



**INTER-AGENCY EMERGENCY
STANDARD OPERATING
PROCEDURES FOR
PREVENTION OF AND
RESPONSE TO
GENDER-BASED VIOLENCE
and
CHILD PROTECTION
IN JORDAN**



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The Inter-Agency Emergency Standard Operating Procedures for Prevention of and Response to Gender-Based Violence and Child Protection in Jordan was developed under the umbrella of the National Council for Family Affairs (NCFA), the Child Protection and GBV sub-Working Groups. The development of the SOP was led by the SOP Task Force composed by Save the Children, UNHCR, UNICEF, UNFPA and NCFA. The document is the result of extensive consultations with national and international stakeholders involving over 40 ministries, institutions and organizations. The SOP Taskforce sincerely thanks all those involved in the production of these procedures.



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[INTRODUCTION]

The purpose and scope of the Inter-Agency Standard Operating Procedures (SOPs)

These Inter-Agency Emergency Standing Operating Procedures (SOPs) describe guiding principles, procedures, roles and responsibilities in the prevention of and response to gender-based violence (GBV) and in child protection (CP) for those affected by the Syrian crisis living in urban contexts, camps and/or other settlements/collective centers. The SOPs have a focus on Syrian refugees, but include information on services for other refugees or the host population where available. Building on best national practices, they have been developed through an inter-agency consultative process with Jordanian governmental partners, UN agencies and national and international civil society actors working in GBV, CP and other key sectors (see signatory page for organizations who endorse the SOPs).

The SOPs detail the minimum procedures for prevention and response to GBV and for CP. They also present more comprehensive prevention and response interventions. They indicate which organizations and/or institutions are responsible for actions in the four main response sectors - health, psychosocial support, law/justice and security. They are designed to be used together with existing resources related to prevention and response to GBV and CP.

CHAPTER 1:

DEFINITIONS AND TERMS

1.1 | DEFINITIONS SPECIFIC TO GENDER-BASED VIOLENCE

Gender: Refers to the social differences between men and women that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures.¹

Gender-based violence (GBV): GBV is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females.

The nature and extent of specific types of GBV vary across cultures, countries, and regions.²

The following table provides definitions of terms used in the Jordanian framework, drawing on both international and national sources:

GBVIMS³ Definitions

Sexual Violence: The GBV IMS does not define sexual violence as one of the core types of GBV, but rather, as a category that encompasses rape and sexual assault.

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

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

National Definitions

Sexual Assault: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion.

This includes **Child Sexual Abuse**, which involves forcing, or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, or non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, or encouraging children to behave in sexually inappropriate ways. (From the National Framework for Family Protection).

Rape: Rape is intercourse with a female, other than the wife of the alleged offender, where force of one kind or another is used. (The crime of rape is defined in Articles 292, 293, 294, 295, 300 and 301 of the Penal Code).

Indecent Assault: Is an indecent and immoral act committed against someone's body or honor. The act of indecent assault is not specific to a particular part(s) of a person's body, but includes touching any part of the body that is considered private, and in a manner that brings shame to that person. (The Penal Code refers to these crimes in Articles 296 to 301).

1. IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings. IASC. 2005.

2. Ibid

3. The Gender-Based Violence Information Management System (GBVIMS) is an initiative that enables humanitarian actors responding to incidents of GBV to effectively and safely collect, store, analyze and share data reported by GBV survivors.

GBVIMS Definitions

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

Forced Marriage: The marriage of an individual against her or his will. This also includes “early marriage” which is any marriage under the age of 18.

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. Reports of general poverty should not be recorded.

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

National Definitions

Physical Violence: Intentional use of physical force whether by threatening or actual use of it against the person himself or any other person in the family, and which may lead to a physical injury, not limited to the family members, punching, biting, burning or other ways of harming. (From the National Framework for Family Protection).

Assault: The Penal Code defines a number of circumstances that amount to the crime of assault (Articles 333 to 338 of the Penal Code).

The legal age of **marriage** in Jordan is set at 18 years, according to Article 36 of the Personal Status Law, 2010.

Socio-economic Violence: This is characterized by the use of financial power to create financial dependency by the perpetrator on the victim. The perpetrator maintains the relationship by the threat of child of his/her right in education and family care. It also includes depriving women of their basic rights, such as education and work, and depriving the withdrawal of financial support to the victim. (From the National Framework for Family Protection).

Encouraging Prostitution: The Penal Code defines a number of crimes related to the encouragement of a woman to engage in prostitution in addition to controlling and benefiting from this woman’s activities as a prostitute. (The specific offences are defined in Articles 309 to 318 of the Penal Code).

Psychological Violence: Severe psychological or emotional pain, or harassment. This includes, although is not restricted to, verbal attack, humiliation, insults, unacceptable photographing, harassment, and isolating vulnerable adults (e.g. the elderly) from their family and friends. (From the National Framework for Family Protection).

Emotional Violence: Emotional abuse is characterized by any actions or omissions that lead to a reduction in the individual’s capacity to fully function socially. For example, rejection, demeaning the individual, damages the individual’s self esteem, making unrealistic demands, intimidation or creating unrealistic expectations. (From the National Framework for Family Protection).

GBVIMS Definitions

Domestic Violence/Intimate Partner Violence:

The GBV IMS does not define this kind of violence as one of the core types of GBV. It is, however, defined by the relationship between perpetrator and survivor and may include multiple forms of violence (rape, sexual assault, physical assault, psychological/emotional abuse).

National Definitions

Violence in the Family: Abuse that occurs between family members or adult intimate partners/spouse. It includes acts that are physically, psychologically, and emotionally harmful or that carry the potential to cause physical, psychological and emotional harm. It also includes sexual assaults, physical intimidation, threats to kill or to harm, restraint of normal activities or freedom, and denial of access to resources. (From the National Framework for Family Protection).

Article 5 of the family Protection Law defines violence in the family as “any offence not classified as felony, which is committed by a family member against another.”

1.2 | DEFINITIONS SPECIFIC TO CHILD PROTECTION⁴

- **Child:** any person under the age of 18, unless under the (national) law applicable to the child, majority is attained earlier.⁵
- **Child protection:** the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies.⁶
- **Children without parent/caregiver care:** all children not living in the overnight care of at least one of their parents/caregivers, for whatever reason and under whatever circumstances. Children without parent/caregiver who are outside their country of habitual residence or victims of emergency situations may be designated as unaccompanied or separated.
- **Unaccompanied child:** a child who has been separated from both parents/caregivers and relatives and who is not being cared for by an adult who, by law or custom, is responsible for doing so. This means that a child may be completely without adult care, or may be cared for by someone not related or known to the child, or not their usual caregiver e.g. a neighbour, another child under 18, or a stranger.
- **Separated child:** a child who is separated from both parents/caregivers or from his/her previous legal or customary primary caregiver, but not necessarily from other relatives.
- **Orphan:** an orphan is a child, both of whose parents/caregivers are known to be dead. In some countries, however, an orphan is defined as a child who has lost one parent/caregiver.
- **Abuse:** child abuse is a deliberate act of ill treatment or omission that can harm or is likely to cause harm to a child’s safety, wellbeing, dignity and development. Abuse includes all forms of physical, sexual, psychological or emotional ill treatment and results in harm: Harm can take many forms, including impacts on children’s physical, emotional and behavioural development, their general health, family and social relationships, self-esteem, educational attainment and aspirations for the future.

4. International child protection definitions do not differ from those used in the Jordanian framework, so only one set of definitions is given.

5. Convention on the Rights of the Child, or CRC, Article 1, 1989.

6. Global CPWG definition: www.cpwg.net.

- **Physical abuse:** the use of physical force to cause actual or likely physical injury or suffering (e.g. hitting, shaking, burning, torture, stoning, etc.). Physical abuse can take place in the home, the community and in schools.
- **Emotional abuse:** emotional or psychological abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development and psychosocial wellbeing. It includes humiliating and degrading treatment (e.g. name-calling, constant criticism, belittling, persistent shaming, confinement and limiting social interaction).
- **Violence:** the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, which either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity. This can also include self-inflicted violence, such as self-harm or suicide.
- **Neglect:** persistently failing to provide for, or secure for a child, their basic physical, developmental or psychological needs, whether deliberately, or through carelessness or negligence. Neglect is sometimes called the 'passive' form of abuse, as it relates to the failure to carry out some key aspects of care and protection resulting in the impairment of the child's health or development. It may include unresponsiveness to meet the child's most basic emotional needs. Neglect does not include situations of poverty, where a parent/caregiver cannot afford to provide for their child but is trying to do so.
- **Alternative care:** care that is provided when the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child. It may take the form of informal or formal care, including kinship care, foster care, other forms of family-based or family-like care placements, residential care, or supervised independent living arrangements.
- **Child's guardian:** a person who has been formally recognized under national law as responsible for looking after a child's interest when the parent/caregiver of the child do not have parent/caregiver responsibility over him or her or have died.
- **Child labor:** any work performed by a child which is detrimental to his or her health, education, physical, mental, spiritual, moral, physical or social development. The concept of child labor is based on the ILO Minimum Age Convention (No.138), which represents the most authoritative international definition of minimum age of admission to employment or work. In Jordan the minimum age for employment is 16.
- **Worst forms of child labor:** these include slavery; prostitution and pornography; illicit activities; and work likely to harm children's health, safety or morals, as defined in ILO Convention No. 182. The worst forms of child labor are prohibited for all children under the age of 18, even those who have reached the legal working age of 16.
- **Children associated with armed groups or forces (CAAFAG):** any person below 18 years of age who is or who has been recruited or used by an armed forces (government military or other security forces) or armed (opposition) groups in any capacity, including but not limited to children (boys and girls) used as fighters, cooks, porters, messengers, spies or for sexual purposes. This includes children who provide information to armed groups or forces, who distribute pamphlets on behalf of these groups/forces, or who transport material or work as mechanics. It does not include children who show support for either the opposition or government forces without any instruction from or agreement from members of armed groups (e.g. through participation in demonstrations, throwing stones or writing slogans on walls).

- **Trafficking:** recruiting, transporting, transferring, harboring or receiving a person through the use of force, coercion or other means, for the purpose of exploiting them. For example, a child has been trafficked, if he or she has been moved within a country or across borders, whether by force or not, with the purpose of exploiting the child.
- **Child survivor:** a person under the age of 18 who has experienced any form of violence, especially gender-based violence.
- **Children in conflict with the law:** children who come into conflict with the justice system as a result of being suspected, accused or convicted of an offence.
- **Children in contact with the law:** is the general term for all children in contact with the justice system. This includes children in conflict with the law and child victims or witnesses.
- **Juvenile:** a child who, under the respective legal system, may be dealt with in relation to an offence in a manner which is different from an adult. In Jordan Juvenile Law Number 24, 1968, a juvenile is a child of 7 to under 18 years of age.
- **Justice for children:** efforts to protect the rights of children who come into contact with the justice system, as victims, witnesses or alleged offenders of a crime, or as parties or beneficiaries of other legal proceedings. Whereas the term generally comprises all criminal, civil or administrative proceedings, it is used here with regards to children in conflict with the law and victims and witnesses of offences against criminal or other laws.
- **Best interest of the child:** broadly describes the wellbeing of a child. Wellbeing is determined by a variety of individual circumstances, such as the age, the level of maturity of the child, the presence or absence of parents/caregivers, the child's environment and experiences. (For ways to determine the best interest of the child, see the UNHCR Guidelines on Determining the Best Interests of the Child, 2008).

1.3 OTHER RELEVANT DEFINITIONS AND TERMS

- **Actor(s):** individuals, groups, organizations, and institutions involved in preventing and responding to gender-based violence. Actors may be refugees, local populations, employees, or volunteers of UN agencies, NGOs, host government institutions, donors, and other members of the international community.⁷
- **Arrest, threat of refoulement or need for bailing:** any cases where a person is arrested or threatened with arrest, any threat of repatriation (that is, non-voluntary return to country of origin) or any case that needs to be bailed due to vulnerability.
- **Community:** the term used to refer to populations affected by an emergency including refugees and host populations.
- **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. There are limits to confidentiality while working with children.⁸

7. IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings. IASC. 2005.

8. Caring for Child Survivors of Sexual Abuse. IRC/UNICEF. 2012.

- **Disability:** is 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.⁹ According to the Jordanian Law on the Rights of Persons with Disabilities, a person with a disability is defined as: “any person suffering from a permanent, partial or total impairment affecting any of their senses or their physical, psychological or mental capabilities, to an extent that undermines their ability to learn, work, or be rehabilitated and in a way which renders their unable to meet her/his normal day-to-day requirements under circumstances similar to those of non-disabled persons”.¹⁰
- **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 typically responsible for giving consent for their child to receive services until the child reaches 18 years of age. In Jordan, adolescents 16 years and above are also legally able to provide consent in lieu of their parents/caregivers.¹¹
- **Informed assent:** the expressed willingness to participate in services. For younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child’s “informed assent” is sought. Informed assent is the expressed willingness of the child to participate in services.¹²
- **Mandatory reporting:** state laws which mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected child abuse (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse).¹³
- **Perpetrator:** Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against his/her will.¹⁴
- **Psychosocial support:** support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder.¹⁵
- **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 nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country.¹⁶
- **Survivor/victim:** person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably. In Jordan “victim” is a term often used in the social and medical sectors. “Survivor” is the term generally preferred in the psychological and social support sectors because it implies resiliency (see IASC GBV Guidelines). The term “victim” is defined by the National Framework for Family Protection as “the person or persons exposed to violence in the family, either directly or indirectly.”
- **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, or 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.¹⁷

9. Preamble of the United National Convention on the Rights of Persons with Disabilities. 2006.

10. Article 2 of the Law on the Rights of Persons with Disabilities. 2007.

11. Caring for Child Survivors of Sexual Abuse. IRC/UNICEF. 2012.

12. Ibid

13. Ibid

14. IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings. IASC. 2005.

15. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. IASC. 2007.

16. UN Refugee Convention, Article.1, 1951.

17. UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.1984.

CHAPTER 2:

GUIDING PRINCIPLES

All actors agree to extend the fullest cooperation and assistance to each other in preventing and responding to GBV and child protection and agree to adhere to the following set of guiding principles:

2.1 | GUIDING PRINCIPLES FOR ALL ACTIONS

2.1.1 GBV guiding principles for all actions¹⁸

- Understand and adhere to the ethical and safety recommendations in the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies (WHO 2007);
- Extend the fullest cooperation and assistance between organizations and institutions in preventing and responding to GBV. This includes sharing situation analysis and assessment information to avoid duplication and maximize a shared understanding of the situation;
- Establish and maintain carefully coordinated multi-sectoral and inter-organizational interventions for GBV prevention and response;
- Engage the community fully in understanding and promoting gender equality and power relations that protect and respect the rights of women and girls;
- Ensure equal and active participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory methods;
- Integrate and mainstream GBV interventions into all programmes and all sectors;
- Ensure accountability at all levels; and
- All staff and volunteers involved in prevention of and response to GBV, including interpreters and refugee incentive staff, should understand and sign a code of conduct or similar document setting out the same standards of conduct (see Annex V: Sample Sexual Exploitation and Abuse Code of Conduct).

2.1.2 Child protection guiding principles for all actions

- **Avoid exposing people to further harm as a result of your actions:**¹⁹
 - Before introducing new interventions, find out how the issues to be addressed were handled previously by children, families, the communities and the authorities;
 - Gain a full understanding of the expected behaviours and social norms for girls and boys of different ages, and take these into account when planning interventions;
 - Promote meaningful and safe child participation in programme planning and evaluation so that the views and interests of children, as well as those of adults, can be determined;
 - Avoid restricting services and benefits to specific categories of children or families, e.g., separated children;
 - When dealing with sensitive issues, guarantee confidentiality and informed consent and ensure that interventions are carefully planned to respect privacy;
 - Set up and adhere to child safeguarding protocols, including procedures for reporting and addressing suspected infringements.

18. Adapted from: GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide). 2008. IASC Sub Working Group on Gender & Humanitarian Action.

19. Minimum Standards for Child Protection in Humanitarian Settings. Global Child Protection Working Group.2012.

- **Ensure people's access to impartial assistance:**
 - Ensure that humanitarian assistance is available to all those in need;
 - Ensure that assistance is provided without discrimination and is not withheld from children in need or their families and caregivers, and access for humanitarian agencies is provided as necessary to meet the standards;
 - Child protection interventions need to use innovative and creative ways to reach these children who are often those most in need for protection;
 - Child protection workers need to respond quickly when patterns or cases of discrimination or exclusion are identified.

- **Protect people from physical and psychological harm arising from violence and coercion:**
 - Ensure children are protected from violence, from being forced or induced to act against their will and from fear of such abuse;
 - All child protection responses should seek to make children more secure, facilitate children's and families' own efforts to stay safe, and reduce children's exposure to risks.

- **Assist people to claim their rights, access available remedies and recover from the effects of abuse/violence:**
 - Ensure that children are assisted to claim their rights through information, documentation and assistance in seeking remedies;
 - Ensure children are supported appropriately in recovering from the physical, psychological and social effects of violence and other abuses;
 - Child protection workers and other humanitarians must ensure that wherever possible, interventions support children in claiming their own rights, and support others such as parents/caregivers and carers in claiming children's rights on their behalf.

- **Strengthen child protection systems:**
 - Identify and build on existing capacities and structures;
 - Avoid the creation of parallel structures, such as agency-based staff that replace or bypass government or community employed social workers;
 - Build the capacity of national and state-level authorities as well as civil society;
 - Ensure and systemize representative participation of the community, including meaningful participation of children in analysis, planning, and evaluations;
 - Link and coordinate with others working on child protection and related issues;
 - Prioritize local ownership of child protection interventions wherever possible;
 - Engage early on with development actors and processes to plan the transition to the post-emergency phase, if appropriate.

- **Strengthen children's resilience in humanitarian action:**
 - Ensure that child protection programming strengthens protective factors that reinforce children's resilience, and deal with those that expose children to risks;
 - Ensure that programmes are accessible to all children and that they build on and reinforce children's skills and strengths;
 - Ensure that programmes involve those close to children, and reinforce supportive relationships between children, their parents/caregivers, caregivers, peers and other important people;
 - Ensure that programmes strengthen the structures, practices and services that help to protect children in the community;
 - Ensure that programmes take into account the social and legal norms that influence children's lives and circumstances;
 - Ensure that programmes tie all of the above elements together and take a consistent approach.

2.2 | GUIDING PRINCIPLES FOR WORKING WITH SURVIVORS²⁰

- **Ensure the safety of the survivor(s) and their families at all times.**
- **Respect the confidentiality of the affected person(s) and their families at all times:**
 - If the survivor gives his/her informed and specific consent, share only pertinent and relevant information with others for the purpose of helping the survivor, such as referring for services. This should be guided by the GBV referral information-sharing agreement for non-identifiable information to access services;
 - All written information about survivors must be kept in secure, locked files.
- **Respect the wishes, choices, rights, and dignity of the survivor:**
 - Consult the survivor on where he/she wishes to seek help and respect his/her wishes. Do not push, suggest or otherwise guide his/her in any specific direction;
 - Conduct interviews in private settings;
 - Conduct interviews and examinations with staff of the same sex of the survivor or as preferred by the survivor, including translators.
 - Be respectful and maintain a non-judgmental manner. Do not laugh or show any disrespect for the individual, or his/her culture, family, or situation;
 - Be patient; do not press for more information if the survivor is not ready to speak about his/her experience;
 - Ask only relevant questions. (For example, the status of the virginity of the survivor is not relevant and should not be discussed);
 - Avoid requiring the survivor to repeat the story in multiple interviews.
- **Ensure non-discrimination in all interactions with survivors and in all service provision.**

2.2.1 Guiding principles for working with persons with disabilities²¹

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- Non-discrimination;
- Full and effective participation and inclusion in society;
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women;
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

SPHERE standards identify **the rights of all persons to receive humanitarian assistance** as a necessary element of the right to life with dignity. This encompasses the right to an adequate standard of living, including adequate food, water, clothing, shelter and the requirements for good health, which are expressly guaranteed in international law. The Sphere core standards and minimum standards reflect these rights and give practical expression to them, specifically in relation to the provision of assistance to those affected by disaster or conflict. Any such assistance must be provided according to the principles of **impartiality and non-discrimination**: noting that no one should be discriminated against on any grounds of status, including disability.²²

20. Adapted from: GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide). 2008. IASC Sub Working Group on Gender & Humanitarian Action.

21. General Principles of the United National Convention on the Rights of Persons with Disabilities. 2006.

22. SPHERE 2011.

2.2.2 Guiding principles specific to working with child survivors²³

- **Promote the child's best interest:** A child's best interest is central to good care. A primary consideration for children is securing their physical and emotional safety—in other words, the child's wellbeing—throughout their care and treatment. Service providers must evaluate the positive and negative consequences of actions with participation from the child and his/her caregivers (as appropriate). The least harmful course of action is always preferred. All actions should ensure that children's rights to safety and ongoing development are never compromised.
- **Ensure the safety of the child:** Ensuring the physical and emotional safety of children is critical during care and treatment. All case actions taken on behalf of a child must safeguard a child's physical and emotional wellbeing in the short and long terms.
- **Comfort the child:** Children who disclose sexual abuse require comfort, encouragement and support from service providers. This means that service providers are trained in how to handle the disclosure of sexual abuse appropriately. Service providers should believe children who disclose sexual abuse and never blame them in any way for the sexual abuse they have experienced. A fundamental responsibility of service providers is to make children feel safe and cared for as they receive services.
- **Ensure appropriate confidentiality:** Information about a child's experience of abuse should be collected, used, shared and stored in a confidential manner. This means ensuring 1) the confidential collection of information during interviews; 2) that sharing information happens in line with local laws and policies and on a need-to-know basis, and only after obtaining permission from the child and/or caregiver; 3) and that case information is stored securely. In some places where service providers are required under local law to report child abuse to the local authorities, mandatory reporting procedures should be communicated to the children and their caregivers at the beginning of service delivery. In situations where a child's health or safety is at risk, limits to confidentiality exist in order to protect the child.
- **Involve the child in decision-making:** Children have the right to participate in decisions that have implications in their lives. The level of a child's participation in decision-making should be appropriate to the child's level of maturity and age. Listening to children's ideas and opinions should not interfere with caregivers' rights and responsibilities to express their views on matters affecting their children. While service providers may not always be able to follow the child's wishes (based on best interest considerations), they should always empower and support children and deal with them in a transparent/caregiver manner with maximum respect. In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child.
- **Treat every child fairly and equally (principle of non-discrimination and inclusiveness):** All children should be offered the same high-quality care and treatment, regardless of their race, religion, gender, family situation or the status of their caregivers, cultural background, financial situation, or unique abilities or disabilities, thereby giving them opportunities to reach their maximum potential. No child should be treated unfairly for any reason.
- **Strengthen children's resiliencies:** Each child has unique capacities and strengths and possesses the capacity to heal. It is the responsibility of service providers to identify and build upon the child and family's natural strengths as part of the recovery and healing process. Factors which promote children's resilience should be identified and built upon during service provision. Children who have caring relationships and opportunities for meaningful participation in family and community life and who see themselves as strong will be more likely to recover and heal from abuse.

23. Caring for Child Survivors of Sexual Abuse. UNICEF/IRC.2012.

2.2.3 Guiding principles for working with children with disabilities²⁴

- States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
- In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
- States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

All actors who may interview or have direct contact with survivors will be familiar with the guiding principles and put them into practice. These actors will also be aware of their responsibility to listen carefully and give information and are trained on basic survivor-centered approaches.

24. Article 7, UN Convention on the Rights of Persons with Disabilities. 2006.

CHAPTER 3:

CASE MANAGEMENT, REPORTING, AND REFERRAL MECHANISMS

3.1 OVERVIEW OF CASE MANAGEMENT PROCESS AND RESPONSIBILITIES

Case management is a collative, multidisciplinary process promoting quality and effective outcomes through communication and the provision of appropriate resources to meet an individual's needs.²⁵ These processes include assessment, planning, implementation, coordination, monitoring and evaluation of options and services. The goal of case management is to empower the survivor/child and, where appropriate their caregiver, by giving her/him increased awareness of choices they have in dealing with the problem, and assisting her/him to make informed decisions about what to do about the problem. Case management ensures that the survivor/child is involved in all aspects of the planning and service delivery. A case management approach is useful for persons with complex and multiple needs who seek access to services from a range of service providers, organizations and groups.

The basic principles that underpin case management include:

- Ensuring the survivor/child is the primary actor in case management;
- Empowering the survivor/child and ensuring that he/she is involved in all aspects of the planning and service delivery;
- Respecting the wishes, the rights, dignity needs and capacity of the survivor/child;
- Providing emotional support by demonstrating a caring attitude towards the survivor/child;
- Providing information to the survivor/child to allow him/her make informed choices about services requested;
- Listening and establishing rapport and a trusting relationship, which creates a supportive environment in which the survivor/child can begin to heal;
- Ensuring confidentiality which is critical to protecting the survivor's/child's safety and security and to prevent misuse of information;
- Ensuring non-discrimination by treating every survivor/child in a dignified manner irrespective of his/her sex, background, race, ethnicity or circumstances of the incident(s);
- Obtaining informed consent from the survivor/child prior to sharing any information.

Case managers must have the skills to manage cases in line with the above principles, an understanding of their roles and responsibilities, and an ability to handle difficult situations professionally and with cultural sensitivity.

The steps of case management are:

- Identification;
- Initial assessment;
- Initial response and intervention (also known as case planning and implementation);
- Follow-up, review (sometimes including a case conference) and closure;
- Service evaluation.

The case management flowchart summarizes the basic steps of the process (See Annex XIII).

Case management agencies are responsible for assessing CP and GBV cases and providing full case management services including:

- Establishing rapport and developing a trusting relationship that creates a supportive environment in which the survivor/child can begin to heal;
- Being the contact point for needs assessment and follow up;
- Providing and coordinating services and follow-up of service provision.

25. GBV Emergency Response and Preparedness. Participant Handbook. IRC.

3.2 | GBV CASE MANAGEMENT ²⁶

As mentioned above, the goal of case management for GBV survivors is to empower him/her by giving increased awareness of choices and support in taking informed decisions, raising awareness of the services that are available. Case management for GBV survivors is focused primarily on meeting the survivor's health, safety, psychosocial and legal needs following the incident(s).

Case management for GBV cases is provided by the agencies listed in the table below. These agencies will assess any GBV case they receive or that is referred to them for support, including GBV cases involving children. The basis for case management is the coded GBV IMS Inter-Agency Psychosocial Intake and Assessment Form (see Annex I) and for child survivors the Inter-Agency Best Interest Assessment (BIA) Form (See Annex VII) which is completed by the case manager upon receiving a GBV case.

