described below.)

Reintegration – A process whereby, at the survivor’s request, a service assists the survivor to return to the place they moved from when escaping violence. When a survivor is reintegrated, a range of costs is involved, such as assisting access to housing, schooling, employment, etc.

Service Provider – A service provider is any individual or organisation, whether government or otherwise, that provides a service, resource or guidance to a survivor.

Sexual Assault/Touching – Involves ‘touching’ the sexual parts of another person without their permission. ‘Sexual parts’ include the genital area, groin, buttocks or breasts of a person. It also includes the touching of the sexual parts of a person with any part of the offender’s body, or with an object; and if the offender makes another person touch the offender’s sexual parts with any part of the other person’s body, or with an object. Contact can be made with these sexual parts using any part of the body, e.g. hands, feet, mouth, etc. (Criminal Code 2013).

Sexual Penetration – Introduction, to any extent, of a person’s penis, or an object, or any other part of his body (other than his penis) into the anus or mouth or vagina of another person, without that person’s consent. Both men and women can be victims of rape. Women can also be perpetrators of rape. Rape can also occur within a marriage, i.e. a spouse raping his or her spouse (Criminal Code 2013).

Sexual Penetration of a Child – A person is considered a ‘child’ if he or she is under the age of 16 years. Consent is not a defence in offences against children under the age of 16 years. An offence covers the sexual penetration of children of both sexes.

Aggravated Sexual Penetration of a Child – The law provides that where additional aggravating factors are present, the maximum penalty can be increased to life imprisonment. Aggravated factors include: the child was under the age of 12 years at the time of the alleged act of sexual penetration; the offender had an existing relationship with the child involving trust, authority or dependency; the abuse is found to be persistent; that is, the offender is found to have had sexual relations with the child on more than two occasions (Criminal Code 2013).

Sorcery – The Repealed Sorcery Act (1971) provides the following definition: ‘Sorcery includes what is known, in various languages and parts of the country, as witchcraft, magic, enchantment, puri puri, mura mura dikana, vada, mea mea, sanguma or malira, whether or not connected with or related to the supernatural.

Survivor – Refers to men and women, girls and boys, who have experienced FSV/GBV, directly or indirectly, or who are at imminent risk of experiencing FSV/GBV.

Torture – Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession; punishing him for an act he or a third person has committed or is suspected of having committed; or intimidating or coercing him or a third person, for any reason based on discrimination of any kind, when such pain or suffering is inflicted by, or at the instigation of, or with the consent or acquiescence of, a public official, or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in, or incidental to lawful sanctions (UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1984).

Sex Workers – Female, male or transgender adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. As defined in the Convention on the Rights of the Child, children and adolescents under the age of 18 who exchange sex for money, goods or favours are “sexually exploited” and not defined as sex workers.

Transgender – An umbrella term for people whose gender identity and expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth. The term includes people who are transsexual, transgender, or otherwise gender non-conforming. Transgender people may self-identify as transgender, female, male, transwoman or transman, or transsexual.

Trafficking – The recruitment, transportation, transfer, harbouring, or receipt of persons, by means of threat or use of force, or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or the abuse 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, as a minimum, the prostitution of others, or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Annex 3: Terms of Reference for GBV Human Rights Defenders

Gender-based Violence HRDs are volunteers who actively challenge accepted traditions, stereotypes, and socio-cultural norms that deny women their human rights and enforce a systematic and cyclical disadvantage. Community Referral and Mentoring Services GBV HRDs disseminate information to targeted communities on the provision of GBV specific services, provide safe, confidential support to survivors of GBV through case management, and advocate on their behalf.

KEY ROLES:

Outreach

- Works in close collaboration with the Provincial GBVAC to develop GBV awareness messages to communities.
- Delivers messages about GBV services in communities, using a variety of context-appropriate methods.
- Supports the Provincial GBVAC Secretariat and GBVAC in organizing awareness sessions in the community.
- Builds and maintains relationships with communities, including local leaders, community-based groups and other stakeholders.
- Adheres to the GBV guiding principles throughout all GBV outreach interventions. This includes ensuring confidentiality of survivors, and respect for their wishes and decisions.