Throughout the process, the case manager and the agency ensure that:

- All paper documentation is stored in its own individual file and is coded;
- All referrals and case information shared by email should be password protected to access documents and computers;
- Confidentiality and safety of information is maintained. Original copies of completed initial intake forms and consent forms should be filed in the respective offices in lockable cabinets. All forms with identifying information including consent forms are kept separate from intake forms, which are coded and include details of the incident. Completed intake forms should never be transferred or shared between agencies to maintain the safety, security and confidentiality of information;
- All paper files are kept in a secure place in a lockable cabinet. Rooms containing paper and electronic information must be locked securely when staff leaves the room. All staff should be aware of the importance of being vigilant as to who is entering the room where they work and for what purpose.

Case management for GBV child survivors requires caseworkers to have specialized knowledge and skills in working with children. Caseworkers should follow the standard case management steps used with adult survivors, but adapted to meet children's needs. When dealing with child survivors of sexual abuse²⁷, caseworkers should be able to:

- Apply technical understanding of sexual abuse to educate and support children and families throughout the case management process;
- Apply appropriate child-friendly skills through case management process (see section 3.3 on child protection case management below);
- Adapt case management steps and procedures for child survivors. This includes:
 - Observing the guiding principles for working with child survivors;
 - Following informed consent/assent procedures (see section 3.3.3 on informed consent for children and section 3.2.4 on mandatory reporting);
 - Assessing a child survivor's immediate health, safety, psychosocial and legal/justice needs and using crisis intervention to mobilize early intervention services that ensure the child's health and safety;
 - Conducting ongoing child safety assessments in the family and other social contexts after disclosure of abuse;
 - Taking decisive and appropriate action when a child needs protection;
 - Proactively engaging any non-offending caregivers throughout case management;
 - Knowledge of child-friendly service providers and making appropriate referrals (see Annex XVIII: GBV referral pathways);
 - Interact appropriately with children with disabilities and their caregivers, including caregivers with disabilities, and present information in a manner that they can understand.

26. Adapted from: GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide). 2008. IASC Sub Working Group on Gender & Humanitarian Action.

27. Caring for Child Survivors of Sexual Abuse. IRC/UNICEF. 2012.

Organization

Case Management

IRC	.....	Adult and child survivors
JWU/UPP	.....	Adult survivors
IMC	.....	Child survivors
JRF	.....	Child survivors
IFH	.....	Adult survivors
UNHCR	.....	Adult and child survivors

3.2.1 GBV Disclosure: Roles and responsibilities

A survivor has the freedom and the right to disclose an incident to anyone. He/she may disclose his/her experience to a trusted family member or friend. He/she may seek help from an individual or organization in the community. Any service provider contacted by a survivor who then discloses an incident has a responsibility to give honest and accurate information about services available; to give a reasonable time period within which services can be expected; and the consequences (pros and cons) of accessing and particular service.

Disclosure: General Service Providers

- All actors coming into contact with GBV survivors are responsible for knowing the GBV referral pathways and the forms of assistance that are available. The appropriate referral pathway for GBV response is shown in Annex XVIII;
- **Non-specialized actors should not interview survivors or respond directly;**
- The wishes of the survivor must always be respected as to where or with whom to seek help. He/she should not be urged into a particular course of action;
- **Non-specialized actors should ask the survivor's consent to contact a primary focal point on the GBV referral pathway and facilitate the contact between service provider and survivor. If a survivor consents to share their information, the referral should be made using the coded Inter-Agency GBV Referral Form (see Annex III);**
- All information should be kept confidential, even if family or community members request feedback on support given.

Disclosure and Initial Assessment: GBV Specialized Service Providers

Specialized actors include medical services or case management organizations specialized in dealing with GBV cases (see Annex XVIII: GBV Referral Pathways). Specialized actors can receive cases either through disclosure from survivors or through referral from other actors. All specialized service providers should ensure that:

- Frontline services are accessible, safe, private, confidential and trustworthy. Survivors are more likely to come forward to seek help and report a GBV incident under such conditions;
- Trained female and male personnel are available;
- Throughout the entire process survivor is treated in respectful and non-judgmental manner;
- The survivor accessing services is comfortable. Ask if he/she have someone they trust and is supportive and who will wait with him/her, with their permission;
- Once the survivor is comfortable and has given her/his informed consent, determine together with survivor her/his immediate needs;
- Initial emotional support and information about the support options (medical, psychosocial, legal, safety security) is provided. Benefits and consequences of such support are discussed. Survivors should give their permission before any organization is contacted;

- **The importance of receiving medical attention as soon as possible after an incident of sexual violence is explained to the survivor to prevent sexually transmitted diseases, HIV/AIDS and unwanted pregnancy;**
- Needs, dangers and strengths are assessed collectively with the survivor;
- An action plan and/or a safety plan (including social support and services) are established together with the survivor addressing the survivor's needs. If the survivor is in imminent danger, **develop a safety plan** based on the best interest of the survivor to maximize her/his safety. (See section 4.1.3. on security/safety response); The GBVIMS Psychosocial Intake and Assessment Form, the BIA Form and the GBV IMS Consent Form (see Annexes I, VI and VII) are completed only after having discussed all options with the survivor and agreed an individual plan. All case managers must be trained on survivor-centered approaches and must use the GBVIMS Psychosocial Intake and Assessment Form appropriately;
- Informed consent is obtained before any intervention and referral (see section 3.2.3 below on informed consent);
- The number of people informed of the incident and the information shared is limited. Identifying information about a survivor should never be shared in meetings and individual cases should never be discussed;
- Appropriate interaction with persons with disabilities and their family members.

3.2.2 Informed consent and information sharing

Sharing any information about a GBV incident can have serious and potentially life threatening consequences for the survivor and those helping her/him. Great care is therefore needed in managing information:

- After disclosing information, the GBV survivor has the right to control how information about his/her case is shared with other agencies or individuals;
- The survivor must be made aware of **any risks or implications of sharing information about her/his situation;**
- **The survivor has the right to place limitations on the type(s) of information to be shared, and to specify which organizations can and cannot be given the information.** He/she must also understand and consent to the sharing of non-identifying data about her/his case for data collection and security monitoring purposes. Sharing of information between agencies should be guided by the Inter-Agency GBV Referral Information-Sharing Protocol (see Annex XIV);
- If a survivor agrees and requests referrals, she/he must give **informed consent** before any information is shared with others. Before an agency shares any information about a case, or makes any referral, the survivor should be given honest and complete information about possible referrals and their implications. This will enable the survivor to make an informed decision on how or if information is shared;
- The GBVIMS Psychosocial Intake and Assessment Form, the Inter-Agency BIA Form and the GBV IMS Medical Intake and Assessment Form (Annexes I, VII and II) include a consent form (Annexes IV and VI) to be signed by the survivors. This gives options, with the consent of the survivor, of (i) sharing information with selected agencies according to his/her needs and wishes and (ii) sharing non-identifiable information for monitoring and data collection purposes;
- Confidentiality and informed consent should always be given priority, except in **very exceptional circumstances:**
 - when a survivor threatens his/her own life;²⁸
 - when a survivor threatens to seriously harm another person;
 - when child abuse or neglect is suspected and it is in best interest of the child;
 - when mandatory reporting rules apply.

28. Confidentiality should only be broken when there are indications that the person is planning to take their own life. Suicidal thoughts can be common among survivors of violence and are by themselves not sufficient to indicate that the person is planning to take their own life. If in doubt, case managers should consult a mental health professional. In all cases when a person reports thoughts of suicide they should be counseled on available mental health services.

If the survivor is a child, the best interest of the child should always be given priority. The case manager should consult with his/her supervisor and/or consult with other relevant actors in a case conference before taking any decision in this regard. Note that the potential harm caused by non-disclosure of the confidential information should be weighed against the potential harm caused by disclosure of the information.

To ensure consent is informed, service providers must explain:

- all the options that are available;
- that information (as agreed with the survivor) will be shared with others in order to access other services;
- exactly what is going to happen as a result of accepting other services;
- the benefits and risks of the service;
- that survivors have a right to decline or refuse any part of the service;
- the limits to confidentiality;
- information in such a way that persons with disabilities understand it, using alternate means of communication (sign language, pictures, written/verbal information, etc.) where necessary.

For details on obtaining consent from children/caregivers, see section 3.3 on child protection case management below.

3.2.3 Mandatory reporting

Confidentiality and informed consent should always be given priority. However, the rules of mandatory reporting are such that actors receiving information about certain types of violence are compelled by law to report this information to the police. It is important that survivors are made aware of these mandatory reporting rules, the types of information which may trigger them, and the possible consequences of reporting, before beginning an interview. In this case, a survivor may choose not to disclose vital information, which is within her/his rights. Services should still be provided according to the information that is shared and in accordance the wishes of the survivor. Sharing information without the survivor's consent will result in a loss of trust and will have very negative consequences.²⁹

1. **UN, NGO and CBO non-medical staff should only refer adult GBV survivors to FPD with the informed consent of the survivor.** Under the Penal Code, UN, NGO/CBO non-medical personnel are NOT required to report crimes (misdemeanours and felonies³⁰). Relevant crimes under the Penal Code include rape, sexual assault and physical assault.³¹

Although under the Family Violence Protection Law No. 6 of 2008, social, educational and medical service providers (including UN, NGO and CBO staff) are required to report family violence³² that does not constitute a felony³³ (also known as misdemeanors). There are NO criminal consequences for not reporting. As such, in line with international standards, **reporting such violence should only occur with the informed consent of adult survivors.**

29. GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide). 2008. IASC Sub Working Group on Gender & Humanitarian Action.

30. Misdemeanors: offences punishable with a fine or imprisonment of 3 years or less (Art. 15,21,22 Penal Code); Felonies: offences punishable by imprisonment of more than three years, hard labor or capital punishment (Art. 14, 18, 19, 20 Penal Code).

31. Penal Code, Articles 333-334.

32. According to the Family Protection Law the obligation to report family violence cases arises under the following conditions: It is an act of family violence (defined in Article 5); it does not constitute a criminal offence; the service provider is aware of or witnesses signs of violence; the service provider was informed that the act or signs of violence resulted from family violence.

33. Article 8 of the Family Protection Law.

2. **UN, NGO and CBO non-medical staff should refer cases of family violence and sexual violence to FPD with the informed consent of the child and/or caregiver.** As described in point 1 above, under Jordanian law the same rules regarding mandatory reporting apply to children and adults. However in line with international standards it is recommended that in cases where the child and/or caregiver does not consent, the case worker should refer the child to FPD, if they and their supervisor agree it is in the child's best interest. This includes situations where referral to FPD is considered necessary to address an immediate risk to the child's safety.
3. **All public officials³⁴ (government employees) are required to report misdemeanours and felonies, including incidents of rape, sexual assault and physical assault, according to the Penal Code.** As such, all government employees should inform survivors of this obligation at the beginning of any interview or discussion with a survivor.
4. **All medical personnel are required to report misdemeanors and felonies against a survivor including incidents of rape, sexual assault and physical assault according to the Penal Code.³⁵**
 However, according to the Ministry of Health Internal Protocols, cases involving adult survivors should only be reported without consent in cases of attempted suicide, sexual violence, and serious injuries resulting from family violence or if the children of the survivors are in danger (see annex VIIIa: MOH Health Care Procedural Diagram for Cases of Family Violence against Women). Furthermore, according to the Ministry of Health Internal Protocols all cases involving child survivors should be reported (see annex VIIIb: MOH Health Care Procedural Diagram for Cases of Family Violence against Children).
In these cases, service providers must inform the GBV survivor of the mandate to report before soliciting any case information during an interview.
5. **Protection against sexual exploitation and abuse (PSEA):** The Secretary General Bulletin provides that all forms of sexual exploitation and abuse must be reported and investigated through established agency reporting mechanisms. **Relevant service providers must inform a GBV survivor of the mandate to report on SEA before soliciting any case information during an interview** (see section on PSEA).

3.2.4 Immediate response and Intervention (including referral)

- Provide direct interventions, including psychosocial interventions where appropriate;
- With the consent of the survivor, refer he/she to the appropriate services for follow-up support and advocate (if required) in accessing the required services;
- Accompany survivors to social, medical and legal services, and provide support in accessing these services;
- Referrals should be done using the coded Inter-Agency GBV Referral Form (see Annex III) which does not include the name, address, or any other information that might identify the survivor. Always prioritize the confidentiality and security of survivors. The referral form is sent by email and is password protected. (Only focal points know the passwords for the referral forms);
- Home visits should always be conducted very discretely and are not recommended when supporting GBV survivors, unless agreed with the case manager and the survivor. Do not conduct any home visits if this action might put the survivor at risk or be stigmatizing. When conducting home visits always keep a low profile. Be aware that any information you request of the survivor in the presence of relatives or other members of the community might have an impact on her/his protection;
- All agencies within the GBV referral pathway should identify two referral focal points (RFP) per agency (i.e. one RFP and one deputy who will manage referrals in the absence of the RFP). Ensure that focal points are trained and know how to receive and to make referrals.

34. Penal Code, Article 207.1.2.

35. According to the law, medical personnel that fail to report may be sanctioned with one week to three months in prison (Penal Code, Article 207.3).

3.2.5 Case follow-up

- Conduct monitoring and follow-up to ensure the response is efficient and effective and review the action plan;
- Ensure the survivor is getting the help and services needed to improve her/his situation and solve her/his problems;
- Identify additional needs and action points and plan accordingly with the survivor. If a child survivor is being followed up, this plan of action should be agreed with the consent of the child and/or caregiver. The plan of action should be time-framed and based on the survivor's needs;
- Following a review with the survivor, the plan of action will either be further pursued, revised or closed. For a child survivor, additional informed consent/assent procedures should be followed, if new referrals are required. The case is closed following review if needs have been met successfully (for child survivors, complete the Inter-Agency Case Closure Form) (see Annex XV);
- When necessary, appropriate, and with the survivor's consent, and for child survivors with the consent of the child and/or caregiver, conduct case conferencing to ensure close coordination with other service providers (see below).

3.2.6 Case conferences (closed forum)

For GBV cases, regular meetings may be held to review individual cases requiring an inter-agency response. The focus is on addressing any immediate protection problems and coordinating response actions for each individual case:

- Case conferences are small, closed meetings at the camp or governorate level, where highly sensitive information concerning specific cases is discussed;
- The survivor must consent to information sharing with all participants in case conferences. If consent has not been given, then the individual case must not be discussed;
- People may participate in case conferences by invitation only; It should only include actors with permission to receive/share information about a specific survivor. The information shared at this meeting is strictly confidential and will focus on actions taken and actions needed;
- Information sharing must only include relevant information and should not include irrelevant personal or other details about the survivor or the incident;
- All members of this meeting are responsible for ensuring that the dignity and confidentiality of survivors are maintained and that information discussed is only that which is needed to resolve problems and coordinate actions;
- It is the responsibility of the designated case managers for each case discussed to ensure that information sharing has been duly pre-authorized by the survivor. The case manager also keeps the survivor informed of decisions and progress made.

3.2.7 Service evaluation

- Conduct an anonymised satisfaction questionnaire with survivors;
- Participate in case management skill and practice review session(s) with the case supervisor.

3.3 | CHILD PROTECTION CASE MANAGEMENT

Case management for child protection cases is provided by the agencies listed in the table below. Case management for GBV child survivors (which includes sexual violence against children) should be provided by GBV case managers trained in dealing with children (listed above in section 3.2 on GBV case management).

In addition to the general skills of case management described in section 3.1, case managers dealing with child protection cases should be able to:

- Apply the guiding principles in working with children (see section 2);
- Be familiar with child development and children’s wellbeing;
- Communicate and work with children of various ages and families, including those who have experienced very difficult situations;
- Identify strengths and needs to engage the child and family in a strength-based care and treatment process;
- Understand resources and abilities in children and families, even in difficult circumstances;
- Assess risks, needs and strengths and develop the appropriate response in consultation with the child and/or his caregiver(s);
- Follow informed consent procedures for children (see section 3.3.3 on obtaining informed consent/ informed assent from children and caregivers and section 3.2.4 on mandatory reporting);
- Be guided by the best interest of the child in all actions at all times.

Agencies involved in child protection case management must ensure that cases are handled confidentially through:

- Ensuring that all staff managing cases are trained in confidentiality principles and procedures;
- Keeping case files in a locked and secure location and restricting access only to relevant, authorized case managers/supervisors;
- Ensuring that staff authorized to access these files do not discuss children’s details with non-authorized persons.

All organizations handling child protection cases must have paper and/or electronic system to track and manage cases:

- Case file management (hard copy and electronic) need to be governed by a data protection and information-sharing protocol;
- Existing case management systems for managing child protection cases include: CPIMS (currently being rolled out in Jordan), UNHCR internal case management system for refugees (ProGres) and the Family Tracking system used by FPD, NCFA and other national actors;
- Electronic case information management are recommended as they help prevent duplication of services and losing track of large numbers of child protection cases currently being supported;
- Some NGOs also have paper-based case information management systems;
- Information sharing for the CP IMS will be governed by a separate short information-sharing protocol.

For more information, see section 7.2 on CP IMS and section 7.3 on other information management systems.

Organization	Case Management
IMC	Child protection case management including child survivors of GBV; Mental health case management.
IRC	Child protection including child survivors of GBV
JRF	Child protection including child survivors of GBV
UNHCR	Child protection including child survivors of GBV
TdH	Child protection including child survivors of GBV
NHF	Separated children

3.3.1 Identification of child protection cases by general service providers

There are a number of ways to identify children experiencing or vulnerable to violence, abuse and exploitation that need case management services:

- By child protection agencies during community-based child protection activities, such as CFS, awareness raising activities or psychosocial with children;
- By other general service providers, such as educational staff, police, health workers etc.;
- For refugees, by UNHCR staff, especially registration and help desk staff;
- A child may be identified by community members, including neighbours, and employers as well as through community-based child protection mechanisms such as child protection committees, etc;
- Self-referral: a child has the freedom and the right to inform anyone.

General service providers (including child protection staff not working on case management) should:

- Be aware of the kinds of violence, abuse, neglect and exploitation that children can be exposed to and the signs that a child may have been exposed to violence, abuse, neglect or exploitation;
- Be aware of the child protection case managers available in their geographical areas. When children or their caregivers disclose that a child has suffered violence, abuse, neglect or separation, general service providers should provide basic emotional support to children and their families in line with principles and approaches of psychological first aid (PFA);³⁶
- Should not ask probing questions, nor conduct in-depth interviews with children who have experienced or are at risk of violence, abuse, neglect and exploitation or who have been separated from their caregivers;
- Maintain confidentiality of the information provided by the child and/or others on the case (see section 2.1);
- Provide honest and complete information to child/caregiver about available services and options including general services and case management services;
- Encourage and support children to seek help; Use the Inter-Agency Referral Form (Annex XVI) to document the information the child and/or caregiver choose to disclose to them and consent to share with other service providers. For child GBV cases, the referral should be made using the coded Inter-Agency GBV Referral Form (see Annex III) when child/caregiver consents;
- Wherever possible and appropriate, accompany the child to the case manager, with the child's caregiver where appropriate;
- Respect the child's wishes, if the child or caregiver does not wish to be referred to the case manager, except in circumstances it is determined that it is in child's best interest. This includes where the child's safety is at immediate risk (see section 3.2.4 on mandatory reporting). If a general service provider is in doubt as to what is in the child's best interest, they should consult case manager (without providing identifying details of the case);
- If child's caregiver does not access case management services, continue to provide relevant services to the child/caregiver, and refer them to any other basic (non-protection) services they wish to receive (e.g. health, education) using the inter-agency referral form.

36. Psychological First Aid: guide for fieldworkers. WHO. 2011.

3.3.2 Initial assessment by case managers

Children who have experienced violence, abuse, neglect or separation may be referred by other service providers, community members or may make themselves known directly to child protection case managers.

The initial assessment of child protection cases should be conducted as follows:

- Child protection cases should be assessed using the Inter-Agency Referral Best Interest Assessment Form for NGOs (see Annex VII) or by UNHCR using the UNHCR BIA form;
- In the case of a GBV child survivor, also complete relevant sections of the GBV IMS Psychosocial Intake and Assessment Form (Annex I);
- The assessment should identify the needs, resources and strengths of the child and family (where present);
- The assessment should be a holistic assessment of the child's needs and resources, including issues that may require referral to other organizations;
- The assessment should include: basic demographic information; current care arrangements; the child's social and family relations; psychosocial wellbeing; access to education and/or vocation training; basic health, nutritional status; access to water, sanitation and protection issues (see below);
- The assessment should determine if the child is or has been exposed to or is at risk of violence, abuse, exploitation and/or neglect; the type of violence and if possible, the reasons; and any actions that child, their caregivers or others have taken to protect the child;
- For separated and unaccompanied children, the assessment should also identify if the child needs family tracing and/or alternative care (see UASC SOP for details);
- Identify the priority of the case. High priority cases requiring urgent action include: unaccompanied children, children in detention, children with immediate safety concerns (including self-harm/suicide), sexual violence that occurred in last 72 hours;
- Consent should be taken from child and/or caregiver (i) for the case management organization to keep the case files and (ii) to share information with other organizations for referral information using the child protection consent form (see Annex VII: CP – Consent for Release of Information);
- The assessment process and outcomes will differ according to the age and situation of each child and depending on the best interest of the child.

During the assessment, case managers should:

- Involve the child in the assessment and decision-making process and seek his/her opinion in an appropriate way that takes into consideration the age and level of maturity of the child;
- Wherever possible, ask to talk to the child separately from the caregivers or peers. If this is not possible in the first interview, arrange another time;
- Avoid methods that could further stigmatize the child;
- Ensure privacy of interviews.

3.3.3 Obtaining informed consent/informed assent from children and caregivers³⁷

Consent for case management with children should be obtained as follows:

- In general, permission to proceed with case management (and other case actions) should be obtained from the child, as well as the caregiver or another suitable adult (see below);
- In Jordan, parent/caregiver (or other responsible adult) consent should always be obtained for children under 16.³⁸ For children 16 and 17 years old, child's consent may be obtained instead of the caregivers if the parent/caregiver is not able or willing to provide consent;
- For children aged 6-18, permission to proceed with case management and services should be sought. For younger children, their informed assent should be provided, while for older children informed consent should be requested (see below for details);
- Cases in which it is not appropriate to obtain parent/caregiver consent include where the caregiver may be the perpetrator or complicit in the abuse, or where unaccompanied children are involved. In such cases, wherever possible the consent of another trusted adult should always be sought for children under 16. For children above 6, they should participate in identifying this person. Where such person is not available, the case manager may have to provide consent for children under 16;
- Children and caregivers should be made aware of any relevant mandatory reporting requirements (see section 3.2.4 on mandatory reporting).

Infants and Toddlers (ages 0-5): Informed consent for children in this age range should be sought from the child's caregiver or another trusted adult in the child's life, not from the child. Very young children are not sufficiently capable of making decisions about care and treatment. For children in this age range, informed assent will not be sought. The service provider should still seek to explain to the child all that is happening in very basic and appropriate ways.

Younger Children (ages 6-11): Typically, children in this age range are neither legally able nor sufficiently mature enough to provide their informed consent for participating in services. However, they are able to provide their informed assent or willingness to participate. Children in this age range should be asked their permission to proceed with services and actions which affect them directly. This permission can be provided orally by the child and documented as such on the informed consent form. For children in this age range, written parent/caregiver informed consent is required, along with the child's informed assent.

Younger Adolescents (ages 12-14): Children in this age range have growing capacities and more advanced cognitive development, and may be mature enough to make decisions and provide informed assent and/or consent for continuing with services. According to standard practice, the caseworker should seek the child's written informed assent to participate in services, as well as the parent/caregiver's written informed consent. However, if it is deemed unsafe and/or not in the child's best interest to involve the caregiver, the caseworker should try to identify another trusted adult in the child's life to provide informed consent, along with the child's written assent. If this is not possible, a child's informed assent may carry due weight, if the caseworker assesses the child to be mature enough. In these situations, caseworkers should consult with their supervisors for guidance.

Older Adolescents (ages 15-17): Older adolescents, ages 15 years and above, are generally considered mature enough to make decisions. In addition, in Jordan 16-year-olds are often legally allowed to make decisions about their own care and treatment, especially for social and reproductive health care services. This means that older adolescents can give their informed consent or assent in accordance with local laws. Ideally, supportive and non-offending caregivers are also included in care and treatment decision-making from the outset and provide their informed consent as well. However, decisions for involving caregivers should be made with the child directly in accordance with local laws and policies. If the adolescent (and caregiver) agrees to proceed, the caseworker documents their informed consent using a client consent form or documenting on the case record that they have obtained verbal consent to proceed with case management services.

37. Caring for Child Survivors of Sexual Abuse. IRC/UNICEF. 2012.

38. According to the Penal Code, children 16 and above are able to press criminal charges.

3.3.4 Initial response and Intervention

If it is decided after initial assessment that a child does require assistance, a case file should be opened and documentation gathered to record and monitor all the services accessed. The case manager or others should provide the child (and where appropriate caregiver) with information about available options for support, so that they can make an informed decision about services. An individual action plan should be developed that should:

- Describe the actions that should be taken to address the primary issues facing the child;
- Be based on the identified needs and strengths/resources of the child and their caregivers and their networks;
- Include an assessment of safety risks and, if required, the development of a safety plan (see section 4.2 on child protection response);
- Be based on the best interest of the child, taking into account the wishes of the child (and the child's caregiver(s) when in the best interest of the child) and taking the age and level of maturity of the child into consideration;
- Include goals, timeframes for implementation, and follow-up mechanisms;
- Include details on who is responsible for what, including referrals to service providers (see below);
- Set out procedures for monitoring and reviewing of the case so that an appropriate assessment can be done at the appropriate time to ascertain whether the child's needs have been met.³⁹

For specific procedures regarding case management for separated and unaccompanied children, see UASC SOP and BID SOP.

3.3.5 Referrals

Child protection cases often need referral to services not provided directly by the case manager, such as education services, physical or mental health services, legal/police services, livelihood support (including vocational training or access to better income-generating activities for the whole family) or non-food items. Case managers should facilitate the referral of the child and/or their caregiver to other services as follows:

- Case managers should be familiar with the services offered in their geographical area as outlined in the child protection referral pathways (see Annex XIX);
- Inform the child and/or caregivers of available services that they can access and the pros and cons of each service (including relevant costs if available);
- Take the consent of the child/caregiver to refer the child to specific services. Using the consent form, ask the child/caregiver's consent to share information with the service provider;
- For each service that the child consents to, share information with the relevant service provider. Complete Inter-Agency Referral Form (Annex XVI) to refer the child to that relevant service, or for child GBV cases use the coded Inter-Agency GBV Referral Form (Annex III);
- If the child/caregiver does not consent to share their information with the service provider, the case manager should still provide information to the child/caregiver about relevant services (including contact details);
- In urgent cases, referrals may be done by phone, but should always be followed by relevant documentation (with relevant consents). In such cases, the case manager may accompany the child/caregiver to the service. (Note: this is recommended for GBV child survivors);
- Access by the child to services should be monitored as part of the case follow-up (see below).

39. Case management practice within Save the Children Child Protection Programmes. Save the Children UK. 2011.

3.3.6 Case follow-up and closure

Follow-up is one of the most important activities in CP work and relates to the duty of care that organizations have assumed by taking up the case. Follow-up has the following elements:

- It must be timely and as regular as possible, according to the needs of the child or family;
- It should be carried out, in general, not less than monthly on standard and medium priority cases, and at least weekly on high priority cases. Even if the child is referred to services provided by another agency, staff must still follow-up to ensure the child is progressing;
- It allows for monitoring the general wellbeing of children and for ensuring progress is being made or services have been delivered as planned;⁴⁰
- It ensures that children and adults are kept regularly informed on progress and that both the care received is in place and the social integration of the child is monitored;⁴¹
- It identifies changes to the child's circumstances, which will then require further assessment;⁴²
- It allows for further assessment if interventions are found to be unsuccessful;⁴³
- It helps determine the number and frequency of visits based on the specific needs of the individual child and on a case-by-case basis. Continue with this until protection concerns have sufficiently improved.⁴⁴

Case closure is important to ensure that cases are not unnecessarily held open for prolonged periods and dependency is not created.⁴⁵ Case closure can take place when:

- The child's (and caregiver) needs have been met and immediate protection concerns have been resolved;
- The child's safety plan has been reviewed and is in place;
- The child (and caregiver) has been informed he/she can resume services at any time;
- The case supervisor has reviewed the case closure/exit plan.

Case conferences are convened for all cases that are high priority and those that have additional complexities (see section 3.2.7 on case conferences above). They assess progress and ensure coordination and collation with other service providers.

3.3.7 Service evaluation

Evaluation is undertaken by each agency with the child (and his/her caregiver) to provide feedback on the services received.⁴⁶ Case managers may also be involved in evaluation through a final case review and checklist with their supervisor.

The case manager will therefore:

- Conduct a satisfaction questionnaire with the child/caregiver;
- Participate in case management skill and practice review session(s) with their supervisor.

40. Save the Children Case Management Manual - Draft

41. Ibid

42. Ibid

43. Ibid

44. Ibid

45. Ibid

46. Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings. UNICEF/IRC. 2012.

3.3.8 Best Interest Determination (BID) Process

A Best Interest Determination Panel has been established for refugees in Jordan. A best interest determination (BID) describes the formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise, and balance all relevant factors in order to assess the best option.

The five situations in which UNHCR⁴⁷ must make a BID include:

- Temporary care decisions for unaccompanied and separated children in certain exceptional circumstances - in Jordan it is recommended that placements of unaccompanied children in alternative care arrangements are reviewed by the BID panel;
- The identification of the most appropriate durable solution for unaccompanied and separated refugee children (i.e. voluntary repatriation, local integration or resettlement);
- The possible separation of a child from her/his parents/caregivers (or person holding custody rights by law or custom) against their will, if competent authorities are unable or unwilling to take action;
- The identification of durable solutions or decisions on care arrangements, in situations where the custody situation remains unresolved and national authorities are unwilling or unable to adjudicate on the custody;
- In complex cases, prior to family reunification.

A BID panel has been functional since 2007, led by UNHCR with the participation of a local NGO and FPD. Currently BID panels are operational in Amman and Zaatri. Cases assessed by key child protection actors fall within the five situations mentioned above. The membership and frequency of meetings will be monitored to respond to the evolving situation in Jordan. The BID report form is available in Annex XVII.

The BID SOP is currently under revision and will be annexed to the second version of this SOP.

47. Field Handbook for the Implementation of UNHCR Best Interest Determination Guidelines, 2010.

CHAPTER 4:

GBV RESPONSE

4.1 | MEDICAL RESPONSE⁴⁸

Medical providers are committed to providing survivors of GBV with medical care as a first priority. Access to health care will be provided in all cases and even before reporting to FPD. Medical providers will:

- Ensure confidential, accessible, compassionate, and appropriate medical care for survivors of GBV;
- Provide the survivor with information about medical procedures;
- Obtain the informed consent of the survivor (see section on informed consent and mandatory reporting);
- Ensure referral to and follow-up with other service providers, as guided by the wishes of the survivor and required by law (see section 3.2.3 on informed consent and 3.2.4 on mandatory reporting);
- Ensure the safety of the survivor and her/his family at all times;
- Collect information in private settings;
- Provide emotional support to the survivor;
- Ensure documentation and follow-up;
- Ensure medical services are accessible for survivors with disabilities and take into account their specific needs.

For sexual violence, healthcare includes at minimum (see Annex XII: CMR Guidelines for Treatment):⁴⁹

- History taken and comprehensive examination completed promptly by a healthcare provider (of the same sex or as preferred by the survivor) trained in the clinical management of GBV including pelvic/genital examination, if the patient consents;
- Within the time window: Treatment of injuries, prevention of disease, including HIV post-exposure prophylaxis within 72 hours, STIs, hepatitis and tetanus;
- Prevention of unwanted pregnancy within 120 hours of the incident;
- Examinations conducted in rooms that ensure privacy, dignity and comfort;
- Information documented thoroughly, maintaining confidentiality and stored securely;
- Follow-up care/secondary referral with full transportation coverage, accompanying survivor whenever possible; emphasizing closed-loop communication;
- Doctors and nurses providing emotional support tailored to the gender, age and circumstances of the survivor. Trainings should be provided to all relevant medical providers;
- Medical facilities should have safe space for children and trained personnel able to adapt the medical exam and treatment for a child;
- If referral is made to FPD (see section 3.2.3 on informed consent and section 3.2.4 on mandatory reporting), the forensic doctor will examine the survivor with his/her consent and will collect forensic evidence to be sent to the atory. The forensic doctor provides medico-legal support if the survivor wishes to pursue legal redress;
- If the case is referred to FPD, the forensic examination is carried out at the FPD Forensic Clinic. However if the survivor is hospitalized, the forensic doctor at the hospital does the examination.

Medical providers responding to GBV child survivors must have the knowledge, skills, attitudes and tools to provide specialized medico-legal care for child survivors, including:⁵⁰

- Understanding child development and child sexual abuse concepts;
- Communicating effectively with child survivor;
- Understanding and able to apply clinical care for child survivor;
- Adapting the medical examination and treatment to meet the needs of child survivor;
- Ensuring safe and appropriate referrals and follow-up systems are in place;
- Monitoring activities using established tools.

The table below indicates the organizations providing medical services for GBV survivors:

Service	Organization
Reproductive health, including clinical care for GBV survivors	IRC, JHAS/UNFPA, IFH, Aman Society/UNFPA, MOH

48. Chapter 4 is adapted from: GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide). 2008. IASC Sub Working Group on Gender & Humanitarian Action.

49. Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and IDPs, WHO, 2004 provides a clear protocol on the health response to survivors and highlights the specific needs of children.

50. Caring for Child Survivor Survivors of Sexual Abuse. IRC/UNICEF. 2012.

4.2 | PSYCHOSOCIAL RESPONSE

All actors who interview or have direct contact with survivors should be familiar with the guiding principles and be able to put them into practice (see Chapter 2). They should also be aware of their responsibility to listen carefully and give information, as described in action sheet 8.3 of the IASC GBV guidelines (2005) and provide community-based psychological and social support, including:

- Listen to the survivor and ask only non-intrusive, relevant, and non-judgmental questions for clarification only. Do not press her/him for more information than she/he is ready to give;
- If the survivor expresses self-blame, care providers need to gently reassure him/her that sexual violence is always the fault of the perpetrator and never the fault of the survivor;
- Give honest and complete information about services and facilities available;
- Prioritize safety at all times;
- Do not tell the survivor what to do, or what choices to make. Rather, empower him/her by helping him / her to make informed decisions.

Psychosocial supports for survivors of GBV should be holistic. They should target both people and communities (or aspects of both). Psychosocial interventions for survivors of GBV include the following inter-related types of activities:

- Psychosocial support to assist with recovery and healing including psychological first aid, individual and group counseling;
- Support and assistance with social re-integration, including vocational training and women’s empowerment, literacy training, school reintegration, child friendly spaces;
- Mental health services. Survivors who require/request specialized mental health support should be referred to the mental health focal point:
 - Individuals who are likely to need more specialized support include those who are unable to take care of daily tasks, cannot maintain good relationships with others or are unable take care of their physical health. Individuals with pre-existing mental health problems are also more likely to need specialized support;
 - Protection actors should counsel those suspected of needing mental health services on available mental health services and, when they consent, refer to a specialized provider.

Psychosocial interventions should be adapted for child survivors and personnel providing support to child survivors should be trained accordingly. Psychosocial interventions for child survivors of GBV include:

- A comprehensive assessment to better understand the child’s social and family environment, psychological wellbeing, and strengths to help determine appropriate psychosocial interventions;
- Providing healing education, relaxation training, teaching coping skills and problem solving.⁵¹

Community-focused psychosocial interventions should seek to enhance survivor wellbeing by improving the overall recovery environment. This includes community awareness actions to reduce stigma and promote access to services for GBV survivors, strengthening of community and family support, including self-help and resilience initiatives.

The table below lists organizations providing MHPSS services specifically adapted to GBV survivors:

Service	Organization
MHPSS (specialized for GBV survivors)	IMC, IRC, IFH/UNFPA, UPP/JWU, JRF, Centre for Victims of Torture, Khawla Bint Al Azwar, ICMC, AWO, MoH

51. Caring for Child Survivor Survivors of Sexual Abuse. IRC/UNICEF. 2012.

4.3 | SECURITY/SAFETY RESPONSE

The safety of survivors should always be prioritized. Case managers may, upon receiving a case:

- Find strategies that enable the survivor to stay with their family, when appropriate, always prioritizing safety;
- Provide phone units so that the survivor may be in contact with the case manager in cases when the survivor is not reachable. This should only be done when providing phone units will not put the survivor more at risk;
- Provide the hotline number to be used in case of emergency;
- Provide interim alternative accommodation, pending long term solutions, providing financial support and transport to the safe location whenever possible. Always assess the security risks related to this option and ensure ongoing monitoring of protection risks;
- Refer a GBV survivor from urban communities and camps to safe houses (shelters) if in imminent danger. The informed consent of the survivor should be obtained (or if child survivor consent of the child and/or caregiver or if it is determined that it is in child best interest) prior to making any such referrals. Referral to a safe shelter should be the last resort and should be made in a case conference after all other possible alternatives have been explored. Actors need to consider that the decision to refer to a safe shelter could further isolate the survivor.

When the survivor is in imminent danger, shelters can be accessed through FPD/MOSD or JWU:

- Referrals to shelters will indicate a clear strategy and case management plan leading towards a solution;
- When necessary, the referral agency will ensure follow-up on the case referred;
- When necessary, the referral agency will follow-up on necessary measures and actions including social welfare, medical, and psychosocial services;
- All actors involved in this process will ensure the safety and security of the survivors;
- All actors will ensure that the survivor is treated with dignity and compassion.

MOSD shelters can be accessed through FPD:

- Dar Al Wifak accepts women and their young children, and girls alone if they are 13 years old and above;
- Dar Al Aman shelter provides temporary care for abused or neglected children and is operated by the Jordan River Foundation. It provides services to boys up to 12 years old and girls up to 13 years old;
- There are no specialized shelters for boy survivors above age 12. However, MOSD non-specialized shelters accept boy survivors of GBV.

The JUW shelter is also available:

- Women over 18 can access the shelter with their children directly (girls of all ages, and boys up to 13 years old);
- Girls under 18 can access the shelter in coordination with FPD;
- There is no time limit on residence in the shelters;
- Survivors are provided with comprehensive medical, psychosocial, and legal support;
- Survivors have access to food and NFIs including hygiene products.

Security and safety service providers are listed in the table below:

Service	Organization
Police	FPD
Protection	UNHCR
Shelters	MOSD, JWU

4.4 | LEGAL RESPONSE

Legal responses include providing legal counseling, assistance, and representation for adults and children, when the survivor wants to press charges against the perpetrator or in cases related to personal status (e.g. custody law issues, divorce, alimony, etc.). This includes:

- Information about existing measures that can prevent further harm by the alleged perpetrator;
- Information on court procedures, and any issues pertaining to national justice mechanisms, including foreseen timelines;
- Information on available support in the event that legal proceedings are initiated;
- Information on the pros and cons of all existing legal options which include highlighting the inadequacy of any traditional justice solutions that do not meet international legal standards;
- Legal representation before the court if the survivor wishes to take legal redress;
- Wherever possible, legal actors and others providing support for survivors covering all court-related costs and providing transportation to and from the courthouse when a survivor’s case is being heard. The survivors should be informed of any cost implication from the beginning;
- Child survivors being consulted on the option for legal justice and made aware of the available services and their limitations. The child’s needs, wishes and feelings are taken into consideration and every effort is made to enable the child to express himself/herself and to take part in the decision-making process;⁵²
- The child is accompanied to all court proceedings, including pre-trial sessions, trial and sentencing and is provided with legal representation before the court.

The table below indicates key actors providing legal services:

Service	Organization
Legal counselling	UNHCR, ARDD-Legal Aid, JWU, Khawla Bint Al Azwar
Legal representation	UNHCR/Jordanian Bar Association Mizan, ARDD-Legal Aid, JWU

4.5 | POLICE PROCEDURES

In Jordan, GBV cases, specifically cases of sexual violence against all survivors and other cases of violence in the family against children and women, can be referred to FPD with survivor consent or following mandatory reporting procedures (see section 3.2.4). For cases involving asylum seekers or refugees, a GBV survivor or their caregiver can report directly to FPD – in this case when the survivor/caregiver consents, FPD will inform UNHCR. When NGOs and CBOs refer cases to FPD, it is recommended that the referrals to FPD be made through UNHCR, when possible and if the survivor consents.

When a complaint is received by FPD, procedures are as follows:

- Priority is given to medical treatment when deemed necessary prior to interviewing the survivor;
- Interviews with the survivor take place in private settings with an officer of the same sex or as preferred by the survivor;
- Cases are handled with extreme confidentiality and FPD has a coding system in place for such purposes;
- Obtain the informed consent of the survivor;
- Ensure spatial and qualitative evidence;
- Document the complaint in the registry;
- Consult with the forensic doctor at all times.

52. Ibid

- The forensic doctor will issue a medical report, collect and seal forensic evidence samples and send them to the atory;
- The situation may require that the forensic doctor examines other family members who may have been exposed to or at risk of abuse;
- Visit the scene where the abuse took place if/when necessary and gather evidence to be sent to the atory;
- Open a case file and process all relevant documents to be sent to the judiciary if/when necessary (see below for details);
- Follow-up on the results of the Judicial Department;
- Provide temporary protection to the survivor or other family members during the period of investigation if/when necessary;
- Follow-up on the wellbeing of the survivor ensuring access to social welfare, medical, forensic and psychological services;
- Detain the alleged perpetrator;
- Ensure the safe passage of survivors to and from safe houses.

As the governor has primary responsibility for all security-related matters in their respective governorates, the FPD may refer cases of violence involving matters of broader security such as conflicts between clans or families or honor crimes to the governor.

Specific FPD procedures vary according to both the type of violence, and whether the survivor is an adult or child, as described below.⁵³ In all cases, the following basic initial steps are conducted:

- A receptionist takes basic information about case including demographic information and information about type of violence;
- Investigators conduct interview with the adult/child, including taking a statement;
- Interviews with children are child-friendly and take into consideration the age and maturity of the child;
- Interviews with children are videotaped to be sent to the judge, where necessary.

Physical assault or sexual assault against adults and children (felonies):

- In cases of felonies, the survivor (or their caregiver) can decide whether they wish to file a complaint or not against the alleged perpetrator. If they wish to file a complaint, then the judicial proceeding described below will be followed;
- If they do not wish to file a complaint, FPD will still refer the case to the public prosecutor who will decide whether or not to refer the case to the court proceedings. In this case, their statement can be used by the public prosecutor and they may be called to testify;
- As such, all cases of physical assault against women and children perpetrated by family member and sexual assaults against adults (women and men) and children are referred by FPD to the public prosecutor.

Physical violence against adults perpetrated by a family member that does not constitute physical assault (misdemeanor):

- The investigator counsels the survivor on the following three options: a) Press charges against the alleged perpetrator/file a judicial complaint (court proceedings); b) Refer to a social worker for family mediation; c) Refer to the governor to have the alleged perpetrator sign a pledge not to abuse the survivor again;
- The survivor decides which option she/he wishes to pursue.

53. Interview with FPD staff on 25/3/2013

Physical violence against children perpetrated by a family member that does not constitute physical assault (misdemeanor):

- In cases of physical violence against children perpetrated by a family member, the child is referred to the forensic doctor for examination;
- If the forensic report indicates that the child suffered violence that resulted in physical bruises or injuries, FPD will refer the case to the public prosecutor;
- If the forensic report finds no evidence of bruises or injuries, then the child or their non-offending parent or legal guardian will be given the option to be a) referred to a social worker for family mediation; b) referred to the governor to have the alleged perpetrator sign a pledge not to abuse the child again; c) press charges against the alleged perpetrator. The views of the child are taken into account in all decisions in this case, and the informed consent will be given by the parent/guardian or the child, if they are considered of a sufficient age and/or developmental level to provide consent. Where children are not able to give informed consent and no parent or legal guardian is available to provide consent, an MOSD social worker can provide consent on behalf of the child.

4.6 | JUDICIAL PROCEDURES

In general, cases of physical violence, whether perpetrated by a family member or non-family member, are handled by the court, in accordance with the Criminal Procedures Act. There is no family court to deal with such cases. The survivor can file a regular lawsuit in the regular Criminal Court and/or a divorce lawsuit in the Shariah Court (Personal Status Court).

The judge has discretionary authority to decide whether or not court proceedings can take place in private, and this is done on a case-by-case basis. Service providers should advocate for closed-door trials and sessions for all GBV survivors.

Given the sensitivity of cases of sexual violence, judicial procedures are different from those for physical violence, in that hearings are always conducted in private sessions and chambers in the courtroom. Extra protection and security measures are put in place during the hearing to ensure the safety of the survivor.

Judicial procedures should be child-friendly, particularly in courts:

- Interviews with children are recorded at FPD and used as evidence in court so that the child does not have to repeat details of the abuse or even go to court;
- Hearings for children take place in private chambers, and privacy is ensured at all times;
- The child will be consulted on the option for legal justice and made aware of the available services and limitations;
- The child's rights, needs, views, and feelings should be taken into consideration and every effort should be made to enable the child to express himself/herself and to take part in the decision-making process.

4.7 | BASIC SUPPORT SERVICES

In a variety of cases, survivors may need basic assistance in order to ensure their immediate wellbeing, safety and security. Material assistance, such as emergency food and non-food items (NFI), shelter and assistance in documentation and registration can be provided through referrals. **Assistance should never stigmatize GBV survivors, by identifying them as survivors in the specific services they receive or at the locations in which services are provided.**

Basic support services are listed in the table below:

Service	Organization ⁵⁵
Non-food Items	UNHCR, IRC, Care International, ICMC
Cash assistance	UNHCR, IRC, Care International, IH
Life skills, vocational training, income generation	UPP/JWU, Khawla Bint Al Azwar
Education	SCI
Non-formal education	Questscope, Khawla Bint Al Azwar

4.8 | PROCEDURES FOR SPECIFIC GBV ISSUES

4.8.1 Sexual exploitation and abuse (SEA) involving UN and related personnel

Reporting mechanisms and procedures are set down in the UN Secretary General's Bulletin on Sexual Exploitation and Abuse (2003) and are carried out in accordance with national laws.

As SEA reporting is mandatory, for staff of UN organisations or organisations funded by the UN, survivors must be informed that all information that they disclose will be shared through the appropriate mechanisms.

PSEA standards include:

- Sexual exploitation and sexual abuse constitute acts of serious misconduct and are grounds for disciplinary measures, including summary dismissal;
- Sexual activity with children is prohibited. Mistaken belief in the age of a child is not a defence;
- Exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes any exchange of assistance that is due to beneficiaries;
- Sexual relationships between UN staff or humanitarian workers and beneficiaries are based on unequal power dynamics, undermine the credibility and integrity of the work of the agency and are strongly discouraged.

PSEA mechanisms are currently being established in Jordan. Currently incidents of sexual exploitation involving humanitarian workers or refugee workers must be reported to UNHCR. A detailed description of prevention and accountability procedures will be developed and shared soon. National bodies have their own codes of conduct. At the same time, cases of PSEA are dealt with in accordance to national laws.

55. Inclusion in this table does not imply that all these service providers have been reviewed and endorsed by the GBV Working Group.

4.8.2 Early marriage

In Jordan, the legal age of marriage is set at 18 years. Shariah judges may authorize marriage for those who are 15 years to 17 years, provided that the groom is capable of paying the alimony and dowry, the bride agrees to the marriage, the child guardian's consents and that judge determines that the marriage is in her best interest. If the groom is under 18, they must agree to the marriage, their guardian must consent and the judge must determine it is in their best interest.

According to Jordanian law, marriage for those below 15 years of age is not allowed.⁵⁶

Upon receiving clients at risk of early marriage, service providers should apply the same case management procedures in accordance with other GBV cases (see Chapter 3). Furthermore responsible agencies will:

- Counsel the client on legal, social and health consequences of early marriage;
- If the client consents, always giving priority to her/his safety, provide counseling to relevant family members to prevent the early marriage;
- In cases involving refugees/asylum seekers, if client consents, refer to UNHCR;
- Ensure other referrals as guided by the wishes of the client.

Upon receiving cases of early marriage that have already occurred, the following services will be available:

- Legal assistance and representation in obtaining birth registration, marriage certification and when appropriate in family law matters;
- Provision of reproductive health counseling and services, including family planning;
- Access to educational and vocational training and referral;
- Advice and information regarding available psychosocial services including women's spaces, counseling and couple counseling and refer, if the person consents.

In cases where violence or other protection concerns are disclosed, follow the same procedures as for other GBV cases.

56. Convention on the Rights of the Child: Jordan Fourth and Fifth Report, Child Rights Committee, 2011.

CHAPTER 5:

CHILD PROTECTION RESPONSE

5.1 | CHILD PROTECTION SERVICES

This section outlines the services provided by child protection and broader protection actors. This includes child friendly spaces (CFSs) and community-based psychosocial services, specialized psychosocial services, legal and safety services for child survivors of violence, juvenile justice services and birth registration. These services should be available for all children, regardless of their age, gender or circumstances.

Case management services for child protection cases are covered in Chapter 3.

5.1.1 Community-based child protection, psychosocial support, and mental health services

This section covers three main forms of community-based child protection and psychosocial services. Community-based child protection and psychosocial services aim to mobilize and support community members, especially refugee community members, to better protect and support children affected by the refugee crisis.

These types of services should be available to all children affected by the crisis. However, children who are direct survivors of violence, abuse, exploitation or separation particularly benefit from these activities. They should be integrated into activities with other children who are affected by the crisis more generally to avoid stigmatization and promote social integration. These activities should be implemented in a coordinated manner by child protection organizations to ensure coverage and equitable access to these services for refugee and host population children, avoid duplication of services and ensure a harmonised approach among different organizations that meets international standards and is culturally/contextually appropriate.

5.1.1.1. Community-based child protection mechanisms (CBCPC)

Community-based child protection mechanisms - often termed 'child protection committees' - are "networks or groups of individuals at the community level who work in coordinated way towards child protection goals" which "include local structures and traditional or informal processes for promoting or supporting the wellbeing of children."⁵⁷ These committees are responsible for:

- Working on prevention of abuse, violence and exploitation of children (see section 5.2 on prevention) including community mobilisation, awareness raising and advocacy;
- Raising awareness and acceptance of existing child protection and other services for children in communities;
- Identification of key child protection issues, mobilising communities and advocating with relevant actors to address these issues;
- Identification of child protection cases, mobilisation of community resources and referral to formal service providers;
- Including child protection case managers or other relevant service providers. Child protection committees should be trained in how to identify and refer cases as per the CP referral pathways (see Annex XIX).

These committees/mechanisms should be implemented in line with Standard 16: Community-Based Mechanisms of the Minimum Standards for Child Protection in Humanitarian Action and inter-agency TOR for child protection committees in Jordan (currently under development).

57. Minimum Standards for Child Protection in Humanitarian Action.CPWG.2012, p.143.

5.1.1.2. Child friendly spaces (CFS)

Child friendly spaces are “safe spaces where communities create nurturing environments in which children can access free and structured play, recreation, leisure and learning activities and are an important child protection response to restore sense of normalcy for children who have experienced violence and displacement”. CFSs should be implemented in line with the Guidelines for Child Friendly Spaces in Emergencies⁵⁸ and Standard 17: Child Friendly Spaces from the CPIE Minimum Standards⁵⁹ including:

- Be available for all children who have been affected by the crisis including those children who have directly experienced violence and/or are living in camps or the community;
- Provide age and gender appropriate activities for younger children (6-12), as well adolescents (13-18);
- Ensure children and community participation and ownership, including engaging family members in supporting their children;
- Provide a range of services including psychosocial activities, non-formal education, recreational activities and life skills sessions for children as well as awareness-raising activities for parents/caregivers and family members on supporting and caring for their children in difficult situations;
- Provide safe, supportive and stimulating environments for children;
- Child friendly spaces should be inclusive for all children, including children with disabilities, and ensure integrated activities;
- Include older persons and persons with disabilities as volunteers in CFSs;
- Identify and, where appropriate, refer child protection cases (see Annex XIX: CP Referral Pathways).

5.1.1.3. Other community-based psychosocial activities

All child protection actors should ensure timely and appropriate psychosocial support to children, including children with disabilities, is integrated into their child protection response as follows:

- Coordinate mental health and psychosocial support services according to the IASC intervention pyramid, from actions that benefit all members of affected communities to more specialized mental health services with other sectors such as education and health;⁶⁰
- Train child protection staff on the effects of violence and displacement on children’s and adults’ psychosocial wellbeing;
- Provide child protection services in a way that promotes self-healing;
- Provide basic, non-intrusive emotional support to children and families through approaches such as psychological first aid (PFA);⁶¹
- Respect basic ‘do no harm’ principles by avoiding pressing children and parents/caregivers to share their personal experiences beyond what they would naturally share, and avoiding using clinical terminology to describe children’s normal reactions (for instance, ‘trauma’) etc;
- Involve the affected community in the planning and carrying out of child protection and psychosocial activities;⁶²
- Identify children and families experiencing severe distress which impairs their functioning and/or mental illness and refer to mental health services (see section 4.2.2 on health).