Case Management

- Identifies cases of concern in the community, liaising directly with other service providers in the area (health, safe houses, legal providers, etc.).
- Assists in the development of services mapping and referral pathways for the community.
- Follow GBV guiding principles of respect, confidentiality, and safety/security and non-discrimination while providing services to GBV survivors.
- Serves as a focal point for the Provincial GBVAC Secretariat and the GBVAC service providers in specific communities.
- Conducts interviews and needs assessments and develops individual case management action plans, ensures implementation, referrals, follow up, and case closures (if and when appropriate) in a timely manner.
- Supports the updating of the GBV database by reporting new GBV cases and providing follow up information.
- Reports progress achieved and provides feedback on cases to the Provincial Family and Sexual Violence Action Committee Secretariat on a monthly basis.
- Participates in Multi-agency Case Conferences organised by the Provincial GBVAC Secretariat.
- Builds and maintains partnerships and collaboration with other GBV partners and relevant stakeholders.
- Identifies concerns related to and supporting adherence to GBV referral protocols and GBV guiding principles, and bring these concerns to the Provincial GBVAC Secretariat.

Skills and Competencies:

- Demonstrated commitment to women's empowerment and protection.
- History of being active in community sensitization or mobilization activities.
- Excellent listening and observation skills, including ability to create trust, support, and respect and to interact with survivors of all ages, backgrounds, and diversity.
- Demonstrated understanding of and ability to maintain confidentiality and respect for GBV survivors.
- Ability to keep records and write simple and basic reports of activities.
- Passionate, positive, and professional attitude.
- Strong ability to maintain composure and work in a difficult environment.



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Annex 4: Interview Form

Name:	Date of Birth:
Address:	Phone number, best time to contact:
Incident date:	Date of interview:
Are you reporting on behalf of someone else?	Who?
Perpetrator's name:	Relationship between perpetrator and survivor:
Description of what happened:	
IF THE SURVIVOR WAS RAPED, SEXUALLY ABUSED, OR HAS SUSTAINED SERIOUS INJURIES, OFFER TO REFER THE SURVIVOR TO MEDICAL SERVICES IMMEDIATELY. IF THE SURVIVOR WAS RAPED OR SEXUALLY ABUSED, ADVISE THE VICTIM NOT TO WASH.	
If domestic violence, are there children? If so, ages/names of children.	
Where are your children now?	
Do you believe they are at risk? From what?	
Who witnessed the incident?	
Do you have any injuries? Please describe your injuries:	
Have there been previous incidents? If yes, when and what happened?	
Outcome of interview (including referral):	

Annex 5: Risk Assessment Form

Name:	Date of Birth:
Address:	Phone number, best time to contact:
Incident date and time:	Incident place:
Short description of the incident:	
Perpetrator's name:	
Relationship to the survivor:	
Did you sustain any injuries?	
Have there been previous incidents? When?	
Have the number and seriousness of the incidents increased?	
Have you been threatened? With what? By whom?	
Were weapons involved?	
Were alcohol/drugs involved?	
Are you afraid? Of what or of whom?	
Where are you staying now?	
Does the perpetrator know where you are staying/living now?	
If domestic violence, are there children involved?	

What are their names, sex, and ages?

Where are the children now?

Has there been any violence towards the children?

Do you have any support from relatives? Who? What?

Do you want to hurt yourself?

Do you think you are at risk? Of what?

Outcome:

Annex 6: Confidentiality Form

I understand that all information that I provide to you today and in the future will remain confidential unless I give you permission to share it with others.

I give/do not give (delete as appropriate) permission to use anonymous information about me for the purpose of collecting data and research.