58. Guidelines for Child Friendly Spaces in Emergencies, Global Protection Cluster, Global Education Cluster, INEE, IASC Reference Group on MHPSS. 2011.

59. Minimum Standards for Child Protection in Humanitarian Action.CPWG. 2012,

60. Ibid

61. IASC Mental Health and Psychosocial Support in Humanitarian Emergencies: What should Protection Programme Managers Know? IASC. 2010.

62. Ibid.

In addition, child protection actors and psychosocial actors together should ensure that children affected by violence and displacement have access to structured psychosocial activities implemented in and by the community to support children’s psychosocial wellbeing and recovery.⁶³ This includes:

- Structured sessions on child resiliency and life skills to help build children’s coping skills;
- Awareness-raising for parents/caregivers and other caregivers to support parents/caregivers and community members to better support and care for their children;
- Conducting peer-to-peer activities and youth mentorship programmes;
- Supporting recreational, sports, cultural and civic engagement activities for children;⁶⁴
- Community-based social support activities for parents/caregivers (for instance, women’s groups, reestablishment of religious activities) to promote parent/caregiver wellbeing which has a direct positive impact on children’s protection and wellbeing;
- Integrating these activities within child protection programmes and activities rather than creating stand-alone psychosocial services.⁶⁵

5.1.1.4. Specialized, non-focused psychosocial services

Children, who have experienced violence, abuse and exploitation, as well as separation from their family, are more at risk of psychosocial problems. While most children will recover with the support of their family and friends, some children and/or families will have emotional, behaviour or social problems that require professional services such as counselling or case management. Child protection services should either include these types of services in their programme or establish referral pathways to them. These services include:

- Case management services (see Chapter 3);
- Individual counselling, couple and family counselling;
- Group counselling;
- Support groups.

These services should be provided in a way that maintains confidentiality and enables children and their parents/caregivers to exercise control and choice in shaping the support they receive. They should be integrated into wider systems so as to reach more people, increase sustainability, reduce stigma and be consistent with the principles outlined in the IASC MHPSS Guidelines. They should provide services to all children in need, including those who are direct victims of violence, abuse and exploitation.

5.1.1.5. Mental health services

Children experiencing mental illness or levels of distress that lead to impaired functioning should be referred to mental health services. Any general child protection service provider who is unsure if a child requires mental health services can refer him/her first to child protection case managers and/or counselling services who will conduct an assessment and determine the type of psychosocial/mental health service required.

63. See pyramid ‘Level 2 Community and Family Supports’ in IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, IASC, 2007.

64. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. IASC, 2007.

65. Mental Health and Psychosocial Support in Humanitarian Emergencies: What should Protection Programme Managers Know? IASC, 2010.

The table below lists service providers in community-based child protection, psychosocial support and mental health:

Service	Organization
Child protection committees	SCI, UNICEF
CFS and community-based psychosocial/ child-protection services for children ⁶⁶	SCI, SCJ, Tdh, IMC, ICS, JWU, JRF, JRC, Mercy Corps, IRD, Family Guidance and Awareness Center, NHF, Zenid, Care International, Princes Salma Centre, Khawla Bint Al Azwar, Al Shua'a for Women & Child Development
Counselling/support group services ⁶⁷	IRC, Family Guidance and Awareness Center, JRF, JCR, NHF, CVT, FPD, Zenid, IRC, JRS, IMC, HI
Clinical mental health services	IMC, CVT, MOH/WHO

5.1.2 Security, legal, police and judicial services for child survivors of violence and neglect

This section describes the services for child survivors of violence and neglect to ensure their safety and access to justice (see also GBV response above). This includes police, legal, judicial and social services, as well as shelters for child survivor of violence and/or neglect. Services are available to all children at risk of or experiencing violence. Police, legal and judicial services are available for children who have experienced violence or neglect by family members (as defined by Family Protection Law and Juvenile Law, see Chapter 1) or sexual violence or physical assault (as defined under the Penal Code, see Chapter 1).

5.1.2.1. Security for child protection cases

Humanitarian and security actors should take steps to respond to security threats towards children in general. They should also ensure that individual children who are at risk of experiencing further violence are provided with services to ensure their safety. Key actors involved in security include the Police Security Department (PSD) for camp settings, border police, FPD and governors.

Actions to respond to security threats against children in general include:

- Maintain adequate security presence in camps and community areas with high concentrations of refugees; ensure police patrols in areas where children are particularly at risk;
- Ensure security staff including border patrols and security in camps are adequately trained in refugee and child protection issues;
- Raise awareness of children and refugee and host communities on how to report violence against children to police and/or UNHCR;
- Involve FPD and other security actors in monitoring of violence, abuse and exploitation of children, and work with security actors to develop responses to common forms of violence;
- Establish links at local level between community-based child protection mechanisms, child protection service providers and police/FPD to monitor common security threats against children in specific locations and develop common responses to these threats;

66. This corresponds to level 2 of the IASC psychosocial pyramid in IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.

67. This corresponds to level 3 of the IASC psychosocial pyramid in IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.

- Ensure that personnel working in shelters have adequate information and training on child protection issues, including unaccompanied and separated children, sexual exploitation and abuse, and exploitative labour, and have signed up to and have been trained in a code of conduct or other policy which covers child safeguarding.⁶⁸

Actions in relation to children who are survivors of or at risk of violence include:

- General service providers who identify children who are survivors of violence and/or at risk of violence should provide children and their caregivers with information about child protection case managers and FPD;
- Child protection case managers dealing with cases of violence against children should make a safety assessment and, in cases where there are risks for the child's safety, develop a safety plan for the child in consultation with the child and, where appropriate, their caregivers;
- A safety plan can include: actions that can be taken by the child and/or their caregiver; working with other persons known to the family/child to ensure their safety; involving child protection committees/networks; reporting to FPD (see details on FPD procedures below); reporting to the general police (in case of physical assault of a child by non-family member); moving the child to another family or location; temporarily placing the child in a shelter;
- In Za'atri camp, cases involving security issues related to children (not family or sexual violence) can be reported to the Gendarmerie who is responsible for camp security.

Removal of children from their families for neglect and/or security reasons can only be done through FPD (see below). Where a child is removed from their families for their safety, they should be placed with another family member, if safe, supportive care can be provided. FPD is authorised to remove a child and place them with another family member, on the basis of the recommendation of the social workers (without referral to the Juvenile judge). The child's views are taken into account in deciding on a placement of the child with family members. If a child needs to be removed from their current care arrangements and placed in a shelter or formal foster family, this must be approved by the Juvenile judge. Formalized standby foster parents/caregivers may also be able to provide safe accommodation in the future as long as additional training is provided. Further details can be found in the UASC SOPs. Placing children in shelters should be a last resort and a temporary measure.

- Dar Al Aman shelter provides temporary care for abused or neglected children and is operated by Jordan River Foundation. It provides services for male children up to 12 years old and female children up to 13 years old. Children can be admitted to Dar Al Amanor MOSD shelter through FPD pending a decision from the Juvenile Judge and based on the Behaviour Observer's report;
- Abused or neglected adolescent girls from 14 to 17 can be referred to Dar Al Wafaq shelter. This shelter is run by MOSD but referrals should go through FPD in cooperation with MOSD;
- MOSD has two care centres for boys; one in Amman for boys of ages 12-15 years and one in Shafa Badran for boys of ages 16-18 years. MOSD non-specialized shelters accept boy survivors of GBV. Referrals can be made through FPD pending a decision from the Juvenile Judge and based on the Behaviour Observer's report;
- Shelters provide integrated services for children, including education, psychological support, and medical services. They also, where possible, facilitate visits from family members;
- Governors have primary responsibility for all security-related matters in their respective governorates. As such, cases of violence against children involving matters of broader security – such as conflicts between clans/families, or honour crimes – may be referred to the governor. In addition, in some cases, caregivers/children may choose to refer the case to the governor by FPD (see below).

68. Minimum Standards for Child Protection in Humanitarian Action, CPWG, 2012.

5.1.2.2. Police procedures for child protection cases

The Family Protection Department (FPD) handles cases of family violence, neglect and sexual abuse against children that have occurred in Jordan. FPD has units throughout Jordan, in the north, south and in Amman (see Annex XIX: CP Referral Pathways). Family violence, neglect and sexual abuse can be referred to FPD when the child/caregiver consents or when it is considered in the best Interest of the child (see section 3.2.4). For cases involving asylum seekers or refugees, a child or their caregiver can report directly to FPD – in this case when the survivor/caregiver consents, FPD will inform UNHCR. When NGOs and CBOs refer cases to FPD, it is recommended that the referrals to FPD should be made through UNHCR, when possible and if the survivor consents. The regular police force handles cases of physical assault against children by non-family members.

The FPD provides integrated medical, legal, psychosocial services to child survivors of violence and their families as follows (see also section 4.1.5 above):

- A receptionist takes basic information about the case including demographic information and information about type of violence;
- Children in need of immediate medical treatment are referred for medical treatment prior to being interviewed;
- FPD conducts an investigation including interviewing, as appropriate, the child, family members, other witnesses and the alleged perpetrator. Procedures are child-friendly and take into consideration the age and maturity of the child. Interviews with child survivors of violence are videotaped;
- All cases are handled confidentially and the informed consent of the child's caretaker is taken, when in the best interest of the child;
- Children, and where necessary, the alleged perpetrator are referred to forensic medicine for evidence collection;
- Social workers do family visits/case studies and can provide psychological and social services and family mediation for the child and the family;
- FPD can refer the case to the governor to have the alleged perpetrator sign a pledge to not harm the child;
- Where required for the safety of the child, as described above, FPD can remove the child from the family and place them in alternative care;
- FPD liaises with the relevant police directorate to detain for questioning or arrest alleged perpetrators;
- FPD can refer the case to the judiciary when appropriate (when and how cases are referred to judiciary or not are described below);
- For children under 15, it is the child's parent/caregiver/legal guardian who decides whether they wish to press charges against an alleged perpetrator. Children over 15 can also choose to press charges against an alleged perpetrator under the Penal Code (that is, for cases of sexual violence and/or physical assault);
- FPD will follow-up on the wellbeing of the child ensuring access to social welfare, medical, forensic and psychological services.

Physical assault or sexual assault (felonies) against children:

- In cases of felonies, the survivor (or their caregiver) can decide whether they wish to file a complaint against the alleged perpetrator. If they file a complaint, the judicial proceedings described below will be followed;
- If they do not wish to file a complaint, FPD will still refer the case to the public prosecutor who will decide whether to refer the case to court proceedings. Their statement/recorded interview can be used by the public prosecutor in the case;
- As such, all cases of physical assault against children perpetrated by a family member and sexual assaults against children are referred by FPD to the public prosecutor.

Physical violence against children perpetrated by a family member that does not constitute physical assault (misdemeanour):

- If the forensic report indicates that the child suffered violence resulting in bruises or injuries, FPD will refer the case to the public prosecutor, irrespective of the wishes of the child/caregiver;
- If the forensic report finds no evidence of bruises or injuries, then the child or their non-offending parent or legal guardian will be given the option to: a) be referred to a social worker for family mediation; b) be referred to the governor to have the alleged perpetrator sign a pledge not to abuse the child again; c) press charges against the alleged perpetrator. The views of the child are taken into account in all decisions in this case, and the informed consent will be given by the parent/guardian or the child if they are considered of a sufficient age and/or developmental level to provide consent. Where children are not able to give informed consent and no parent or legal guardian is available to provide consent, an MOSD social worker can provide consent on behalf of the child.

5.1.2.3. Judicial procedures for child protection cases

Cases of violence against children are referred to the specialised Criminal Court. Cases of violence against children are referred to the specialized court convened as a Juvenile Court where special procedures for juveniles in line with the Juvenile Law are applied.

This includes children who need to be removed from their families due to violence, abuse, neglect or children who need to be placed in alternative care other than their own extended families (either in shelters or with foster families).

Special child-friendly procedures include:

- Interviews with children are recorded at FPD and used in evidence in court, so that the child does not have to repeat details of the abuse or even go to court;
- Hearings for children take place in private chambers, and privacy is ensured at all times;
- The child is consulted about the option for legal justice and made aware of the available services and limitations;
- The child's rights, needs, views, and feelings are taken into consideration and every effort made to enable the child to express himself/herself and to take part in making the decision-making process.

The Shariah court is responsible for all personal status law related to child protection cases including custody, divorce, inheritance and legal guardianship. The Shariah court is also responsible for providing guardianship to foster families or family members caring for separated children.

5.1.2.4. Legal aid for child protection cases

Legal aid is available for child protection cases where: the child/caregiver wants to press charges against the perpetrator or the case is taken to the court by the public prosecutor; in cases related to personal status (e.g. child custody, divorce, etc.); or in case of foster families or family members caring for separated children wishing to be granted legal custody of children separated from their parents/caregivers/legal guardian.

Legal aid should ensure that:

- Child survivors and, where appropriate, caregivers are provided information and consulted on the legal and court proceedings and made aware of the available services and their benefits/limitations;
- The child's needs, wishes and feelings are taken into consideration and every effort is made to enable the child to express himself/herself and to take part in making the decision;
- The child is accompanied to all court proceedings, including pre-trial sessions, trial and sentencing;
- Legal representation is provided in court;

- Wherever possible, legal actors and others providing support for child protection cases should cover court-related costs and provide transportation to and from the courthouse when a child's case is being heard. The child/caregiver should be informed of any cost implication from the beginning.

Legal actors for CP cases include UNHCR, ARDD Legal Aid, Mizan and the Jordan Bar Association Lawyers (JBAL). Refugee children requiring legal aid should be first referred to UNHCR, who will then refer to their partner, ARDD Legal Aid, which provides free legal aid or Jordanian Bar Association Lawyers who provide legal representation. ARDD Legal Aid, Mizan and Jordan Bar Association Lawyers also provide legal aid for non-registered refugees and Jordanian children including legal counselling, mediation and legal representation.

5.1.3 Children in conflict with the law

Children from refugees and Jordanian host communities can be in conflict with the Jordanian law for a range of reasons. While numbers of refugee children in conflict with the law have been limited, there are increasing numbers of Syrian refugee children – particularly adolescent boys – being brought before the Juvenile Court for a range of offences. The Convention on the Rights of the Child and the Jordanian Juvenile Law both require special legal proceedings for children in conflict with the law. The Jordanian Juvenile Law is currently under review to bring it into closer alignment with international standards.

Minimum age: The minimum age of criminal responsibility in Jordan is 7. However, children age 7 to 12 cannot be sentenced..

Arrest and investigation: Children in conflict with the law are usually arrested by regular police officers. In Za'atri and North Amman, these cases should be referred to the Juvenile Police Department which specializes in dealing with children in conflict with the law. . During the interrogation of a child, a parent/caregiver/guardian, lawyer, or another trusted person must be present. If none of these is available, a probation officer must be in attendance.⁶⁹ The presence of a trusted person is important to safeguard the child's rights during interrogations, especially the right not to be pressured to confess.⁷⁰

Anyone who is aware of children who have been arrested or detained should immediately inform the Juvenile Justice Police Department if they exist in their area. In cases of arrest or detention of refugee children, UNHCR should also be immediately informed for protection and legal representation of the child. See Child Protection Referral pathways for contacts. JPD will inform UNICEF of detention/arrest of refugee children.

Diversion: The Juvenile Police Department promotes diversion of children in conflict with the law from the formal justice system in Jordan. The Convention on the Rights of the Child (CRC) as well as other international standards promotes diversion.⁷¹ Jordanian Law does not allow police, prosecutor or courts to refrain from investigating, prosecuting or adjudicating offences for reasons of pettiness of the crime or in the best interest of the child. However in cases where the offences require a complaint to be filed by the injured party (including misdemeanours such as milder forms of assault⁷²), the Juvenile Police Department encourages and supports mediation by a third party between victim and offender families. Where this mediation is successful, clemency regulations are used to close the case and divert children from formal judicial proceedings.

Police custody: According to the Juvenile Law, only the Judiciary have the authority to detain children⁷³. However in practice, children who are arrested will usually remain in police custody for up to 24 hours, before being presented to the public prosecutor or being released. In the first 24 hours after the arrest, children in conflict with the law are most vulnerable and most in need of protection. Children have to be held separated from adults when in custody and should only be handcuffed when this is necessary for security reasons.

69. Penal Code, Article 15.

70. Ibid, Article 208.

71. Convention on the Rights of the Child, 1989, Art. 40.3.b.

72. Penal Code, Article 333-334.

73. Ibid, Article 4

Legal representation: Suspects, including children, have the right to be represented by a lawyer throughout an investigation.⁷⁴ However, the investigation phase is initiated by the public prosecutor.⁷⁵ Defense attorneys are permitted in the investigation and trial stages but they are not mandatory.⁷⁶ Free legal assistance is provided by the following organizations:

- Refugee children in conflict with the law can receive free legal aid including legal representation through UNHCR/Jordanian Bar Association (see section 4.2.1.3 for details). All refugee children in conflict with the law should be first referred to UNHCR who will ensure legal representation;
- For non-refugee children, Al Mizan offers legal aid and assistance to children in conflict with the law.

Informal justice system: Dispute resolution through informal justice mechanisms are sometimes used by children in conflict with the law and their caretakers. According to Jordanian law these procedures should go through the formal justice system, and are not valid unless approved by a court. These mechanisms usually aim to restore social peace and prevent revenge rather than fairly assessing the facts or sanctioning behaviour of individuals. Children are usually not part of these proceedings, but are regularly also not directly affected by the outcomes of the process, which are frequently compensation payments between affected families. For unaccompanied children, access to the informal system is especially difficult, since they lack representation and support by their family. In cases of GBV and 'moral crimes', informal justice outcomes are often incompatible with child rights. In certain situations, especially if the safety of the child is in danger due to possible acts of revenge or 'honour crimes', it can be advisable for the child suspect or victim to hand himself/herself over to authorities for protection rather than go through informal justice mechanisms.

Bail: Every child that is suspected of having committed a misdemeanour should be released from pre-trial detention if he/she provides a bail bond.⁷⁷ In case of an alleged felony (for instance, physical or sexual assault), this is only possible if special circumstances are found in the case. Usually, authorities demand that the caretaker acts as guarantor for the child, provides the bail and receives the child from the place of detention. In some cases, bail is only granted if there is a settlement with the complainant, which creates pressure on the suspect to make use of informal justice mechanisms. Often, short-term detentions could be avoided, if caretakers were willing and able to receive their children immediately from the police or the detention centre. In some cases, children remain in detention because they have no other place to stay or cannot or should not return to their caretakers.

Pre-sentence detention: If bail is not granted, child suspects will be held in pre-sentence detention upon decision by the public prosecutor. There are three detention centres for juveniles in Jordan, two for boys (in Irbid and Amman - Tabarbour) and one for girls in Amman. Children under the age of 12 cannot be detained before trial. The same applies to children who are suspected of an administrative offence. Children suspected of a misdemeanour can be detained for up to two months by order of the public prosecutor⁷⁸ and in addition, for up to another two months by order of the court.⁷⁹ Children suspected of felonies can be detained for up to 6 months by order of the public prosecutor⁸⁰ and for up to two months by order of the court⁸¹ and after indictment until the end of the trial, by order of the Attorney General.⁸²

74. Ibid, Article 63.

75. Ibid, Article 43, 63.1, 100.b.1.

76. Ibid, Article 208.

77. Money deposit as guarantee for appearance if summoned. Juveniles Law, Article 16, Juveniles Law.

78. Penal Code, Article 114.1.

79. Ibid, Article 114.4.

80. Ibid, Article 114.1.

81. Ibid, Article, 114.4.

82. Ibid, Article 134.2.

Trial/sentencing: Jordanian Law provides less severe punishment for children than for adults. The maximum prison sentence that can be inflicted on children age 15 and older is 12 years. For those aged 12 to 14, the maximum custodial sentence is 10 years.⁸³ In misdemeanours and less severe felonies, non-custodial measures are available, such as suspended sentences, supervision orders and fines.⁸⁴ Children aged 7 to 11 cannot receive custodial punishment; only placement with a parent/caregiver, guardian, or care institution, or supervision by a probation officer can be ordered.⁸⁵ Defense attorneys enjoy basic defense rights, such as the right to cross-examine witnesses,⁸⁶ to call witnesses for the defense⁸⁷ and to make copies of the case file.⁸⁸

Execution of custodial sentences: Children deprived of their liberty can be visited by their caretakers and relatives on a regular basis. Children in detention enjoy basic rights, such as the right to education. Art. 27.1 Juvenile Law provides the possibility for an early release of children after one third of their sentence is served and other conditions are fulfilled.

Key responsibilities of police and prosecution are to:

- Inform parents/caregivers or other caretakers of the child immediately after the arrest. In case of child refugees, inform UNHCR;
- Hand over the case to specialized police departments (JPD) whenever possible, and as early as possible;
- Ensure that parents/caregivers, caretakers, lawyers or probation officers are able to attend interrogations.

Key responsibilities of general humanitarian actors are to:

- Immediately inform Juvenile Protection Department (where they exist) of any child arrested or detained, and inform UNHCR of any refugee child arrested or detained;
- Seek the assistance of a lawyer or an organization specialized in juvenile justice before undertaking or suggesting any actions that might have legal implications;
- Respect relevant laws, ensure the child's and parents/caregivers' consent for any procedures, and the best interest of the child;
- Be especially aware of risks for the safety of the child due to acts of revenge or honour crimes;
- Encourage persons trusted by the child, in particular parents/caregivers, to attend interrogations, visit children in detention, and to support their reintegration after release;
- Child protection case managers can act in lieu of the person of trust if no-one else is available;
- Provide medical, psycho-social or other services needed by children in conflict with the law;
- Report child rights violations against refugees to the UNHCR focal point.

Responsibilities of legal aid organizations are to:

- Provide legal representation, legal assistance and legal aid as early and as comprehensively as possible;
- Obtain appropriate written consent from child/caregiver to represent them in legal proceedings;
- Wherever possible and appropriate, inform and involve child's caregiver in process and supporting the child;
- Ensure child/caregiver is informed of legal proceedings, options, costs, timeframes, benefits and disadvantages of various legal options and their view is taken into account in line with the child's best interest;
- Inform the UNHCR focal point immediately in cases of child refugees in conflict with the law, when taking over a case or providing other services;
- Refer cases to humanitarian actors specialized in medical, psycho-social or other services when needed;
- Report child rights violations against refugee children in conflict with the law to the UNHCR focal point.

83. Juvenile Law, Article 18,19.

84. Ibid, Article 18,19.

85. Ibid, Article 21.

86. Penal Code, Article, 221.2.

87. Ibid, Article,175.2.

88. Ibid, Article, 209.

The table below lists actors providing safety and security, legal, police and judicial services:

Service	Organization
Protection Hotlines	UNHCR, FPD
Legal aid	ARDD-Legal Aid (refugees) Mizen (non-refugees)
Legal representation	UNHCR/Jordanian Bar Association - Legal Aid for refugees (referral must first go to UNHCR) Mizen
Police and multi-sectoral services for family violence and sexual violence	FPD
Police for children in conflict with the law	Juvenile Police Department (North Amman and Za'atri) Regular Police (other locations)
Shelters	Dar Al Aman / JRF (for children under 13; admission through FPD) MOSD (for adolescent girls and women)
Judicial proceedings	Criminal Court (criminal cases) Juvenile Court/judge (children in conflict with the law and in need of special protection) Shariah court (custody, divorce, guardianship etc.)

5.1.4 Birth registration

All children have the right to a legally registered name, officially recognised by the government according to Article 7 of the CRC (registration, name, nationality, care). Most Syrian arrivals do not have documents with them (family booklet, ID, marriage certificate, etc.). They therefore face constraints and possible legal challenges in having birth certificates issued for their children. The main concern of the Civil Status Department is to be able to prove the marriage relation to avoid lineage mixing. UNHCR has reached consensus with the Department regarding the minimum documentation requirements, which are as follows:

- The availability of a family booklet or marriage certificate is required;
- In the event that the father does not have any ID, the Department will rely on the family booklet only;
- If the wife is alone and has a family booklet, she, with two witnesses or relatives, can register the baby at the Department, even if the wife's photo is not available in the family booklet;
- If the father or the mother has a family booklet in addition to a receipt of proof that their ID is retained with the authorities, the receipt will be considered evidence for their identity and will be reliable as long as it is stamped by the authorities;
- If the family only has a UNHCR certificate with photos of the wife and husband, then the Department will accept this document, even if there were no other supporting documents;
- Where there are no documents, the parents/caregivers can file a lawsuit under the Shariah Court titled "fixing marriage";
- Birth notifications from hospitals should always be obtained;
- The Department will second one of its employees bi-weekly to Za'atri camp to collect birth applications, review documents, guide concerned families on the procedures, and then issue birth certificates and deliver them the next week to avoid delay or fines;
- Refugees living in host communities can approach the Civil Status Department branches in their respective locations.

Key actors for birth registration are listed in the table below:

Service	Organization
Information about services	UNHCR
Issuance of birth certificates	Personal Status Department

5.1.5 Other basic services

Child protection cases may need basic services, such as health, education and material assistance in order to ensure their immediate wellbeing, safety and security. This section will provide information on services provided by other sectors that are important when responding to child protection cases. For example, in cases where a child is involved in child labour, providing families with alternative livelihood support can be essential in helping the child return to school.

5.1.5.1. Health

Primary, secondary and some tertiary health care services are available to all registered Syrians free of charge at Public Health Centres and Governmental Hospitals (referral from public health centres is necessary, except for emergencies).

Patient must present his/her valid UNHCR registration certificate in order to receive services free of charge. Note that if the UNHCR registration certificate is expired, then the refugee will have to pay for the service provided at the foreigner's rate.

Non-registered Syrians can access primary and some secondary services at UNHCR's partner clinics.

In relation to **emergencies** for non-registered Syrians, Iraqis and other nationalities, if the patient or someone on behalf of the patient reports to Caritas or JHAS within a maximum period of 48 hours, the treatment cost for stabilization could be covered by UNHCR (if it is deemed a genuine emergency).

Vaccination services, antenatal care, postnatal care are provided free of charge at government public health services regardless of registration status.

Basic medical services for child protection cases include:

- Access to primary health care services;
- Treatment of injuries;
- Access to MHPSS services;
- Referrals to other relevant and specialized services;
- Life-saving interventions for injured/wounded children and surgeries;
- Vaccination and treatment of communicable diseases;
- Medical documentation;
- Follow-up care.

Healthcare programme managers should ensure that health care is available for children who are particularly at risk of abuse, violence, neglect and exploitation. This may include those in alternative care, children who have lost one or more caregivers, child caregivers and child heads of households, and children with disabilities. Health managers should:

- Identify and tackle the different barriers preventing girls and boys from accessing services and design outreach services for children;

- Strengthen, adapt or develop child-friendly and disability-inclusive procedures for admitting, treating and discharging unaccompanied children;
- Ensure health workers are trained in basic child protection as relevant to their work, including prevention of separation (including ensuring there are procedures in place so that caregivers can stay with children in case of medical evacuation and hospital admission);
- Ensure access to sexual and reproductive health services for older children;
- Train clinical health staff on clinical care of children, and train auxiliary non-clinical staff on the confidentiality and protection elements of work related to sexual violence;
- Ensure that those providing health services (including community health workers) have signed up to and been trained in a code of conduct or other policy which covers child safeguarding.

Health care providers should:

- Be attentive to the signs of child abuse and sensitively identify children experiencing or at risk of abuse. They should also be able to identify other child protection issues, including child labor, early marriage and separated/ unaccompanied children;
- Provide child-friendly, safe, respectful and confidential health services to survivors of violence, abuse, exploitation and neglect (including GBV);
- Provide basic emotional support to child protection cases and their families, such as psychological first aid;
- Provide children and their caregivers information on other available services for child protection cases, according to the child protection referral pathways described in Annex XIX and refer when child/ caregiver consents;
- Report cases of family violence against children and/or sexual violence to FPD in line with the mandatory reporting requirements (described in section 3.2.4 above).

Health/medical service providers are listed in the table below:

Service	Organization
Primary health care	IRC, JHAS, MOH, JWU, Caritas/UNHCR, Kitab Al Sunna, UAE Red Crescent, Islamic Charitable Society, Jordan Relief Association
Medical care adapted to children	IRC, MoH, Al Farouk Charitable Society
Treatment of injuries	MOH
Health examination	IFH
Referrals to hospitals/secondary health services	JHAS, Islamic Charitable Society, Caritas/UNHCR, MoH
Secondary health care	JHAS, MOH, UAE Red Crescent
Rehabilitation services for persons with disability	HI, NHF
Provision of mobility aids and prostheses	HI, NHF
Assessment of need for type of wheel chair	JHAS, HI
Rehabilitation services for persons with injuries	HI
Detection and diagnosis of disabilities	NHF, HI

Specialized mental health services:

It is estimated that 10-20% of children who have experienced profound stress due to violent conflict and displacement could suffer mild to moderate mental disorders requiring focused psychosocial activities such as psychological first aid or case management. Two to four per cent of children, however, could suffer severe mental disorders and require access to clinical mental health services.

Protection actors should counsel those children that might be in need of mental health services on the available mental health services. If they (and their parents/caregivers) give their consent, they may be referred to a specialized provider.

IMC provides primary mental health services for children in Jordan. For complicated cases where further intervention is needed, children are referred to MOH facilities.

Service	Organization
Mental health services	JHAS, IMC, MOH
PSS services	HI

5.1.5.2. Education

Since the beginning of the crisis, Education Sector Working Group partners have been providing emergency education assistance to vulnerable Syrian children. UNICEF, together with the Ministry of Education (MOE), has ensured that Syrian children benefit from free access to public schools across the country, regardless of their status and documentation. Pending their registration with UNHCR, Syrian refugee children have free access to public schools (from 1-11 grade) during the academic year, 2012-2013.

Formal education:⁸⁹

- Access to free primary formal education in Jordanian schools in the host community (1-11 grade);
- Provision of formal education (grade 1-11 grade) for Syrian children in camps;
- Catch-up/remedial classes are available in host communities (Mafraq, Ramtha, Irbid, Amman) and camps;
- School supplies and basic clothing are provided to the most vulnerable Syrian children in host communities.

Informal⁹⁰ (IFE) and non-formal⁹¹ (NFE) education services in host communities and camps:

- Provision of life skills, recreational activities, and functional literacy/numeracy classes, and informal education (IFE) for adolescents (12-18) in community-based centres and camps;
- MOE certified non-formal education (NFE) for those who have dropped out and out-of-school youth interested in re-entering the formal education system or working towards an alternative 10th grade equivalency diploma (includes referral option for VTC);
- Provision of vocational training skills, income-generating skills and functional literacy to female heads of household;
- Vocational training targeting adult refugees in Amman, which could be an option for post care planning for unaccompanied children;
- There are some vocational training centers in Jordan, which will accept refugee children. However, as places are limited, these should be reserved for youths who are in critical need of livelihood options.

89. **Formal education:** Certified education services provided by the Ministry of Education's public schools (grade 1-12).
 90. **Informal education:** Educational activities that range from recreational activities to literacy numeracy, and life skills sessions. These educational activities are not certifiable by the Ministry of Education and not specifically bound to certain age or target group.
 91. **Non-formal education:** Certified education services following MOE's NFE curricula (2 year course). The eligibility of students to NFE includes those who have missed more than 3 years of school or have never been enrolled in formal education in Jordan. When completed 2 years of NFE, the participant will receive a certificate, which equals to a public school 10th grade completion.

All children, including children with disabilities, have a fundamental right to education. Article 24 of the CPRD holds that State Parties must ensure that:

- Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education or from secondary education on the basis of disability;
- Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
- Reasonable accommodation of the individual’s requirements is provided;
- Persons with disabilities receive the support required within the general education system to facilitate their effective education;
- Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

Education service providers are listed in the table below:

Service	Organization
Hotline for information on education and protection services in schools	Save the Children Jordan
Formal education	Ministry of Education, UNICEF
Non-formal education (for out-of-school youth, those who have dropped out and those at-risk of dropping out)	Questscope
Informal education (for out-of-school youth, and youth not eligible for the formal system) and mentoring, including literacy/numeracy classes, life skills, and recreational activities	Questscope, NRC, Finn Church Aid, Al-Farouk Society, IMC, Save the Children International, Family and Childhood Protection Society, Family Guidance & Awareness Centre, Khawla Bint Al Azwar, UPP/Jordan Women Union, Caritas, AVSI, Jesuit Refugee Service (JRS), East Amman Charity Center, Yarmouq Baqa Center, Madrasati Initiative, UNICEF
Pre-primary education	Save the Children International, Jesuit Refugee Service
Mentoring	Questscope
Vocational training	Caritas, Save the Children International, CARE

5.1.5.3 Non-food items (NFIs)

- Non-food items are provided to all refugees upon arrival at Al Za’atri camp. These can be taken with refugees as they leave the camp;⁹²
- There are various ad hoc NFI provisions in the host community offered by a variety of organizations but there is no NFI provision by UNHCR outside the camps;⁹³
- Refugees do not need to be registered with UNHCR to receive NFI items from other organizations;
- These items are not given specifically to child survivors of violence or separation to avoid stigmatizing these children and/or creating further separation of children from their families;
- Unaccompanied children should receive these items from partners. However, organizations should verify with UNHCR that these children are indeed unaccompanied before distributing items;

92. UASC SOPs, UNICEF. 2013.

93. Ibid

- An initial 'placement package' for unaccompanied or separated children placed in kinship or foster care or being supported to live independently should be included with provisions for children in the household (including the mentor's household) if required. The items given should be based on the needs of individual households, where possible, rather than as a generic kit, to prevent secondary separation;⁹⁴
- Non-food items should be accessible and appropriate for persons with disabilities.

5.1.5.4. Shelter

- Refugees have access to shelter including tents and caravans through UNHCR and partners in the camps;
- A number of NGOs and CBOs provide rental assistance to refugees in host communities. In the host community, a number of Islamic charities have apartment buildings in various locations available to vulnerable families on referral;
- Refugees with disabilities have access to appropriate and accessible shelter.

5.1.5.5. Livelihoods and cash assistance

- As poverty is one of the root causes of many child protection problems, cash assistance and livelihood programmes can be important in responding to various child protection cases, in particular child labour, early marriage, families caring for separated children, unaccompanied children or those who have dropped out of school;
- A 'cash for work' scheme is available in the camp, which currently targets adults. People are employed on a rotational basis to ensure access for all. Some small scale 'cash for work' is available in the community;⁹⁵ Employment in host community is restricted, as Syrians are required to apply for work permits;⁹⁶
- UNHCR and other partners provide cash assistance to vulnerable families to cover rent, grants and small business enterprises, winterization, education, tuition fees, and other basic needs. This is based on a household assessment. This can be extended if required on the basis of the child's BIA;⁹⁷
- Cash for work programmes should be accessible for persons with disabilities, and persons with disabilities actively included in participation of cash for work schemes;
- UNHCR and partners provide emergency cash assistance (one time) to newly registered refugees;
- Cash assistance for refugees from UNHCR and some partners require refugees to register with UNHCR. They will then be assessed against criteria to determine if they are eligible for cash assistance;
- Some partners (see below) provide cash assistance to non-registered refugees and vulnerable Jordanian host communities. Case assistance is also available for vulnerable Jordanians, especially orphans from the Zakat Fund and other CBOs;
- Child protection cases can be eligible for cash assistance from UNHCR and other partners, if they meet the criteria;
- Cash should only be provided to child protection cases as part of a broader programme to ensure that these cases meet standard criteria and receive assistance comparable to other vulnerable persons. Programmes that provide cash or shelter assistance specifically for child protection cases (e.g. unaccompanied children) should not be established. This avoids stigmatisation and encouraging children or parents/caregivers to claim their children are separated or have experienced violence;
- Specific issues related to livelihood for caregivers for unaccompanied and separated children are included in the UASC SOP.

94. Ibid

95. Ibid

96. Ibid

97. UASC SOPs, UNICEF, 2013; Syria Regional Response Plan 2013, UNHCR, 2012.

Service providers are listed in the table below:

Service	Organization
Livelihoods/income generation	IRC, UPP, JWU, SCI, Al Shua'a for Woman & Child Development (host communities)
Cash assistance	IRC, SCI, ICMC, Family Guidance and Awareness, Care International, UNHCR, JRC, Medair, ADRA, <i>Note: Cash assistance for refugees from UNHCR implementing partners must go through UNHCR</i>
NFI	ICMC, Christian & Missionary Alliance Church/Mercy Corps, Care International, Family Guidance and Awareness Center, UNHCR, ICS, Kitab Al Sunna, Family and Childhood Protection Society, JRS, Questscope, Al Sanabel

5.1.5.6. Food items fuel and water

- In the camps, all refugees are entitled to a food ration;⁹⁸
- In the host community, WEPT provides a voucher program for food rations. All registered refugees are eligible;⁹⁹
- Fuel for cooking and heating and water are provided to refugees living in the camps;
- In the host community, such services are not currently provided by UNHCR. Some partners provide seasonal assistance;¹⁰⁰
- Appropriate food items for persons with disabilities according to their needs should be ensured.

5.2 | CHILD PROTECTION PROCEDURES

This section describes particular forms of violence, abuse and exploitation against refugee children in affected host communities. For each section, it provides a brief background on this issue, some key programming responses, as well as procedures to respond to children who have experienced this type of child protection issue.

5.2.1 Physical violence

Physical violence takes a number of forms, occurring either separately or together with psychological and/or sexual violence. Physical violence includes hitting a child with the hand or with an object (such as a cane, belt, whip, shoe and so on); kicking, shaking, or throwing a child, pinching or pulling their hair; forcing a child to stay in an uncomfortable or undignified position, or to take excessive physical exercise; burning or scarring a child. It can occur in schools, homes or in the community and can range in severity from mild to severe.

98. Ibid

99. Ibid

100. Ibid

Physical violence in the family:

- Parents/caregivers who use physical violence against their children should be supported with appropriate guidance, mentoring or counselling to prevent the violence including: positive parent/caregiver skills including positive discipline; anger management; counselling to address causes of the violence; and/or family mediation;
- Child protection committees and child protection staff can help identify children at risk of or experiencing violence and help them access appropriate services;
- Children who experience physical violence should be provided with health, psychosocial, and educational services;
- Children six and above who are at risk or who experience physical violence should be offered information and services to help them protect themselves (such as the "Safe You/Safe Me" booklet and awareness-raising sessions);
- General service providers who identify children experiencing physical violence by family members should be referred to a qualified child protection case manager or the FPD with the child/caregiver's consent. If the child/caregiver does not consent, the general service provider can refer to their case manager, if they believe the child's safety is at risk. If unsure, general service providers should consult with a child protection case manager without providing identifying details of the case.

Physical violence in the community:

- Child victims of violence by other children – such as bullying – should be offered information and services to help them protect themselves, as well as psychosocial services, if necessary;
- Parents/caregivers of child victims of violence should also be offered awareness-raising sessions on child protection issues to help protect their children;
- Child perpetrators of violence against other children should be offered information and services on child rights and life skills (including managing emotions) as well as psychosocial support to deal with underlying causes of this violence, if required. Parents/caregivers of these children should also be involved in any psychosocial services for these children;
- Children who are victims of physical assault, as defined under the Penal Code, perpetrated either by adult non-family members or children, can report this to the police who will conduct an investigation. For children under 15, the complaint must be made by the child's parent/caregiver/guardian, while children 15 and above can make the complaint themselves. Articles 333, 334 and 335 of the Penal Code define physical assault as follows: "Anyone who deliberately harms someone else including beating or injuring that person through acts of violence which result in sickness or an inability to work for more than 20 days will be imprisoned from 3 months to 3 years";
- Child perpetrators of physical assault (and other crimes) should be treated in line with relevant Juvenile Justice standards (see section 4.2.1.4 above).

Actions following referral of physical violence to case managers:

- UNHCR/NGO child protection case managers who receive cases of physical violence against children by a family members should complete the Inter-Agency Best Interest Assessment (BIA) Form (see Annex VII), including identifying any safety concerns. FPD will complete their own assessment form;
- The case manager should develop a plan to respond to this violence. Where it would not further endanger the child, they should also consult with the child's caregiver (not the perpetrator of the violence);
- Children exposed to severe or recurrent violence should be offered counselling or life skills to help them address the effects of this violence. Family members may also need this service depending on the type of violence;
- Where possible, they should get the consent of the caregiver and/or child to refer to other services. Children and caregivers should be counseled on the services of FPD;
- Cases can be referred by case managers to FPD without the consent of the child or caregiver where they believe it is in the child's best interest – for instance, in cases where there are imminent safety threats to the child.

5.2.2. Violence in schools

Corporal punishment is prohibited in schools under the School Discipline Regulation (see Annex IX: National Laws and International Conventions). To reduce the prevalence of violence in schools, UNICEF initiated the Ma'an (Together) Towards a Safe School Campaign in 2009, in collaboration with MOE and other key stakeholders. The campaign promotes new disciplinary methods in schools, advocates the end of societal tolerance of violence in schools and supports media coverage to spread the message nationwide. This initiative aims to shift thinking about discipline and the school environment. It works to make teachers aware of their rights and responsibilities and hold them accountable for their actions.¹⁰¹

Penalties for corporal punishment are imposed according to Jordanian law (see Annex IX: National Laws and International Conventions for relevant articles).

- The Civil Service Bureau stipulates punitive measures against anyone who inflicts corporal punishments on children;
- Employees of educational establishments must refrain from corporal punishment in any form against children. Violators will be held accountable for any breach of the regulation.

The MOE Protection and Counselling Unit, with the support of UNICEF/Save the Children Jordan (SCJ) monitor, refer and follow up on protection cases of violence in schools. SCJ's role is to conduct awareness-raising about children rights to education, including updating students on disciplinary guidelines and on services available at the help desks for children and their families.

Current procedures related to cases of violence in schools include:

- Cases are reported to MOE school counsellors and to SCJ through their help desk, by educational staff, the child's family, the child themselves or other service providers;
- MOE counsellors or SCJ social workers conduct an assessment and submit a short report with recommendations for review/approval to their relevant focal points (for school counsellors, it is the District Head of Counselling unit; for SCJ it is to the MOE Protection Unit);
- MOE counsellors/SCJ social workers follow up the case, and if the child requires other services, they can refer the case to the relevant service providers (including FPD and JPD);
- MOE can impose penalties on educational staff (see above), if the perpetrator is an educational staff worker;
- The case is closed once necessary action is taken by the Protection Unit or SCJ (depending on interventions needed).

Service providers are listed in the table below:

Service	Organization
Hotline for information on protection and educational services	SCJ: 077 6702426, 080022766, 080000111 MOE Protection Department hotline: 08 000011 or 00022276

101. Jordan Ma'an Campaign: Together Towards Safe Schools. UNICEF.2012.

5.2.3 GBV including sexual violence against girls and boys

Children in both refugee and host communities are vulnerable to the various forms of gender-based violence outlined in 4.1 above. Sexual violence affects both girls and boys but is significantly underreported. Early marriage is particularly prevalent among Syrian adolescent girls, most of whom were married before arriving in Jordan. Procedures for cases of gender-based violence against children are outlined in section 4.1 above. Girls and boys with disabilities are especially vulnerable to sexual violence due to entrenched social and structural discrimination against them.¹⁰²

5.2.4 Child labor

Child labor is a widespread problem among Syrian refugees especially adolescent boys, as well as among Jordanian host communities, especially in economically disadvantaged areas. Child labor is unacceptable because the children involved are too young and should be in school. Child labor also encompasses work done by children who may have reached the minimum working age, but the work done is harmful to the emotional, developmental and physical wellbeing.

Jordan has ratified the ILO's Child Labor Conventions¹⁰³ and the UN Convention on the Rights of the Child and has subsequently introduced policies and legislation to prevent child labor. In Jordan, the minimum age of employment is 16, and education is compulsory education is up to 10th grade or 16-years-old. It is therefore illegal for children under the age of 16 to be employed.

No child under the age of 18 is allowed to be employed in dangerous or "hazardous work". A revised list of hazardous occupations was issued by the MOL in June 2011 that include: Bodily hazards; physical, psychological, moral and social hazards, for example, moral hazards; chemical, hazards; physical hazards; biological, and microbial hazards (e.g. viruses, bacteria, parasites and others) and; ergonomic hazards (e.g. relating to human harmony with use of machines and work tools), etc.; and other hazards.

Children aged 16-17 also have the following conditions on their employment:

- They cannot work more than six hours per day and must be given a break of at least one hour after every four working hours;
- They are not allowed to work between 8:00 pm and 6:00 am or on religious feasts, public holidays and weekends;
- The employer must request the following from the child's guardian: birth certificate; child's certificate of health for the required work issued by a doctor and approved by MOH and written approval of the child's guardian for the child to work in the establishment;
- The employer must keep these documents in a special file for the child, with information on the his/her place of residence, date of employment, the work for which he/she was employed, wages and leave.

In August 2011, the government endorsed the National Framework to Combat Child Labor (NFCL) which sets out a mechanism to address child labor by the MOL, MOE and MOSD. The mechanism involves identification, assessments (labor inspection, education and social), referral (to appropriate services) and follow-up (monitoring). It is not yet fully operational but is being pilot-tested in the governorates of Amman, Mafraq and Zarqa, and other areas will come on-stream in the course of 2013-2014. Other partners are being integrated, including CSOs, police, religious leaders, etc., as they can support all components of the referral mechanism. A new National Child Labor Database has also been launched to assist in data collection, analysis and monitoring.

102. Handicap International & Save the Children. Out from the Shadows; Sexual Violence Against Children with Disabilities. 2011.

103. ILO Convention No.138 on Minimum Age of Employment (1973) and No.182 on the Worst Forms of Child Labour (1999).

Refugee children of legal working age (and adults) need to apply to the Ministry of Labor for a work permit. Syrian children can apply immediately, while Iraqi children need first to apply and receive residency status, before they can apply for a work permit.

Employers who fail to respect the above conditions are in violation of the labor legislation and subject to fines of between 300 and 500 JD. In addition, employers who employ persons illegally (for instance, without a work permit) face a fine of between 500 to 1000JD (double in the case of repeated offenders).

Key actions on child labor for refugee and host communities include:

- Conducting awareness-raising for the community on the hazards of child labor and the importance of education;
- UNICEF, ILO, MOL, SAVE, MOE and MOSD conducting capacity building with implementing partners on the issue of child labor, including child labor among refugee populations;
- Child protection actors involving refugee parents/caregivers and children in their community awareness raising programmes with sessions on prevention and response to child labor;
- Child protection organizations reporting regularly to the Ministry of Labor details of employers who are engaging in child labor;
- Strengthening linkages between the referral mechanism of the NFCL and the case management system of the humanitarian response.

The following support should be offered to the child/family by qualified child protection case management agencies, such as UNHCR, IMC, or JRF:

- Assessment of the situation of the child and family by qualified child protection case managers;
- Counselling to the child and families regarding the risks of child labor and relevant Jordanian law in relation to child labor;
- Provision of information to child and families about education and vocational training options, and referral to these services as appropriate;
- Assessment of the eligibility of the family for cash assistance through UNHCR. The assistance is provided after an assessment of the family's situation. For a family to be eligible for cash assistance, the child needs to be enrolled in school;
- Provision of other economic support, such as rent, food packages and employment opportunities linked to educational opportunities through UNICEF supported programmes;
- Participation of children and/or families in psychosocial services including child and youth friendly spaces;
- Follow-up and monitoring of the child and family to ensure access to services and reduce risk of continuation or return of child to child labor.

The table below lists service providers involved in the prevention of and response to child labor in Jordan:

Service	Organization
Monitoring and protection	MOL, MOE and MOSD
Case management	IMC, IRC, JRF, UNHCR, MOSD

5.2.5 Separated and unaccompanied children including alternative care

Information on procedures for prevention and response to separated children is included in separate SOPs.

5.2.6 Children associated with armed forces and armed groups (CAAFAG)

The listing of Syrian government forces in the Secretary General’s Annual Report on Children and Armed Conflict (S/2012/261) in June 2012 in relation to the killing and maiming of children, as well as attacks against schools and hospitals, officially triggered the establishment of a monitoring and reporting mechanism (MRM) on children and armed conflict (CAAC) for Syria. The Secretary General’s Annual Reports have also indicated that Syrian government forces were also responsible for committing rape and other forms of sexual violence against children. The Free Syrian Army (FSA) was also reported in relation to recruitment and use of children.

The UN has verified that the FSA is recruiting and using children in hostilities in Syria. However, currently there is no verified information of recruitment or use of children in hostilities by government forces. Syria has ratified the Optional Protocol (OP) on the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict. Ratification of this OP means that under international law it is illegal for Syrian government forces and armed groups to recruit or otherwise allow any children under 18 to participate in hostilities in any way, either as combatants or in support roles (such as drivers, spies etc.).

Given the challenging situation in Syria, including security and access issues, and the massive influx of refugees in neighbouring countries (Jordan, Iraq, Lebanon and Turkey), a regional approach is envisaged at first to support the work of the task force in Syria.

The MRM on children and armed conflict for Syria was established in June 2012 to monitor all six grave violations, including killing and maiming of children, attacks against schools and hospitals and child recruitment in Syria. A regional monitoring mechanism has been established to monitor these six grave violations in Jordan, Iraq, Lebanon and Turkey and to advocate with the parties to the conflict (both government and opposition forces) to prevent these violations.

Key actions to prevent and address children associated with armed forces or armed groups:

- If children are identified as having being recruited or used in the hostilities by government forces or by armed groups in Syria, they should be referred to child protection case managers (IMC, and UNHCR) for further follow-up;
- Provide sustainable solutions (including counselling, vocational training, ensuring formal and non-formal education) for boys and girls at risk of returning to Syria for the purposes of participating in the conflict, or who may be at risk of recruitment by armed forces or armed groups if they return to Syria;
- Conduct sensitization/awareness raising activities to youths, parents/caregivers and other community members on children’s rights, including the risk to and impact for children in being involved with armed forces or armed groups;
- Monitor and report on possible recruitment or use of girls and boys by armed forces or armed groups.

Please note that due to safety and security issues of children associated with armed forces or armed groups and their families, ONLY key child protection agencies are involved in the coordination and planning of prevention and response activities.

Service	Organization
Case management	UNHCR and other CP case managers
Monitoring and reporting	UNICEF

5.2.7 Child Trafficking

The Anti-Human Trafficking Law (2008) prohibits all forms of trafficking and prescribes penalties of six months to 10 years' imprisonment for forced prostitution, child trafficking, and trafficking of women and girls. The National Committee (consisting of the Ministries of Interior, Justice, Labor, and the police) launched in March 2010 a National Strategy and Action Plan to Combat Human Trafficking for the period 2010-2012.

The anti-trafficking law contains a provision for the opening of shelters. However Jordan has no shelter services for victims of trafficking. There is no government shelter available for male victims of trafficking, although the police and the Ministry of Labor sometimes pay for male victims involved in labor disputes, some of whom may be trafficking victims, to reside at a hotel. It is not known how many trafficking victims received this type of assistance in 2011. There is no report to date of children being involved in trafficking.¹⁰⁴ Protecting trafficked children requires timely victim identification, placing them in a safe environment, providing them with social services, health care, psychosocial support, and reintegration with family and community, if it is proven to be in their best interest.

Documenting children from birth through birth certificates and registration (with UNHCR if refugees) can serve to prevent trafficking. Accurate documentation of care arrangements for separated and unaccompanied minors are also paramount.

Key activities when a child has been identified as a victim of trafficking include:

- Cases to be referred to child protection organizations for assessment and development of a case plan, including direct support and referral for services;
- Reports of child trafficking should be reported immediately to the Anti-Trafficking Unit;
- Children missing should be reported as missing by their parents/caregivers.

104. United States Department of State, Trafficking in Persons Report – Jordan. 19 June 2012.

CHAPTER 6:

PREVENTION

Although prevention and response are divided in this SOP into two separate sections, they are inter-related activities. Many elements of GBV and CP response are also preventive measures. Prevention entails working at different levels of society to achieve social change and implement targeted interventions with specific groups. Prevention also includes more generalized approaches for the population at large (e.g. campaigns, mass media messaging and other awareness-raising initiatives).

In setting prevention strategies, it is important to target not only affected individuals (whether adults or children) but also the broader community, since the broader community is influential in creating a culture of non-tolerance for GBV and CP related issues. The impact of GBV and CP affects various systems, including physical and mental health, law enforcement, judicial and public social services and non-profit organizations, as they respond to the incident and support children and/or survivors. Without a strong prevention component, service delivery alone will not change the attitudes and behaviours that cause GBV and CP and allow them to continue within the community.