Name of survivor:	Name of HRD and organisation:
Signature:	Signature:
Date:	Date:
If consent was obtained by phone, indicate date and time:	
Signature of HRD and organisation:	

Agency/individual's name	Permission to share information	Date of agreement

Annex 7: Case Management Form

Unique Identifying Number (UIN):						Risk level assessed:			
Q1	Q2	Q3	Q4	Q5	Q6	☐ High ☐ Medium ☐ Low			
						Age (best guess if unknown):			
Date of initial interview:						Sex:			
						☐ Female ☐ Male ☐ Transgender ☐ Not disclosed			

Person in charge of this file:				
Date of contact (dd/mm/yy)	Person recording this contact	Contact with client, other agency	Type of contact (phone, person)	Notes (summary of conversation and outcome)
Date file closed:				

Annex 8: Referral Form

Name of person referring:	
Contact details:	
Date of referral:	
Survivor's name:	
DOB:	
Address:	
Phone number:	Best time to call:
Any children? Age/name:	Where do they live?
Perpetrator's name:	
Relationship with survivor:	
Address:	
Has a risk assessment been carried out? If so, what is the risk?	
Reasons for referral:	
Any other agencies involved? If so, which ones? Include name/contact details of person dealing with this case.	
Name and signature of person referring:	
Survivor agrees that I can follow up with your agency?	
☐ Yes ☐ No	

Annex 9: Case Closing Form

Unique Identifying Number (UIN):						Risk level assessed:				
Q1	Q2	Q3	Q4	Q5	Q6	☐ High	☐ Medium	☐ Low		
						Age (best guess if unknown):				
Date initial interview completed:						Sex:				
						☐ Female	☐ Male	☐ Transgender	☐ Not disclosed	

Contact details (if changed):
Best time to call/way to contact client:
Address (if changed):
Incident date:
Date file closed:
Reasons for closing the file:
Follow up requested/not requested (delete as appropriate) in six months:

Annex 10:

Sample Memorandum of Understanding

1. The parties:

The parties to this MoU are:

-
-

2. The purpose:

The purpose of this MoU is:

-
-

3. The roles of the parties

The roles of the parties who have signed this MoU are:

- List the role of each agency

4. Guidelines for each party (as needed, these are only a few examples):

- The parties agree to maintain confidentiality and only share information in accordance with this MoU.
- The parties will obtain consent from clients before sharing any information.
- All individuals employed by the parties who provide services within the context of this MoU must be trained and deal with GBV in a sensitive manner.
- The parties agree to provide the services as indicated above.
- The parties agree to cooperate with the other parties.
- Each party will nominate a focal point within its organisation who will be responsible for the implementation of the MoU.
- Each party will provide quarterly/yearly reports on its work.
- Each party will collect and share data as agreed with the other parties.
- Each party is committed to helping survivors of gender-based violence, without discrimination.
- Parties cannot speak to the media in relation to the MoU or any substantive work falling under this MoU, unless by common agreement with the other parties.

5. Confidentiality:

The parties agree not to share or disclose information unless consent to do so is expressly given by the survivors.

The parties must use relevant and appropriate security measures to ensure that the information they have is kept securely, including, for example, keeping all files in locked cabinets.

6. Governance:

The _____ (depending on your purpose) will be managed by a committee/an individual, etc.

The role of this committee/individual is _____.

If a committee, set out the membership of the committee, number of times they meet, how chairperson will be chosen, for how long, reporting mechanisms, decision-making process, etc.

If an individual, set out how they will be chosen, for how long, what their duties are, reporting, decision-making powers, etc.

7. Monitoring and review of this MoU:

The parties agree to review this MoU six (6) months after its signature, including to decide if any aspect of it should be changed.

The parties agree to collect information for the purpose of gathering data on GBV, its impact, and the work being done under this MoU.

All changes to this MoU must be agreed by all parties.

8. Entry into force

The MoU will enter into force on signature by all parties and for an initial period of one (1) year. It can thereafter be extended by the parties by agreement.

Any party can withdraw from this MoU by giving _____ months notice.

9. Signatures and date of signing

Annex 11: National Government

The provincial NCD GBV Strategy is in line with the National Strategy to prevent and Respond to Gender-based Violence in Papua New Guinea. The Strategy established a new national body – the National GBV Secretariat under the Department for Community Development. Through the developed governance system to address GBV it is envisioned that the data reported and collected by HRDs in the communities, through the provincial government GBVAC Secretariats, will provide national government a better picture of the realities and scale of gender-based violence in the country. The data improves government’s programming of prevention and response efforts and increases leverage for fundraising and resource mobilization. Through the Safe Cities Programme, UN Women supported the NCD GBVAC Secretariat to build the capacity of HRDs and CRAMS networks in Port Moresby.

Resources and Additional Reading

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