6.1 | GBV PREVENTION

All parties to these SOPs will:

- Provide or participate in training about GBV, the IASC GBV Guidelines, these SOPs, and other relevant materials, adapted to the sector of intervention;
- Adopt codes of conduct for all staff that focus on preventing sexual exploitation and abuse. Actions include: providing training to all staff, requiring all staff to sign the code of conduct, establish safe and confidential reporting mechanisms and follow-up on reports;
- Actively seek equal participation of women, girls, boys and men in the design and delivery of services and facilities in the setting, and meeting regularly with women and girls to learn about accessibility, safety, and security related to services and facilities;
- Ensure services are inclusive and accessible for persons with disabilities;
- In collaboration with the GBV sub-working group, carefully coordinate, develop and implement GBV awareness-raising activities within the community and advocacy among other humanitarian actors and government authorities;
- Organize economic empowerment activities to reduce vulnerabilities;
- Strengthen the protective environment, by assessing security and safety and addressing protection issues. When designing projects and implementing interventions, always consider intended and unintended consequences of activities and review strategies to ensure survivor's protection and according to the best interests of the survivor(s);
- Foster community mobilisation and outreach information campaigns to prevent further incidence of the identified violence and stigmatization of survivors. Agencies should work with different formal and informal refugee community based networks to:
 - Maintain awareness of GBV risks and issues in the setting, and communicate these to security actors and the GBV sub-working group;
 - Engage in problem-solving discussions to continuously strengthen prevention strategies;
 - Actively promote respect for human rights and women's rights, and support the role of women and youths as equal decision makers;
 - Promote male role models and positive masculine norms and behaviours that are non-violent.
- Ensure all relevant sectors/actors are aware of and are carrying out their roles and responsibilities as described in these SOPs and the IASC GBV Guidelines (2005) including:
 - **Health:** Implement the Minimum Initial Service Package for reproductive health in emergency situations (MISP); Ensure health services are accessible to women and children, Integrate GBV awareness-raising and behaviour change activities into community health activities.

- **Social** services/psychosocial services: Influence changes in socio-cultural norms; promote respect for human rights and women rights; encourage survivors to seek assistance; provide family counselling; promote community acceptance and social re-integration of GBV survivors/victims.
- **Security:** Maintain adequate security presence; through formal and informal networks, maintain awareness of protection and security issues related to GBV; provide information to the GBV sub-working group about protection and security issues; develop and strengthen specific prevention strategies to address evolving security issues.
- **Legal justice:** Raise awareness among the refugee population on national laws and available legal aid services; promote respect for the survivor by the Criminal Justice System to encourage them come forward to report violence;¹⁰⁵ apply relevant laws and policies, and adjudicate GBV cases affectively.

All actors involved in prevention must coordinate with each other and plan activities in a collaborative manner. Public information messages, awareness-raising campaigns and behaviour change strategies must be coherent, consistent, and connected to services and organizations to avoid confusion in the community.

6.2 | CP PREVENTION

All humanitarian actors are responsible for preventing violence, neglect, abuse and exploitation of children – not only the parties to this SOP.

All parties to this SOP will:

- Provide or participate in training about child protection, the Minimum Standards on Child Protection in Humanitarian Settings, this SOP, and other relevant materials, adapted to the sector of intervention;
- Adopt codes of conduct for all staff that focus on preventing sexual exploitation and abuse. Actions include: providing training to all staff, requiring all staff to sign the code of conduct, establish safe and confidential reporting mechanisms and follow-up on reports;
- Actively seek equal participation of girls and boys in the design and delivery of services and facilities and meeting regularly with girls and boys to learn about accessibility, safety, and security related to services and facilities as to strengthen the protective environment for children, by assessing and addressing protection issues;
- Ensure services are inclusive and accessible for children with disabilities and caregivers with disabilities;
- In collaboration with the CP sub-working group, carefully coordinate, develop and implement CP awareness-raising activities within the community and advocacy among other humanitarian actors and government authorities;
- Agencies should work with different formal and informal refugee community based networks (e.g. child protection committees) to:
 - Maintain awareness of CP risks and issues in the setting, and communicate these to protection actors and the CP and GBV working group;
 - Engage in problem-solving discussions to continuously strengthen prevention strategies;
 - Actively promote respect for human rights and children’s rights, and support the role of children and youths as equal decision makers.
- Reinforce and activate the role of schools in the implementation of extra-curricular activities;
- Reinforce the role of parents/caregivers councils in schools;
- Ensure all relevant sectors/actors are aware of and are carrying out their roles and responsibilities as described in this SOP.

105. The National Framework for Family Protection from Violence, NCFV, 2006.

6.3 | COMMUNITY MOBILISATION FOR PREVENTION

Child protection and GBV actors conduct a range of activities to mobilize communities GBV and children as follows:

- Conduct capacity-building for CBOs;
- Establishing CFS, youths and women's centres that provide multi-sectoral services for women and children;
- Establishing protection committees, child protection committees and parent/caregiver-teachers associations;
- Conducting awareness-raising activities/life skills to children and parents/caregivers on protection of children;
- Conducting awareness-raising activities with women, men and children on GBV;
- Mobilising religious leaders to speak out on protection of women, men and children;
- Mobilising men and boys to prevent violence;
- Using arts, social media and mass media to raise awareness and stimulate dialogue on prevention of violence;
- Actively search for and engage the participation of men, women, boys and girls with disabilities.

CHAPTER 7:

INFORMATION DISSEMINATION

7.1 | INFORMING THE COMMUNITY

- Ensure a coordinated approach and consistent messages;
- Develop an inter-agency action plan with timeline and specific responsibilities;
- Inform communities about existing services;
- Ensure that the development of messages is focused on safe and confidential access to assistance for GBV survivors;
- Ensure that information is provided on emergency medical responses and other services; Provide messages that are culturally acceptable and in a format that protect individuals accessing these services from risk of harm.

Information materials include:

- Referral cards;
- Posters;
- Radio information programmes facilitated by refugees on services;
- Hotline;
- Awareness-raising activities.

Referral cards can be distributed to the following outreach initiatives:

- Medical mobile teams;
- Registration centers;
- Refugee focal points and host communities focal points;
- Islamic charities and clinics;
- Community centers;
- Women's centers.

7.2 | INFORMING SERVICE PROVIDERS

- Presentations to senior management of participating organizations and formal endorsement and signature;
- One-day training to introduce SOPs and Referral Pathways to providers/focal points included in the referral pathway;
- Internal meetings within NGOs and UN agencies. Focal points will present SOPs to colleagues within their organization;
- Case management trainings.

CHAPTER 8:

DOCUMENTATION, DATA, AND MONITORING

A number of organizations have existing electronic case management systems, and the GBV IMS and CP IMS are currently being rolled out in Jordan. The roll out of the two information management systems will be supported by continuous trainings for the respective agency focal points to ensure they are familiar with the tools and procedures. In the medium term, the aim is to harmonise the existing national databases and the two information management systems as much as possible. The first step will be to agree on possible common data points at this stage.

8.1 | GBV INFORMATION MANAGEMENT SYSTEM

Sharing non-identifying data: The GBVIMS will be piloted in a number of locations in Jordan. A GBV IMS Information-Sharing Protocol will be developed in partnership with data collecting agencies to guide the safe, confidential and ethical collection, analysis and utilization of GBV IMS data (non-identifying statistical data).

Referrals and information sharing for service provision: Case management agencies are responsible for documenting GBV cases. This SOP includes intake, referral and consent forms to be used by the lead agencies when a GBV case is reported (see Annexes I, III and IV). Medical personnel use the GBV IMS Medical Intake and Assessment form attached in Annex II. These forms are only to be used by specialized agencies.

Agency staff charged with collecting the Initial Intake information from the survivor should be appropriately trained on how to fill out the forms and how to act in accordance with the guiding principles. Training on the proper completion of intake forms will include determining the appropriate case definition for each reported incident of GBV.

Intake forms contain extremely confidential and sensitive information and this information may only be shared with others under certain circumstances (see section on consent and information sharing). Forms must always be kept in locked files and should never be shared directly.

8.2 | CHILD PROTECTION INFORMATION MANAGEMENT SYSTEM

The CP IMS will be used by the lead CP agencies as a case management tool and will support one caseload of children affected by a range of different child protection issues in several geographical areas. The lead CP agencies have agreed on an Inter-Agency Best Interest Assessment (BIA) Form to be used when a CP case is being identified (see Annex VII). Other key CP IMS forms will also be customised and used.

Agency staff charged with collecting the information will be appropriately trained on how to fill out the forms and how to act in accordance with the guiding principles. Original copies of BIA forms and all other forms should be kept in locked files. Computers and databases should be password-secured.

The CP IMS has built-in safeguards that protect children's information and promote best practices in confidentiality. Encrypted/partial data can be shared across agencies for transfers, referrals or reporting, depending on the information-sharing protocol agreed upon by the agencies. Information regarding GBV incidences involving children will be entered into a specific form, so that non-identifying information can be extracted and entered into the GBV IMS.

8.3 | OTHER INFORMATION MANAGEMENT SYSTEMS

FPD outside Amman uses paper case tracking systems. Organizations should refer based on the consent of the survivor and best interest of the child using the inter-agency referral forms (see Annexes III and XVI) and/or emails. Confidentiality should be maintained when making referrals, including through sending cases only to authorised focal points within FPD (to be developed).

National actors including NCFA have developed the case tracking system currently used by a number of national protection actors including FPD, JRF, MOSD and MOH, as an inter-agency case management system for family violence and sexual violence cases. This is an online case management system allowing service providers to track the services provided to cases, while ensuring confidentiality is maintained. This system is currently operational in Amman and will be revised to interface with the other case management systems as appropriate. Options to allow NGOs to refer cases to national protection actors through the case tracking system are currently being explored.

UNHCR has an internal case management system for refugees called ProGres. Implementing partners of UNHCR provide UNHCR with updates on the refugee cases they have managed regularly (at least once a month) to allow UNHCR to update ProGres. The way that ProGres, GBVIMS and CPIMS will be linked is currently being determined.

8.4 | CHILD PROTECTION INFORMATION MANAGEMENT SYSTEM

The members of the CP and GBV sector group will report regularly (every third month) on the indicators in the Regional Response Plan (RRP).

CHAPTER 9:

COORDINATION

9.1 | COORDINATION MECHANISMS

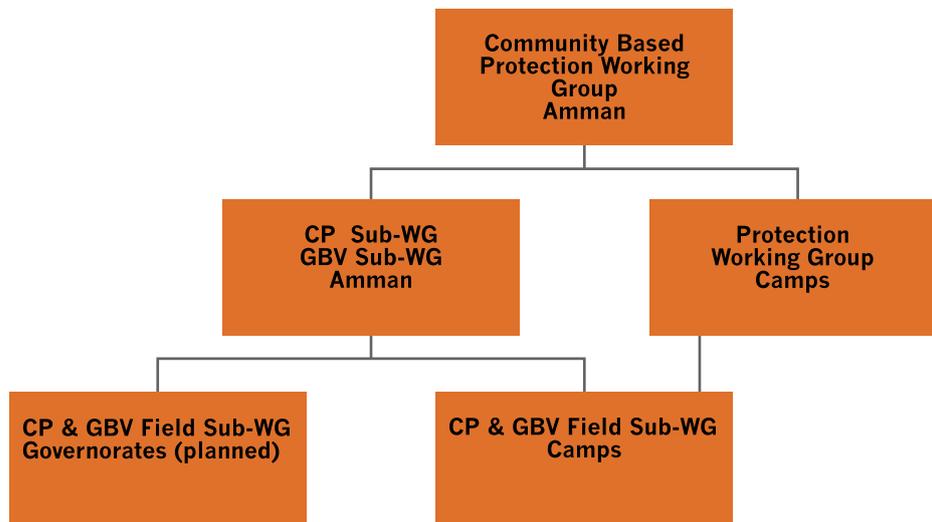
Effective prevention and response to CP and GBV require multi-sectoral coordinated action among, at a minimum, health and social services actors, legal, human rights, and security sectors and the community.

In Jordan, the Child Protection and Gender Based Violence Sub-Working Groups (CP and GBV Sub-WGs) are the coordinating bodies with the objective to strengthen child protection and GBV prevention and response in emergency settings, with a focus on Syrian refugees in the camps and in the host communities, including host population and others (e.g. Iraqis) affected by the crisis. The CP and GBV Sub-WGs ensure alignment with the national sector-wide coordination related to CP and GBV.

The CP Sub-WG is chaired by UNICEF and UNHCR, while UNFPA and UNHCR chair the GBV Sub-WG. Both are sub-working groups of the Community-Based Protection Working Group, chaired by UNHCR. Members of the Sub-Working Groups include UN agencies, international and national NGOs and institutions working in these sectors.

The national level Sub-Working Groups meet every two weeks. Extraordinary meetings and ad-hoc task forces are created by the chairs and at the request of members of the working groups, when this is considered necessary to address an issue of urgent matter. There are camp and governorate level (currently being established) CP and GBV Sub-Working Groups, each with specific tasks and responsibilities outlined in terms of reference. Camp level meetings take place on a weekly basis.

Information is shared at least monthly among and between working groups through dissemination of meeting minutes. Issues and problems needing action from another working group are identified in these minutes. The appropriate working group takes action and provides follow up information. The CP and GBV Sub-Working Groups also regularly report to the Community-Based Protection Working Group, both at the national level and at the field level.



All other sectors (i.e. health, education, protection, etc.) should define their respective responsibilities regarding prevention and response to CP and GBV, and how they will liaise with the CP and GBV Sub-Working Groups and coordinating agencies in their location.

SIGNATORY PAGE FOR PARTICIPATING ACTORS

We, the undersigned, as representatives of our respective organizations, agree and commit to:

- Abiding by the procedures and guidelines contained in this document;
- Fulfilling our roles and responsibilities to prevent and respond to GBV and CP;
- Providing copies of this document to all incoming staff in our organizations with responsibilities for action to address GBV and CP, so that these procedures will continue beyond the contract term of any individual staff member.

Signature page

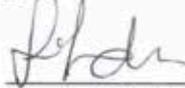


NCFA Representative

Date:

Family Protection Department

Date:



Save the Children
International

Date:



Legal-Aid-ARRD

Date:



Triangle GH

Date:



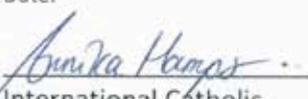
AVSI Foundation

Date:



International Rescue
Committee

Date:



International Catholic
Migration Mission

Date:



World Vision International

Date:



Terre des Hommes-Lausanne



UNHCR Representative

Date:



UNICEF Representative

Date:



UNFPA Representative

Date:



Institute for Family Health/Noor Al
Hussein Foundation

Date:



INTERSOS

Date:



Un Ponte Per

Date:



Center for Victims of Torture

Date:

Signature page


Organisation: *International medical camp*
Date:


Organisation: *Mercy Corps*
Date:


Organisation: *Save the Children Jordan*
Date:


Organisation: *UNRWA*
Date: *28.07.2013*

Organisation:
Date:

ACRONYMS

ADRA	Adventist Development and Relief Agency
AVSI	Association of Volunteers in International Service
BID SOP	Best Interest Determination Standard Operating Procedures
CAAFAG	Children associated with armed groups or forces
CBCPC	Community-based child protection committees
CBO	Community-based organization
CFS	Child-friendly spaces
CP	Child protection
CP IMS	Child Protection Information Management System
CP Sub-WG	Child Protection Sub-Working Group
CPRD	Convention on the Rights of Persons with Disabilities
CPWG	Child Protection Working Group
CRC	Convention on the Rights of the Child
CSO	Civil society organization
CVT	Centre for Victims of Torture
FGM/FGC	Female genital mutilation/female genital cutting
FPD	Family Protection Department
FSA	The Free Syrian Army
GBV	Gender-based violence
GBV IMS	Gender-based Violence Information Management System
GBV Sub-WG	Gender-based Violence Sub-Working Group
HI	Handicap International
IASC	Inter-Agency Standing Committee
ICMC	International Catholic Migration Commission
ICS	International Charitable Society
IFE	Informal education services
IFH	Institute for Family Health
ILO	International Labor Organization
IMC	International Medical Corps
IRC	International Rescue Committee
IRD	International Relief and Development
JHAS	Jordan Health Aid Society
JRC	Jordan Red Crescent Society
JRF	Jordan River Foundation
JRS	Jesuit Refugee Service
JWU	Jordanian Women's Union
MHPSS	Mental health and psychosocial support
MISP	Minimum Initial Service Package
MOE	Ministry of Education
MOH	Ministry of Health
MOI	Ministry of Interior

MOL	Ministry of Labor
MOSD	Ministry of Social Development
MRM	Monitoring and reporting mechanism
NCFA	National Council for Family Affairs
NFCL	National Framework to combat Child Labor
NFE	Non-formal education services
NFI	Non-food items
NGO	Non-governmental organization
NHF	Noor Al-Hussein Foundation
OP	Optional Protocol (of the CRC)
PFA	Psychological first aid
PSD	Police Security Department
PSEA	Protection against sexual exploitation and abuse
RFP	Referral focal point
RRP	Regional Response Plan
SCI	Save the Children International
SCJ	Save the Children Jordan
SEA	Sexual exploitation and abuse
SOP	Standard operating procedures
TdH	Terre des hommes
UAE Red Crescent	United Arab Emirates Red Crescent
UASC	Unaccompanied and separated children
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children’s Emergency Fund
UPP	Un ponte per
VCT	Vocational training centre
WHO	World Health Organization

[ANNEXES]

Annex I: GBVIMS Psychosocial Intake and Assessment Form

Incident ID الرقم التعريفي للحادثة

Survivor Code رمز الناجي/الناجية

CONFIDENTIAL

Psychosocial Intake & Assessment Form

Before beginning the interview, please be sure to remind the survivor that all information given will be kept confidential, and that they may choose to decline to answer any of the following questions.

Administrative Information

Staff Code* رمز الموظف	Incident Date* تاريخ الحادثة (يوم/شهر/سنة)	Report Date* تاريخ المقابلة (يوم/شهر/سنة)	Report by Survivor*? <input type="checkbox"/> Yes نعم <input type="checkbox"/> No لا
---------------------------	---	--	---

Survivor Information المعلومات الناجية / الناجية

Date of Birth* تاريخ الولادة	Survivor's Country of Origin*? بلد المنشأ <input type="checkbox"/> Jordan الأردن <input type="checkbox"/> Syria سوريا <input type="checkbox"/> Iraq العراق <input type="checkbox"/> Other غير ذلك	Sex of Survivor* الجنس/نوع <input type="checkbox"/> Female أنثى <input type="checkbox"/> Male ذكر	Current Civil / Marital Status*: الحالة المدنية / الاجتماعية الحالية <input type="checkbox"/> Single أعزب <input type="checkbox"/> Married / Cohabiting متزوج / له رفيق <input type="checkbox"/> Divorced / Separated مطلق / منفصل <input type="checkbox"/> Widowed أرمل
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Displacement status at time of report*: <input type="checkbox"/> Refugee لاجئ <input type="checkbox"/> Asylum Seeker طالب لجوء <input type="checkbox"/> Resident مقيم <input type="checkbox"/> Foreign National أجنبي <input type="checkbox"/> IDP نازح <input type="checkbox"/> Stateless Person عديم الجنسية <input type="checkbox"/> Returnee عائد	Is the survivor a person with disabilities? * هل العميل ذو إعاقة? <input type="checkbox"/> No لا <input type="checkbox"/> Mental disability إعاقة ذهنية <input type="checkbox"/> Physical disability إعاقة جسدية <input type="checkbox"/> Both ذكوراً وإناثاً	Is the survivor an unaccompanied minor, separated child, or other vulnerable child? * هل العميل طفل غير مصحوب أو منفصل أو طفل مستضعف على نحو آخر? <input type="checkbox"/> No لا <input type="checkbox"/> Unaccompanied Minor طفل غير مرافق <input type="checkbox"/> Separated Child طفل منفصل <input type="checkbox"/> Other Vulnerable Child طفل أشد ضعفاً على نحو آخر
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Details of the Incident تفاصيل الحادثة

Stage of displacement at time of incident* مرحلة التشرد وقت وقوع الحادثة <input type="checkbox"/> Not Displaced / Home Community غير مشرد / من المجتمع المحلي <input type="checkbox"/> Pre-displacement قبل التشرد <input type="checkbox"/> During Flight أثناء الفرار <input type="checkbox"/> During Refuge أثناء اللجوء <input type="checkbox"/> During Return / Transit أثناء العودة / العبور <input type="checkbox"/> Post-displacement بعد التشرد	Time of day that incident took place* الوقت من اليوم الذي وقعت فيه الحادثة <input type="checkbox"/> Morning (sunrise to noon) صباحاً: من طلوع الشمس وحتى الظهر <input type="checkbox"/> Afternoon (noon to sunset) عصرًا: من الظهر وحتى الغروب <input type="checkbox"/> Evening/night (sunset to sunrise) مساءً/ليلاً: من الغروب وحتى طلوع الشمس <input type="checkbox"/> Unknown/Not Applicable غير معروف/لا ينطبق
--	--

Incident location / Where the incident took place* موقع الحادثة / أين وقعت الحادثة <input type="checkbox"/> Border الحدود <input type="checkbox"/> Survivor's home منزل العميل <input type="checkbox"/> Garden حديقة <input type="checkbox"/> Health Center / Hospital المركز الصحي / المستشفى <input type="checkbox"/> Market / Shopping Center السوق / المركز تسوق <input type="checkbox"/> Perpetrator's home منزل الجاني <input type="checkbox"/> Police / Prison الشرطة / سجن <input type="checkbox"/> Religious Center (Mosque, Church) المركز الديني (المسجد، الكنيسة) <input type="checkbox"/> School/Education institution المدرسة / المؤسسة التعليمية	<input type="checkbox"/> Security institution مؤسسة الأمن <input type="checkbox"/> Shelter / Safe House المأوى / بيت آمن <input type="checkbox"/> Street شارع <input type="checkbox"/> Transit Center المركز العبور <input type="checkbox"/> Transportation نقل <input type="checkbox"/> WASH facilities مرافق المياه والصرف الصحي <input type="checkbox"/> Work place (factory, office) مكان العمل (مصنع، مكتب) <input type="checkbox"/> Other أخرى: _____
---	--

Incident Area* المنطقة التي وقعت فيها الحادثة <input type="checkbox"/> Syria سوريا <input type="checkbox"/> Jordan <input type="checkbox"/> Iraq العراق <input type="checkbox"/> Other: غير ذلك	Governorate* المحافظة <input type="checkbox"/> Amman عمان <input type="checkbox"/> Irbid اربد <input type="checkbox"/> Mafraq المفرق <input type="checkbox"/> Jarash جرش <input type="checkbox"/> Ajloun عجلون <input type="checkbox"/> Balka البلقاء <input type="checkbox"/> Zarqa الزرقاء <input type="checkbox"/> Madaba مادبا <input type="checkbox"/> Karak الكرك <input type="checkbox"/> Tafilah الطفيلة <input type="checkbox"/> Maan معان <input type="checkbox"/> Aqaba العقبة <input type="checkbox"/> Al-Hasakah الحسكة <input type="checkbox"/> Aleppo حلب <input type="checkbox"/> Ar-Raqqah الرقة <input type="checkbox"/> As-Suwayda السويداء <input type="checkbox"/> Daraa درعا <input type="checkbox"/> Deir ez-Zor دير الزور <input type="checkbox"/> Hama حماه <input type="checkbox"/> Homs حمص <input type="checkbox"/> Idlib إدلب <input type="checkbox"/> Latakia اللاذقية <input type="checkbox"/> Quneitra القنيطرة <input type="checkbox"/> Rif Dimashq ريف دمشق <input type="checkbox"/> Damascus دمشق <input type="checkbox"/> Tartus طرطوس <input type="checkbox"/> Other: غير ذلك	Town/Camp* البلدة _____
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الرقم التعريفي للحادثة Incident ID

رمز الناجي/الناجية Survivor Code

تقرير عن الحادثة/وصف الحادثة/Account of the incident/Description of the incident

نوع العنف في الحادثة* Type of incident/violence
(Select only ONE of the below)
يرجى مراجعة نظام تصنيف الحادثة التابع لنظام إدارة معلومات العنف القائم (على النوع الاجتماعي واختيار نوع واحد فقط)

- Rape** اغتصاب
(includes any penetration)
- Sexual assault** اعتداء جنسي
(includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation)
يتضمن محاولة الاغتصاب وجميع أشكال العنف/الاستغلال الجنسي بدون (ولوح، وبتز/تشويه الأعضاء التناسلية للأنثى)
- Physical assault** اعتداء جسدي
(includes hitting, slapping, kicking, shoving, etc. that is not sexual in nature)
(يتضمن الضرب والصفع والركل والدفع وغير ذلك مما ليس له طابع جنسي)
- Forced marriage** الزواج القسري
(includes early marriage)
- Denial of resources, opportunities or services**
حرمان من الموارد والفرص والخدمات
(includes denial of inheritance, earnings, access to school or contraceptives, etc)
- Psychological / Emotional abuse**
إساءة المعاملة النفسية / العاطفية
(includes threats violence, forced isolation, harassment / intimidation, gestures, etc)
- Non-GBV** عنف غير قائم على النوع الاجتماعي

ملحوظة: لن تسجل هذه الحوادث في مسجل الحوادث

١. هل تضمنت الحادثة المبلغ عنها ولوّجًا؟
إذا كانت الإجابة بنعم ← صنف الحادثة على أنها «اغتصاب».
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.
٢. هل تضمنت الحادثة المبلغ عنها اتصالاً جنسيًا غير مرغوب فيه؟
إذا كانت الإجابة بنعم ← صنف الحادثة على أنها «اعتداء جنسي».
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.
٣. هل تضمنت الحادثة المبلغ عنها اعتداءً جسديًا؟
إذا كانت الإجابة بنعم صنف الحادثة على أنها «اعتداء جسدي».
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.
٤. كل كانت الحادثة واقعة زواج قسري؟
إذا كانت الإجابة بنعم ← صنف الحادثة على أنها «زواج قسري».
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.
٥. هل تضمنت الحادثة المبلغ عنها حرماناً من الموارد أو الفرص أو الخدمات؟
إذا كانت الإجابة بنعم ← صنف الحادثة على أنها «حرمان من الموارد أو الفرص أو الخدمات».
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالية في القائمة.
٦. هل تضمنت الحادثة المبلغ عنها إساءة المعاملة النفسية/العاطفية؟
إذا كانت الإجابة بنعم ← صنف الحادثة على أنها «إساءة معاملة نفسية/عاطفية».
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالية في القائمة.
٧. هل الحادثة المبلغ عنها حالة من حالات العنف القائم على النوع الاجتماعي؟
إذا كانت الإجابة بنعم ← ابدأ مرة ثانية عند الرقم ١ وحاول إعادة تصنيف الحادثة (إذا كنت حاولت تصنيف الحادثة عدة مرات، اطلب من المشرف عليك مساعدتك في تصنيف الحادثة).
إذا كانت الإجابة بلا ← صنف الحادثة على أنها «عنف غير قائم على النوع الاجتماعي».

لم الحادث تنطوي على اختراق؟ * Penetration Involved?
(Mark all that apply) (اجعل كل ما ينطبق)

	No لا	المهبل Vagina	شرح Anus	الفوهة الأخرى Other Orifice
قضيبي Penis				
الإصبع Finger				
كائن أخرى Other Object				

Was this incident a Harmful Traditional Practice?*
هل كانت هذه الحادثة ممارسة تقليدية مسيئة

- No لا
- Honour violence شرف العنف
- Threat of honour violence تهديد بجرائم شرف
- Other غير ذلك: _____

Were money, goods, benefits, and / or services exchanged in relation to this incident?* هل تم تبادل مال و/أو سلع و/أو منافع و/أو خدمات فيما يتعلق بهذه الحادثة

- No لا
- Yes نعم

نوع الاختطاف عند وقوع الحادثة الحادثة* Type of abduction at time of the incident

- None بدون Forced Conscriptio تجنيد إجباري Trafficked مُتَجَر به Other Abduction / Kidnapping نوع آخر من الاختطاف / اختطاف

Has the survivor reported this incident anywhere else?* (If yes, select the type of service provider and write the name of the provider where the survivor reported).

هل أبلغ الشخص عن هذه الحادثة في أي مكان آخر (إذا كان الجواب نعم، حدد نوع مقدم الخدمة وكتابة اسم مزود حيث العميل المبلغ عنها).

- No لا
- Yes, other GBVIMS organization, specify: نعم، وغيرها من منظمة GBVIMS، حدد
- Yes, non-GBVIMS organization, specify: نعم، و غير منظمة GBVIMS، حدد
- Unknown غير معروف

الرقم التعريفي للحادثة Incident ID

رمز الناجي/الناجية Survivor Code

Was survivor referred to psychosocial services? *
هل أحيل الشخص إلى الخدمات النفسية؟

- Yes نعم
 No - Service provided by your agency / لا الخدمة قدمتها وكالتك
 No - Service already received from another agency / لا الخدمات قدمتها وكالة أخرى من قبل
 No - Service not applicable / لا الخدمة لا تنطبق
 No - Referral declined by survivor / لا رفض الناجي الإحالة
 No - Service unavailable / لا الخدمة غير متاحة

Referral Details: تفاصيل الإحالة

Does the survivor want to pursue legal action?* هل يرغب في متابعة إجراءات قانونية؟

- Yes نعم No لا Undecided at time of report لم يقرر بعد في وقت الإبلاغ

Did you refer the survivor to legal assistance services?*
هل أحيل الشخص إلى جهة قانونية؟

- Yes نعم
 No - Service provided by your agency / لا الخدمة قدمتها وكالتك
 No - Service already received from another agency / لا الخدمات قدمتها وكالة أخرى من قبل
 No - Service not applicable / لا الخدمة لا تنطبق
 No - Referral declined by survivor / لا رفض الناجي الإحالة
 No - Service unavailable / لا الخدمة غير متاحة

Referral Details: تفاصيل الإحالة

Was survivor referred to a security services? *
هل أحيل الشخص إلى الشرطة أو إلى جهة أمنية أخرى؟

- Yes نعم
 No - Service provided by your agency / لا الخدمة قدمتها وكالتك
 No - Service already received from another agency / لا الخدمات قدمتها وكالة أخرى من قبل
 No - Service not applicable / لا الخدمة لا تنطبق
 No - Referral declined by survivor / لا رفض الناجي الإحالة
 No - Service unavailable / لا الخدمة غير متاحة

Referral Details: تفاصيل الإحالة

Was survivor referred to livelihoods services? *
هل أشار العميل إلى الخدمات الرزق؟

- Yes نعم
 No - Service provided by your agency / لا الخدمة قدمتها وكالتك
 No - Service already received from another agency / لا الخدمات قدمتها وكالة أخرى من قبل
 No - Service not applicable / لا الخدمة لا تنطبق
 No - Referral declined by survivor / لا رفض الناجي الإحالة
 No - Service unavailable / لا الخدمة غير متاحة

Referral Details: تفاصيل الإحالة

Assessment Points نقاط التقييم

Describe the survivor's emotional state at the beginning of the interview: *

صف الحالة النفسية للشخص في بداية المقابلة

- Scared / Fearful (ة) خائف
 Sad / Depressed (ة) حزين(ة)/مكتئب(ة)
 Anxious / Nervous (ة) قلق(ة) ومتوتر(ة)
 Angry (ة) غاضب(ة)
 Calm (ة) هادئ(ة)
 Other: غير ذلك

Describe the survivor's emotional state at the end of the interview: *

صف الحالة النفسية للشخص في نهاية المقابلة

- Calmer than at the start of interview أهدأ مما كانت عليه في البداية
 Similar to that at the start of interview تماماً كما كانت عليه
 More upset than at the start of interview أكثر غضباً واضطراباً
 Other: غير ذلك

Will the survivor be safe when she or he leaves? *
هل سيكون الشخص بأمان عند الانصراف؟

- Yes نعم No لا If no, why not: إذا لا، لماذا لا؟

What actions were taken to ensure survivor's safety? *
ما الإجراءات المتخذة لضمان سلامة الشخص؟

- Safety Plan created تم تصميم خطة سلامة
 Referral to community-based support تمت الإحالة للحصول على دعم مجتمعي
 Referral to Safe House تمت الإحالة لملجأ آمن
 Service provider to follow-up سوف يقوم مقدم الخدمة بمتابعة الحالة
 Other action taken: (غير ذلك) يرجى التحديد

If raped, have you explained possible consequences of rape to the survivor (and/or to guardian, based on assessment capacity and best interest of survivor if under 18)?

إذا اغتصاب، وقد سبق بيان النتائج المحتملة لك الاغتصاب إلى الناجين (و / أو لولي الأمر يعتمد على تقييم القدرات ومصصلحة الناجين من تحت إذا 18)؟

- Yes نعم No لا

Did the survivor give their consent to share her/his non-identifiable data in your reports? * هل وافق الشخص على إمكانية

- Yes نعم No لا استخدام معلوماته غير المعروفة في تقريرك

**Annex II:
GBVIMS Medical Intake and Assessment Form**

Incident Number

Patient Code

CONSENT FOR EXAMINATION

Note to the health worker:

This form should be read to the client or guardian in her/his first language. Clearly explain to the client what the procedure for the medical examination involves and allow her/him to choose any or none of the options listed. The survivor can change his/her mind at any time and a new form can be completed.

I, _____, give my permission for _____ to perform the
(Print name of survivor) (Medical provider's name and title)
 following (select one option for each, do not leave blank):

- | | | |
|--|------------------------------|-----------------------------|
| 1. A medical examination: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. A pelvic examination: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. A speculum exam (if medically necessary): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Collection of evidence, such as body fluid samples, collection of clothing, hair combings, scrapings or cuttings of fingernails: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Blood draw: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Patient Signature: _____

Guardian Signature (if the patient is a minor): _____

Staff Code: _____

Date: _____

CONFIDENTIAL

Health Service Provider Data Collection Form

1. General Information

Was the incident reported by the survivor or reported by survivor's escort and survivor is present at reporting? *			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of health facility	Staff Code	Date / Time of Exam* DD / MM/ YYYY 00:00 HRS		
Date / Time of Incident (if known)* DD / MM/ YYYY 00:00 HRS	Age or Date of birth*		Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female	

2. Incident Information

Time of incident * <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening/Night <input type="checkbox"/> Unknown	Area where incident occurred? O* <input type="checkbox"/> Unknown	Sub-area where incident occurred? O* <input type="checkbox"/> Unknown
Type of GBV * (Select the first option that applies) <input type="checkbox"/> Rape / Penetration <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Physical Assault <input type="checkbox"/> Forced Marriage <input type="checkbox"/> Denial of Resources, Opportunities or Services <input type="checkbox"/> Psychological / Emotional Abuse	Did this incident involve a Harmful Traditional Practice? O* <input type="checkbox"/> No <input type="checkbox"/> Type of practice # 1 <input type="checkbox"/> Type of practice #2 <input type="checkbox"/> Type of practice # 3 <input type="checkbox"/> Type of practice # 4 <input type="checkbox"/> Type of practice #5	
	Were money, goods, benefits, and / or services exchanged in relation to this incident? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of abduction at time of the incident * <input type="checkbox"/> None <input type="checkbox"/> Forced Conscription <input type="checkbox"/> Trafficked <input type="checkbox"/> Other Abduction / Kidnapping	
	Patient has reported this incident anywhere else? * <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (specify where & when):	
Has the client had any previous incidents of GBV perpetrated against them?* <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, include a brief description?*		

3. Alleged Perpetrator Information

No. of alleged perpetrators * <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3 <input type="checkbox"/> Unknown	Alleged perpetrator(s) age O* <input type="checkbox"/> Adulte <input type="checkbox"/> Minor <input type="checkbox"/> Adult and Minor
Alleged perpetrator's relationship with survivor* <input type="checkbox"/> Intimate partner /Former partner <input type="checkbox"/> Supervisor/Employer <input type="checkbox"/> Primary caregiver <input type="checkbox"/> Teacher /School official <input type="checkbox"/> Family other than spouse or caregiver <input type="checkbox"/> Service provider <input type="checkbox"/> Housemate / Cohabitant <input type="checkbox"/> Classmate <input type="checkbox"/> Friend of the family / Neighbour <input type="checkbox"/> Other member of the host community <input type="checkbox"/> Other refugee / IDP / Returnee <input type="checkbox"/> Other <input type="checkbox"/> No relationship <input type="checkbox"/> Unknown	
Main occupation of alleged perpetrator O* <input type="checkbox"/> UN Staff <input type="checkbox"/> Soldier <input type="checkbox"/> Teacher / School Official <input type="checkbox"/> Security Official <input type="checkbox"/> Police <input type="checkbox"/> NGO Staff <input type="checkbox"/> Religious / Community Leader <input type="checkbox"/> Other /Unknown	

4. Medical History & Examination

Known allergies?	Yes	No
Chronic conditions?		
Previous operation for gynecological / obstetric reasons?		
Previous operation for other reasons?		
Current contraception used? <input type="checkbox"/> None <input type="checkbox"/> Pill <input type="checkbox"/> IUD <input type="checkbox"/> Condoms <input type="checkbox"/> Injectable contraceptive <input type="checkbox"/> Other	Did this incident involve penile penetration? <input type="checkbox"/> Yes - Vaginal <input type="checkbox"/> Yes - Other orifice <input type="checkbox"/> No	
Loss of consciousness during incident? <input type="checkbox"/> No <input type="checkbox"/> Yes	Serious wound(s) present? <input type="checkbox"/> No <input type="checkbox"/> Yes	Suspicion of fistula? <input type="checkbox"/> No <input type="checkbox"/> Yes
Evidence of pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes (# of Weeks:___)	HIV/AIDS status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	Pubertal stage: <input type="checkbox"/> Pubertal <input type="checkbox"/> Pre-pubertal <input type="checkbox"/> Mature
Genital examination done?	<input type="checkbox"/> No - Patient Declined <input type="checkbox"/> No - Not Available <input type="checkbox"/> Yes - External Exam <input type="checkbox"/> Yes - Speculum Exam	<input type="checkbox"/> No - Not Applicable
Anal examination done ?	<input type="checkbox"/> No - Patient Declined <input type="checkbox"/> No - Not Available <input type="checkbox"/> Yes - External Exam <input type="checkbox"/> Yes - Speculum Exam	<input type="checkbox"/> No - Not Applicable

4. Medical History & Examination (Continued)

If a genital or anal examination was done, were...	Traumatic wounds present: <input type="checkbox"/> No <input type="checkbox"/> Yes					
	Foreign objects present: <input type="checkbox"/> No <input type="checkbox"/> Yes					
	Biological liquids present (sperm, etc.) : <input type="checkbox"/> No <input type="checkbox"/> Yes					
Tests Done	No - Patient Declined	No - Not Available	No - Not Applicable	Yes - Negative	Yes - Positive	Yes - No results
Pregnancy Test						
HIV Test						
Gonorrhea Test						
Chlamydia Test						
Syphilis Test						
Trichomoniasis Test						
Hepatitis B Test						
Echocardiogram						
Radiology						
EKG						

5. Treatments Prescribed

STI Prevention/Treatment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not Available
Emergency Contraception:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not Available
Wound Treatment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not Available
Tetanus Prophylaxis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not Available
Hepatitis B Vaccination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not Available
HIV Prophylaxis (PEP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not Available

6. Planned Action / Action Taken: Any action / activity regarding this report.

Who referred this patient to you?*				
<input type="checkbox"/> Self-Referred	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Community or Camp Leader		
<input type="checkbox"/> Health/Medical Service	<input type="checkbox"/> Livelihoods Program	<input type="checkbox"/> Other Humanitarian Actor		
<input type="checkbox"/> Psychosocial Service	<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Other Government Service		
<input type="checkbox"/> Police/Other Security Actor	<input type="checkbox"/> Teacher/School Official	<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Safe House/Shelter				
Did you refer patient to a safe house /shelter? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No - You provided services	<input type="checkbox"/> No - Services already received	<input type="checkbox"/> No - Patient declined
	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Service not applicable	<input type="checkbox"/> No - Service unavailable	
Did you refer patient for higher level medical services? *	<input type="checkbox"/> Yes (Indicate for which of the following reasons):			
	<input type="checkbox"/> Antenatal Care	<input type="checkbox"/> Vaccination	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Closer Facility
	<input type="checkbox"/> Surgery	<input type="checkbox"/> VCT	<input type="checkbox"/> Other Advanced Treatment	
	<input type="checkbox"/> No (Indicate for which of the following reasons):			
	<input type="checkbox"/> You provided services	<input type="checkbox"/> Services already received	<input type="checkbox"/> Patient declined	
	<input type="checkbox"/> Service not applicable	<input type="checkbox"/> Service unavailable		
Did you refer patient for psychosocial services?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No - You provided services	<input type="checkbox"/> No -Services already received	<input type="checkbox"/> No -Patient declined
	<input type="checkbox"/> No -Patient declined	<input type="checkbox"/> No - Service not applicable	<input type="checkbox"/> No - Service unavailable	
Did you refer patient for security services?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No - You provided services	<input type="checkbox"/> No -Services already received	<input type="checkbox"/> No -Patient declined
	<input type="checkbox"/> No -Patient declined	<input type="checkbox"/> No - Service not applicable	<input type="checkbox"/> No - Service unavailable	
Does the patient want to pursue legal action? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided at Time of Report	
Did you refer patient for legal assistance services?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No - You provided services	<input type="checkbox"/> No -Services already received	<input type="checkbox"/> No - Patient declined
	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Service not applicable	<input type="checkbox"/> No - Service unavailable	
Did you refer patient for livelihoods services?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No - You provided services	<input type="checkbox"/> No -Services already received	<input type="checkbox"/> No -Patient declined
	<input type="checkbox"/> No -Patient declined	<input type="checkbox"/> No -Service not applicable	<input type="checkbox"/> No -Service unavailable	
Was medical evidence collected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No -Services already received	<input type="checkbox"/> No -Patient declined	<input type="checkbox"/> No -Service not applicable
	<input type="checkbox"/> No -Service unavailable			
Did the patient request a medical certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was a medical certificate given to the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was a follow-up visit scheduled?*
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Was the medical examination process explained prior to beginning the procedure? *
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Did the patient give their consent for release of non identifiable information for reporting?*
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Annex III: Inter-Agency GBV Referral Form

Normal Urgent Emergency

Date of Referral: _____

Referral Agency	Referring Agency
Agency/Clinic CODE: _____ Referring Agency Case Manager Code _____	Agency code: _____

Client Information			
Client Code _____	Sex M F	Nationality _____	Case Definition Code _____

If Client Is a Minor
Primary Caregiver Code: _____ Relationship to child: _____ Caregiver is informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____

Case Summary (Never write names in this space)

Services Requested: Action to be taken
<input type="checkbox"/> Medical _____ <input type="checkbox"/> Legal _____ <input type="checkbox"/> Protection _____ <input type="checkbox"/> Education _____ <input type="checkbox"/> Financial _____ <input type="checkbox"/> Mental Health (Psychiatric or other) _____ <input type="checkbox"/> Other _____

Services Already Provided

Details of Referral
Client has been informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____
Client has signed consent to release information? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____
Has client been referred to any other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain) _____
Any contact or other restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain) _____
Referral delivered via: <input type="checkbox"/> Phone (emergency only) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> In Person
Follow-up expected via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Person By date: _____
Information agencies agree to exchange in follow-up: _____

Date received: _____

Inter-Agency GBV Referral - Information Sharing Agreement

PURPOSE

This information sharing agreement is to set out the guiding principles and describes procedures for sharing case referral forms within the GBV Referral Pathway including the following (AGENCIES).

GROUND RULES

- Information shared between referring organizations will only be done in the agreed-upon format and procedure and will not contain any identifying information of survivors or agencies.
- No survivor-specific information that can lead to identification of the survivor will be shared, e.g., name, initials, sub-county, date of birth, etc.
- The standard form should be used after the survivor has agreed to access services and has signed the consent form
- The form is compiled by the case manager; password protected and sent it to the specified service provider by email.
- If multiple referrals are being made, the form should be sent individually to each organization or agency, so that any follow up emails are just between the referring organization and the recipient organization

DATA SECURITY

Organizations will ensure that all data is safe and secure and will implement appropriate procedures to maintain confidentiality of the data. Organizations will submit a Word document in 'read only' form and will employ password protection. The password for these submitted files has been agreed among all agencies. Any information protected in the computer will be saved in a computer with active antiviruses and have passwords. Access to these data will only be allowed for the case manager and social and health worker.

TIME LIMIT

Once agreed, this information sharing agreement will take effect on [DATE], and will be on trial basis until [DATE], upon which the organizations and agencies that are part of the GBV referral pathway will review the effectiveness, use and adherence to the agreement.

BREACHES

In cases of breach by any of those participating in this information-sharing agreement, the responsible parties will be held accountable and a meeting will be called between the organizations and agencies that are part of the GBV referral pathway to discuss a way forward.

Annex IV: GBV IMS Consent Form

Incident ID

Client Code

CONFIDENTIAL

Consent for Release of Information

This form should be read to the client or guardian in her/his first language. It should be clearly explained to the client that she / he can choose any or none of the options listed.

I, _____, give my permission for _____ to share information about the incident I have reported to them as explained below:

1. I understand that in giving my authorization below, I am giving _____ permission to share the specific case information from my incident report with the service provider(s) I have indicated, so that I can receive help with safety, health, psychosocial, and/or legal needs.

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

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

I would like information released to the following:

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

Yes No

Security Services (specify): _____

Psychosocial Services (specify): _____

Health/Medical Services (specify): _____

Safe House / Shelter (specify): _____

Legal Assistance Services (specify): _____

Livelihoods Services (specify): _____

UNHCR (specify to whom): _____

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

1. Authorization to be marked by client: Yes No
(Or according to the capacity and best interest of client)

I have been informed and understand that some non-identifiable information may also be shared for reporting. Any information shared will not be specific to me or the incident. There will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect.

2. Authorization to be marked by client: Yes No
(Or according to the capacity and best interest of client)

Signature/Thumbprint of client:
(Or according to the capacity and best interest of client)

Caseworker Code: _____

Date: _____

INFORMATION FOR CASE MANAGEMENT
(OPTIONAL-DELETE IF NOT NECESSARY)

Client's Name: _____

Name of Caregiver (if client is a minor): _____

Contact Number: _____

Address: _____



(Write questions for Survivor Code Here)

Annex V: Sample Sexual Exploitation and Abuse Code of Conduct

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

In order to prevent sexual exploitation and abuse, the following core principles¹ must be incorporated into humanitarian agency codes of conduct:

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

To ensure the maximum effectiveness of the Code of Conduct, it should be posted in clear view in the public areas of each actor's office/centre, introduced and explained, signed by all staff and kept in employee files. All posted and distributed copies of the Code of Conduct should be translated into the appropriate language of use for the field area.

Resources

Secretary-General's Bulletin on 'Special measures for protection from sexual exploitation and sexual abuse' (ST/SGB/2003/13): <http://www.pseataskforce.org/uploads/tools/1327932869.pdf>

Examples of Codes of Conduct: <http://www.pseataskforce.org/en/tools>

1. IASC Six core principles relating to sexual exploitation and abuse

Annex VI: CP Consent for Release of Information

This form should be read to the child/ guardian in their first language. It should be clearly explained so that she/he can choose any or none of the options listed.

I, _____, give my permission for _____ (name of agency) to store my personal details in their case management system (paper and electronic). I also give _____ (name of agency) permission to share information about the incident I have reported to them as explained below:

1. I understand that in giving my authorization below, I am giving _____ (name of agency) permission to share the specific case information from my incident report with the service provider(s) I have indicated, so that I can receive help with safety, health, psychosocial, and/or legal needs. I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request. I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me. At any point, I have the right to change my mind about sharing information with the designated agency/focal point listed below.

Does the child want to **withhold** all / part of the information they have given from individuals/agencies?*

Yes No

If YES, who do they want to **withhold** the information from or which services they do not want to be referred to? Tick all that apply, and specify name, facility and agency/organization as applicable

Security Services:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Psychosocial Services:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Health/Medical Services:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Safe House/Shelter:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Legal Assistance Services:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Protection Services:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Livelihoods Services:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Government:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Community Intervention:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Family Members:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other (Specify):	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

Specify what information should be withheld

Reasons for withholding information (can select multiple):

Fear of harm to themselves or others	<input type="checkbox"/>	Want to communicate information themselves	<input type="checkbox"/>
Other (Specify)	<input style="width: 100%; height: 20px;" type="text"/>		

Annex VII: Inter-Agency Best Interest Assessment (BIA) Form

ASSESSMENT FORM (for completion for all Child Protection cases including UASC) نموذج تقييم (التقييم جميع الحالات المتعلقة بحماية الطفل بما فيها حالات الأطفال غير المصحوبين والمنفصلين عن ذويهم)						
PRIORITY*:	1: 2 days <input type="checkbox"/>	2: 1 week <input type="checkbox"/>	3: 30 days <input type="checkbox"/>	4: Non Urgent (date)	CPIMS No:	
Arabic	Arabic	Arabic	Arabic	Arabic	Arabic needed	
For completion at end of assessment للاكمال بعد الانتهاء من التقييم						
Has the child been previously interviewed and registered by a Child Protection Agency in Jordan?*						Yes <input type="checkbox"/> No <input type="checkbox"/>
هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟						نعم <input type="checkbox"/> لا <input type="checkbox"/>
If yes, note any information given on the provider and services they gave. إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم الخدمة والخدمات التي تلقاها						
CONSENT FOR SHARING INFORMATION الموافقة على مشاركة المعلومات مع جهات أخرى						
Have you completed the confidentiality agreement with the client?*						Yes <input type="checkbox"/> No <input type="checkbox"/>
هل تم استكمال الاستمارة الخاصة بسرية المعلومات مع المستفيد؟*						نعم <input type="checkbox"/> لا <input type="checkbox"/>
Is there a data protection issue with this client? If yes, refer to consent form while managing case*						Yes <input type="checkbox"/> No <input type="checkbox"/>
هل هناك أية مخاوف متعلقة بحماية بيانات المستفيد؟ إذا نعم، الرجاء الاطلاع على استمارة الموافقة*						نعم <input type="checkbox"/> لا <input type="checkbox"/>
Have you taken a photo of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
هل تم أخذ صورة للطفل؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/>						
SECTION 1 - CHILD'S PERSONAL DETAILS (BIO-DATA) القسم 1 - بيانات الطفل الشخصية						
Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child" اشرح للطفل والوالد مقدم الرعاية بذلك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية						
Child's Name English & Arabic* اسم الطفل	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم	
	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم	
Current Address* العنوان	Country		Governorate	City / Town / Camp		
	Neighbourhood / Sector or Module		Street Name, House Number / Block and Caraven or Tent Number	Landmark منظر		
Sex* الجنس	Male ذكر <input type="checkbox"/>	Female أنثى <input type="checkbox"/>	Age given by child* السن بحسب إفادة الطفل		Date of Birth (DD/MM/YY)* تاريخ الميلاد	
UN ID No. رقم بطاقة المفوضية		National ID No. رقم الهوية الأردنية		Ration Card / Service ID No. رقم البطاقة التموينية		
Other ID No (specify kind) رقم أي بطاقة شخصية أخرى		Child / Caregiver Tel. No. Arabic Needed		Other Tel. No. (specify) Arabic Needed		
Citizenship* الجنسية	Syrian سورية <input type="checkbox"/>	Palestinian فلسطينية <input type="checkbox"/>	Iraqi عراقية <input type="checkbox"/>	Jordanian أردنية <input type="checkbox"/>	Country of Origin	
	Jordanian mother الأم الأردنية <input type="checkbox"/>	Other (specify) أخرى - حدد <input type="checkbox"/>				
Father's Name* اسم الأب/مقدم الرعاية الرئيسي	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم	
	UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	
Mother's Name* اسم الأم/مقدمة الرعاية الرئيسية	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم	
	UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

ASSESSMENT FORM (for completion for all Child Protection cases including UASC)

نموذج تقييم (لتقييم جميع الحالات المتعلقة بحماية الطفل بما فيها حالات الأطفال غير المصحوبين والمنفصلين عن ذويهم)

PRIORITY*:	1: 2 days <input type="checkbox"/>	2: 1 week <input type="checkbox"/>	3: 30 days <input type="checkbox"/>	4: Non Urgent (date)	CPIMS No:	
Arabic	Arabic	Arabic	Arabic	Arabic	Arabic needed	
For completion at end of assessment للإكمال بعد الانتهاء من التقييم						

Has the child been previously interviewed and registered by a Child Protection Agency in Jordan?* هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟

Yes No
نعم لا

If yes, note any information given on the provider and services they gave. إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم الخدمة والخدمات التي تلقاها

CONSENT FOR SHARING INFORMATION الموافقة على مشاركة المعلومات مع جهات أخرى

Have you completed the confidentiality agreement with the client?* هل تم استكمال الاستمارة الخاصة بسرية المعلومات مع المستفيد؟*

Yes No
نعم لا

Is there a data protection issue with this client? If yes, refer to consent form while managing case* هل هناك أية مخاوف متعلقة بحماية بيانات المستفيد؟ إذا نعم، الرجاء الاطلاع على استمارة الموافقة*

Yes No
نعم لا

Have you taken a photo of the child?* هل تم أخذ صورة للطفل؟

Yes No
نعم لا

SECTION 1 - CHILD'S PERSONAL DETAILS (BIO-DATA) القسم 1 - بيانات الطفل الشخصية

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"

اشرح للطفل وأور مقدم الرعاية أنك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية

Child's Name English & Arabic* اسم الطفل	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم

Current Address* العنوان	Country	Governorate	City / Town / Camp
	Neighbourhood / Sector or Module	Street Name, House Number / Block and Caraven or Tent Number	Landmark منظر

Sex* الجنس	Male ذكر <input type="checkbox"/>	Female أنثى <input type="checkbox"/>	Age given by child* السن بحسب إفادة الطفل	Date of Birth (DD/MM/YY)* تاريخ الميلاد		
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UN ID No. رقم بطاقة المفوضية		National ID No. رقم الهوية الأردنية		Ration Card / Service ID No. رقم البطاقة التموينية	
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Other ID No (specify kind) رقم أي بطاقة شخصية أخرى		Child / Caregiver Tel. No. Arabic Needed		Other Tel. No. (specify Arabic Needed)	
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Citizenship* الجنسية	Syrian سورية <input type="checkbox"/>	Palestinian فلسطينية <input type="checkbox"/>	Iraqi عراقية <input type="checkbox"/>	Jordanian أردنية <input type="checkbox"/>	Country of Origin
	Jordanian mother الأم الأردنية <input type="checkbox"/>	Other (specify) أخرى - حدد <input type="checkbox"/>			

Father's Name* اسم الأب/مقدم الرعاية الرئيسي	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

Mother's Name* اسم الأم/مقدمة الرعاية الرئيسية	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

ASSESSMENT FORM (for completion for all Child Protection cases including UASC)

نموذج تقييم (لتقييم جميع الحالات المتعلقة بحماية الطفل بما فيها حالات الأطفال غير المصحوبين والمنفصلين عن ذويهم)

PRIORITY*:	1: 2 days <input type="checkbox"/>	2: 1 week <input type="checkbox"/>	3: 30 days <input type="checkbox"/>	4: Non Urgent (date)	CPIMS No:	
Arabic	Arabic	Arabic	Arabic	Arabic	Arabic needed	
For completion at end of assessment للتقييم بعد الانتهاء من التقييم						

Has the child been previously interviewed and registered by a Child Protection Agency in Jordan?*
هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟

Yes No
نعم لا

If yes, note any information given on the provider and services they gave.
إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم الخدمة والخدمات التي تلقاها

CONSENT FOR SHARING INFORMATION الموافقة على مشاركة المعلومات مع جهات أخرى

Have you completed the confidentiality agreement with the client?*
هل تم استكمال الاستمارة الخاصة بسرية المعلومات مع المستفيد؟

Yes No
نعم لا

Is there a data protection issue with this client? If yes, refer to consent form while managing case*
هل هناك أية مخاوف متعلقة بحماية بيانات المستفيد؟ إذا نعم، الرجاء الاطلاع على استمارة الموافقة*

Yes No
نعم لا

Have you taken a photo of the child?*
هل تم أخذ صورة للطفل؟

Yes No
نعم لا

SECTION 1 - CHILD'S PERSONAL DETAILS (BIO-DATA) القسم 1 - بيانات الطفل الشخصية

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"

أشرح للطفل وأو مقدم الرعاية بأنك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية

Child's Name English & Arabic* اسم الطفل	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم

Current Address* العنوان	Country	Governorate	City / Town / Camp
	Neighbourhood / Sector or Module	Street Name, House Number / Block and Caraven or Tent Number	Landmark معلم

Sex* الجنس	Male ذكر <input type="checkbox"/>	Female أنثى <input type="checkbox"/>	Age given by child* السن بحسب إفادة الطفل		Date of Birth (DD/MM/YY)* تاريخ الميلاد		
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UN ID No. رقم بطاقة المفوضية		National ID No. رقم الهوية الأردنية		Ration Card / Service ID No. رقم البطاقة التموينية	
Other ID No (specify kind) رقم أي بطاقة شخصية أخرى		Child / Caregiver Tel. No. Arabic Needed		Other Tel. No. (specify) Arabic Needed	

Citizenship* الجنسية	Syrian سورية <input type="checkbox"/>	Palestinian فلسطينية <input type="checkbox"/>	Iraqi عراقية <input type="checkbox"/>	Jordanian أردنية <input type="checkbox"/>	Country of Origin
	Jordanian mother الأم الأردنية <input type="checkbox"/>	Other (specify) أخرى - حدد <input type="checkbox"/>			

Father's Name* اسم الأب/مقدم الرعاية الرئيسي	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

Mother's Name* اسم الأم/مقدمة الرعاية الرئيسية	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

ASSESSMENT FORM (for completion for all Child Protection cases including UASC)

نموذج تقييم (لتقييم جميع الحالات المتعلقة بحماية الطفل بما فيها حالات الأطفال غير المصحوبين والمنفصلين عن ذويهم)

PRIORITY*:	1: 2 days <input type="checkbox"/>	2: 1 week <input type="checkbox"/>	3: 30 days <input type="checkbox"/>	4: Non Urgent (date)	CPIMS No:	
Arabic	Arabic	Arabic	Arabic	Arabic	Arabic needed	
For completion at end of assessment للتقييم بعد الانتهاء من التقييم						

Has the child been previously interviewed and registered by a Child Protection Agency in Jordan?* هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟

Yes No
نعم لا

If yes, note any information given on the provider and services they gave. إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم الخدمة والخدمات التي تلقاها

CONSENT FOR SHARING INFORMATION الموافقة على مشاركة المعلومات مع جهات أخرى

Have you completed the confidentiality agreement with the client?* هل تم استكمال الاستمارة الخاصة بسرية المعلومات مع المستفيد؟

Yes No
نعم لا

Is there a data protection issue with this client? If yes, refer to consent form while managing case* هل هناك أية مخاوف متعلقة بحماية بيانات المستفيد؟ إذا نعم، الرجاء الاطلاع على استمارة الموافقة*

Yes No
نعم لا

Have you taken a photo of the child?* هل تم أخذ صورة للطفل؟

Yes No
نعم لا

SECTION 1 - CHILD'S PERSONAL DETAILS (BIO-DATA) القسم 1 - بيانات الطفل الشخصية

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"

اشرح للطفل وأور مقدم الرعاية أنك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية

Child's Name English & Arabic* اسم الطفل	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/ اسم آخر مستخدم
	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/ اسم آخر مستخدم

Current Address* العنوان	Country	Governorate	City / Town / Camp
	Neighbourhood / Sector or Module	Street Name, House Number / Block and Caraven or Tent Number	Landmark منظر

Sex* الجنس	Male ذكر <input type="checkbox"/>	Female أنثى <input type="checkbox"/>	Age given by child* السن بحسب إفادة الطفل		Date of Birth (DD/MM/YY)* تاريخ الميلاد		
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UN ID No. رقم بطاقة المفوضية		National ID No. رقم الهوية الأردنية		Ration Card / Service ID No. رقم البطاقة التموينية	
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Other ID No (specify kind) رقم أي بطاقة شخصية أخرى		Child / Caregiver Tel. No. Arabic Needed		Other Tel. No. (specify) Arabic Needed	
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Citizenship* الجنسية	Syrian سورية <input type="checkbox"/>	Palestinian فلسطينية <input type="checkbox"/>	Iraqi عراقية <input type="checkbox"/>	Jordanian أردنية <input type="checkbox"/>	Country of Origin
	Jordanian mother الأم الأردنية <input type="checkbox"/>	Other (specify) أخرى - حدد <input type="checkbox"/>			

Father's Name* اسم الأب/مقدم الرعاية الرئيسي	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/ اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

Mother's Name* اسم الأم/مقدمة الرعاية الرئيسية	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/ اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

ASSESSMENT FORM (for completion for all Child Protection cases including UASC)

نموذج تقييم (لتقييم جميع الحالات المتعلقة بحماية الطفل بما فيها حالات الأطفال غير المصحوبين والمنفصلين عن ذويهم)

PRIORITY*:	1: 2 days <input type="checkbox"/>	2: 1 week <input type="checkbox"/>	3: 30 days <input type="checkbox"/>	4: Non Urgent (date)	CPIMS No:	
Arabic	Arabic	Arabic	Arabic	Arabic	Arabic needed	
For completion at end of assessment للتقييم بعد الانتهاء من التقييم						

Has the child been previously interviewed and registered by a Child Protection Agency in Jordan?*
هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟

Yes No
نعم لا

If yes, note any information given on the provider and services they gave.
إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم الخدمة والخدمات التي تلقاها

CONSENT FOR SHARING INFORMATION الموافقة على مشاركة المعلومات مع جهات أخرى

Have you completed the confidentiality agreement with the client?*
هل تم استكمال الاستمارة الخاصة بسرية المعلومات مع المستفيد؟

Yes No
نعم لا

Is there a data protection issue with this client? If yes, refer to consent form while managing case*
هل هناك أية مخاوف متعلقة بحماية بيانات المستفيد؟ إذا نعم، الرجاء الاطلاع على استمارة الموافقة*

Yes No
نعم لا

Have you taken a photo of the child?*
هل تم أخذ صورة للطفل؟

Yes No
نعم لا

SECTION 1 - CHILD'S PERSONAL DETAILS (BIO-DATA) القسم 1 - بيانات الطفل الشخصية

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"

أشرح للطفل وأو مقدم الرعاية بأنك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية

Child's Name English & Arabic* اسم الطفل	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم

Current Address* العنوان	Country	Governorate	City / Town / Camp
	Neighbourhood / Sector or Module	Street Name, House Number / Block and Caraven or Tent Number	Landmark مقام

Sex* الجنس	Male ذكر <input type="checkbox"/>	Female أنثى <input type="checkbox"/>	Age given by child* السن بحسب إفادة الطفل	<input type="text"/>	Date of Birth (DD/MM/YY)* تاريخ الميلاد	<input type="text"/>	<input type="text"/>	<input type="text"/>
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UN ID No. رقم بطاقة المفوضية	<input type="text"/>	National ID No. رقم الهوية الأردنية	<input type="text"/>	Ration Card / Service ID No. رقم البطاقة التموينية	<input type="text"/>
Other ID No (specify kind) رقم أي بطاقة شخصية أخرى	<input type="text"/>	Child / Caregiver Tel. No. Arabic Needed	<input type="text"/>	Other Tel. No. (specify) Arabic Needed	<input type="text"/>

Citizenship* الجنسية	Syrian سورية <input type="checkbox"/>	Palestinian فلسطينية <input type="checkbox"/>	Iraqi عراقية <input type="checkbox"/>	Jordanian <input type="checkbox"/>	Country of Origin	<input type="text"/>
	Jordanian mother الأم الأردنية <input type="checkbox"/>	Other (specify) أخرى - حدد <input type="checkbox"/>				

Father's Name* اسم الأب/مقدم الرعاية الرئيسي	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية	<input type="text"/>	National ID Number رقم الهوية الأردنية	<input type="text"/>	Ration Card / Service ID Number رقم البطاقة التموينية	<input type="text"/>

Mother's Name* اسم الأم/مقدمة الرعاية الرئيسية	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية	<input type="text"/>	National ID Number رقم الهوية الأردنية	<input type="text"/>	Ration Card / Service ID Number رقم البطاقة التموينية	<input type="text"/>

ASSESSMENT FORM (for completion for all Child Protection cases including UASC)

نموذج تقييم (لتقييم جميع الحالات المتعلقة بحماية الطفل بما فيها حالات الأطفال غير المصحوبين والمنفصلين عن ذويهم)

PRIORITY*:	1: 2 days <input type="checkbox"/>	2: 1 week <input type="checkbox"/>	3: 30 days <input type="checkbox"/>	4: Non Urgent (date)	CPIMS No:	
Arabic	Arabic	Arabic	Arabic	Arabic	Arabic needed	
For completion at end of assessment للإكمال بعد الانتهاء من التقييم						

Has the child been previously interviewed and registered by a Child Protection Agency in Jordan?* هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟	Yes نعم <input type="checkbox"/>	No لا <input type="checkbox"/>
If yes, note any information given on the provider and services they gave. إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم الخدمة والخدمات التي تلقاها		

CONSENT FOR SHARING INFORMATION الموافقة على مشاركة المعلومات مع جهات أخرى

Have you completed the confidentiality agreement with the client?* هل تم استكمال الاستمارة الخاصة بسرية المعلومات مع المستفيد؟*	Yes نعم <input type="checkbox"/>	No لا <input type="checkbox"/>
Is there a data protection issue with this client? If yes, refer to consent form while managing case* هل هناك أية مخاوف متعلقة بحماية بيانات المستفيد؟ إذا نعم، الرجاء الاطلاع على استمارة الموافقة*	Yes نعم <input type="checkbox"/>	No لا <input type="checkbox"/>
Have you taken a photo of the child?* هل تم أخذ صورة للطفل؟	Yes نعم <input type="checkbox"/>	No لا <input type="checkbox"/>

SECTION 1 - CHILD'S PERSONAL DETAILS (BIO-DATA) القسم 1 - بيانات الطفل الشخصية

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"

اشرح للطفل وأو مقدم الرعاية أنك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية

Child's Name English & Arabic* اسم الطفل	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم

Current Address* العنوان	Country	Governorate	City / Town / Camp
	Neighbourhood / Sector or Module	Street Name, House Number / Block and Caraven or Tent Number	Landmark معلم

Sex* الجنس	Male ذكر <input type="checkbox"/>	Female أنثى <input type="checkbox"/>	Age given by child* السن بحسب إفادة الطفل		Date of Birth (DD/MM/YY)* تاريخ الميلاد		
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UN ID No. رقم بطاقة المفوضية		National ID No. رقم الهوية الأردنية		Ration Card / Service ID No. رقم البطاقة التموينية	
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Other ID No (specify kind) رقم أي بطاقة شخصية أخرى		Child / Caregiver Tel. No. Arabic Needed		Other Tel. No. (specify) Arabic Needed	
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Citizenship* الجنسية	Syrian سورية <input type="checkbox"/>	Palestinian فلسطينية <input type="checkbox"/>	Iraqi عراقية <input type="checkbox"/>	Jordanian أخرى - حدد <input type="checkbox"/>	Country of Origin
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Father's Name* اسم الأب/مقدم الرعاية الرئيسي	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

Mother's Name* اسم الأم/مقدمة الرعاية الرئيسية	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

PRIORITY*:	1: 2 days <input type="checkbox"/>	2: 1 week <input type="checkbox"/>	3: 30 days <input type="checkbox"/>	4: Non Urgent (date)	CPIMS No:	
Arabic	Arabic	Arabic	Arabic	Arabic	Arabic needed	
For completion at end of assessment للاكمال بعد الانتهاء من التقييم						

Has the child been previously interviewed and registered by a Child Protection Agency in Jordan?*
هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟

Yes No
نعم لا

If yes, note any information given on the provider and services they gave.
إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم الخدمة والخدمات التي تلقاها

CONSENT FOR SHARING INFORMATION الموافقة على مشاركة المعلومات مع جهات أخرى

Have you completed the confidentiality agreement with the client?*
هل تم استكمال الاستمارة الخاصة بسرية المعلومات مع المستفيد؟*

Yes No
نعم لا

Is there a data protection issue with this client? If yes, refer to consent form while managing case*
هل هناك أية مخاوف متعلقة بحماية بيانات المستفيد؟ إذا نعم، الرجاء الاطلاع على استمارة الموافقة*

Yes No
نعم لا

Have you taken a photo of the child?*
هل تم أخذ صورة للطفل؟

Yes No
نعم لا

SECTION 1 - CHILD'S PERSONAL DETAILS (BIO-DATA) القسم 1 - بيانات الطفل الشخصية

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"
اشرح للطفل وأو مقدم الرعاية أنك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية

Child's Name English & Arabic* اسم الطفل	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/alias اللقب/اسم آخر مستخدم
	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/alias اللقب/اسم آخر مستخدم

Current Address* العنوان	Country	Governorate	City / Town / Camp
	Neighbourhood / Sector or Module	Street Name, House Number / Block and Caraven or Tent Number	Landmark معلم

Sex* الجنس	Male <input type="checkbox"/> ذكر	Female <input type="checkbox"/> أنثى	Age given by child* السن بحسب إفادة الطفل	Date of Birth (DD/MM/YY)* تاريخ الميلاد
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UN ID No. رقم بطاقة المفوضية	National ID No. رقم الهوية الأردنية	Ration Card / Service ID No. رقم البطاقة التموينية
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Other ID No (specify kind) رقم أي بطاقة شخصية أخرى	Child / Caregiver Tel. No. Arabic Needed	Other Tel. No. (specify) Arabic Needed
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Citizenship* الجنسية	Syrian <input type="checkbox"/> سورية	Palestinian <input type="checkbox"/> فلسطينية	Iraqi <input type="checkbox"/> عراقية	Jordanian <input type="checkbox"/> أخرى - حدد	Country of Origin
	Jordanian mother الأم أردنية	Other (specify)			

Father's Name* اسم الأب/مقدم الرعاية الرئيسي	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/alias اللقب/اسم آخر مستخدم
	UN ID Number رقم بطاقة المفوضية	National ID Number رقم الهوية الأردنية	Ration Card / Service ID Number رقم البطاقة التموينية		

Mother's Name* اسم الأم/مقدمة الرعاية الرئيسية	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/alias اللقب/اسم آخر مستخدم
	UN ID Number رقم بطاقة المفوضية	National ID Number رقم الهوية الأردنية	Ration Card / Service ID Number رقم البطاقة التموينية		

ASSESSMENT FORM (for completion for all Child Protection cases including UASC)

نموذج تقييم (لتقييم جميع الحالات المتعلقة بحماية الطفل بما فيها حالات الأطفال غير المصحوبين والمنفصلين عن ذويهم)

PRIORITY*:	1: 2 days <input type="checkbox"/>	2: 1 week <input type="checkbox"/>	3: 30 days <input type="checkbox"/>	4: Non Urgent (date)	CPIMS No:	
Arabic	Arabic	Arabic	Arabic	Arabic	Arabic needed	
For completion at end of assessment للإكمال بعد الانتهاء من التقييم						

Has the child been previously interviewed and registered by a Child Protection Agency in Jordan?* هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟	Yes نعم <input type="checkbox"/>	No لا <input type="checkbox"/>
If yes, note any information given on the provider and services they gave. إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم الخدمة والخدمات التي تلقاها		

CONSENT FOR SHARING INFORMATION الموافقة على مشاركة المعلومات مع جهات أخرى

Have you completed the confidentiality agreement with the client?* هل تم استكمال الاستمارة الخاصة بسرية المعلومات مع المستفيد؟*	Yes نعم <input type="checkbox"/>	No لا <input type="checkbox"/>
Is there a data protection issue with this client? If yes, refer to consent form while managing case* هل هناك أية مخاوف متعلقة بحماية بيانات المستفيد؟ إذا نعم، الرجاء الاطلاع على استمارة الموافقة*	Yes نعم <input type="checkbox"/>	No لا <input type="checkbox"/>
Have you taken a photo of the child? هل تم أخذ صورة للطفل؟	Yes نعم <input type="checkbox"/>	No لا <input type="checkbox"/>

SECTION 1 - CHILD'S PERSONAL DETAILS (BIO-DATA) القسم 1 - بيانات الطفل الشخصية

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"

إشرح للطفل وأو مقدم الرعاية بأنك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية

Child's Name English & Arabic* اسم الطفل	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/Alias اللقب/ اسم آخر مستخدم
	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/Alias اللقب/ اسم آخر مستخدم

Current Address* العنوان	Country	Governorate	City / Town / Camp
	Neighbourhood / Sector or Module	Street Name, House Number / Block and Caraven or Tent Number	Landmark معلم

Sex* الجنس	Male ذكر <input type="checkbox"/>	Female أنثى <input type="checkbox"/>	Age given by child* السن بحسب إفادة الطفل		Date of Birth (DD/MM/YY)* تاريخ الميلاد		
UN ID No. رقم بطاقة المفوضية		National ID No. رقم الهوية الأردنية		Ration Card / Service ID No. رقم البطاقة التموينية			
Other ID No (specify kind) رقم أي بطاقة شخصية أخرى		Child / Caregiver Tel. No. Arabic Needed		Other Tel. No. (specify) Arabic Needed			

Citizenship* الجنسية	Syrian سورية <input type="checkbox"/>	Palestinian فلسطينية <input type="checkbox"/>	Iraqi عراقية <input type="checkbox"/>	Jordanian أخرى - حند <input type="checkbox"/>	Country of Origin
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Father's Name* اسم الأب/مقدم الرعاية الرئيسي	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/Alias اللقب/ اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

Mother's Name* اسم الأم/مقدمة الرعاية الرئيسية	Name الاسم	Father's Name إسم الأب	Grandfather's Name إسم الجد	Family Name إسم العائلة	Nickname/Alias اللقب/ اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

ASSESSMENT FORM (for completion for all Child Protection cases including UASC)

نموذج تقييم (لتقييم جميع الحالات المتعلقة بحماية الطفل بما فيها حالات الأطفال غير المصحوبين والمنفصلين عن ذويهم)

PRIORITY*:	1: 2 days <input type="checkbox"/>	2: 1 week <input type="checkbox"/>	3: 30 days <input type="checkbox"/>	4: Non Urgent (date)	CPIMS No:	
Arabic	Arabic	Arabic	Arabic	Arabic	Arabic needed	
For completion at end of assessment للتقييم بعد الانتهاء من التقييم						

Has the child been previously interviewed and registered by a Child Protection Agency in Jordan?* هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟

Yes No
نعم لا

If yes, note any information given on the provider and services they gave. إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم الخدمة والخدمات التي تلقاها

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Have you completed the confidentiality agreement with the client?* هل تم استكمال الاستمارة الخاصة بسرية المعلومات مع المستفيد؟

Yes No
نعم لا

Is there a data protection issue with this client? If yes, refer to consent form while managing case* هل هناك أية مخاوف متعلقة بحماية بيانات المستفيد؟ إذا نعم، الرجاء الاطلاع على استمارة الموافقة*

Yes No
نعم لا

Have you taken a photo of the child?* هل تم أخذ صورة للطفل؟

Yes No
نعم لا

SECTION 1 - CHILD'S PERSONAL DETAILS (BIO-DATA) القسم 1 - بيانات الطفل الشخصية

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"

اشرح للطفل وأو مقدم الرعاية أنك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية

Child's Name English & Arabic* اسم الطفل	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم

Current Address* العنوان	Country	Governorate	City / Town / Camp
	Neighbourhood / Sector or Module	Street Name, House Number / Block and Caraven or Tent Number	Landmark منظر

Sex* الجنس	Male ذكر <input type="checkbox"/>	Female أنثى <input type="checkbox"/>	Age given by child* السن بحسب إفادة الطفل	Date of Birth (DD/MM/YY)* تاريخ الميلاد		
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UN ID No. رقم بطاقة المفوضية		National ID No. رقم الهوية الأردنية		Ration Card / Service ID No. رقم البطاقة التموينية	
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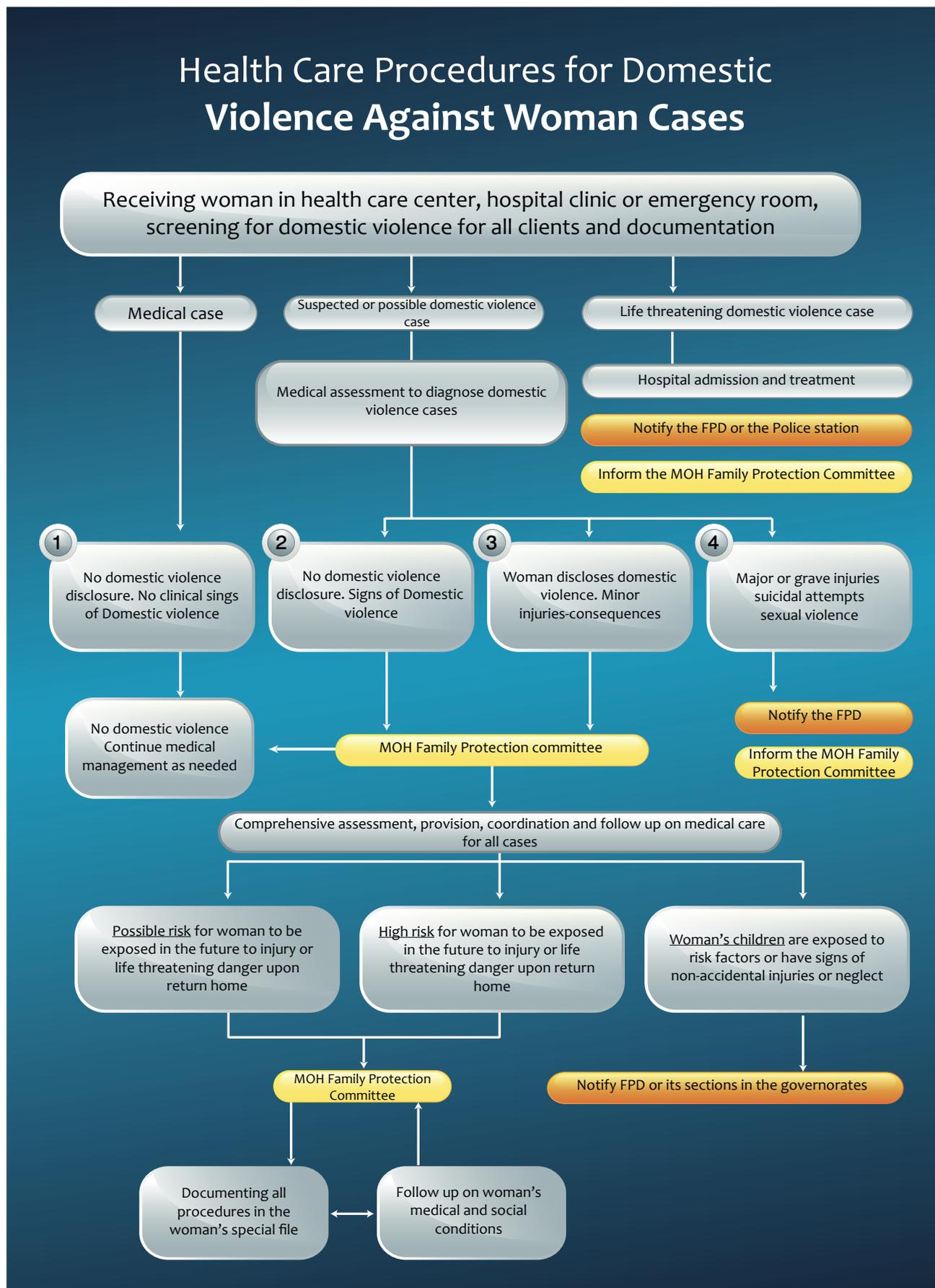
Other ID No (specify kind) رقم أي بطاقة شخصية أخرى		Child / Caregiver Tel. No. Arabic Needed رقم الهاتف		Other Tel. No. (specify) Arabic Needed رقم الهاتف	
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Citizenship* الجنسية	Syrian سورية <input type="checkbox"/>	Palestinian فلسطينية <input type="checkbox"/>	Iraqi عراقية <input type="checkbox"/>	Jordanian أردنية <input type="checkbox"/>	Country of Origin
	Jordanian mother الأم الأردنية <input type="checkbox"/>	Other (specify) أخرى - حدد <input type="checkbox"/>			

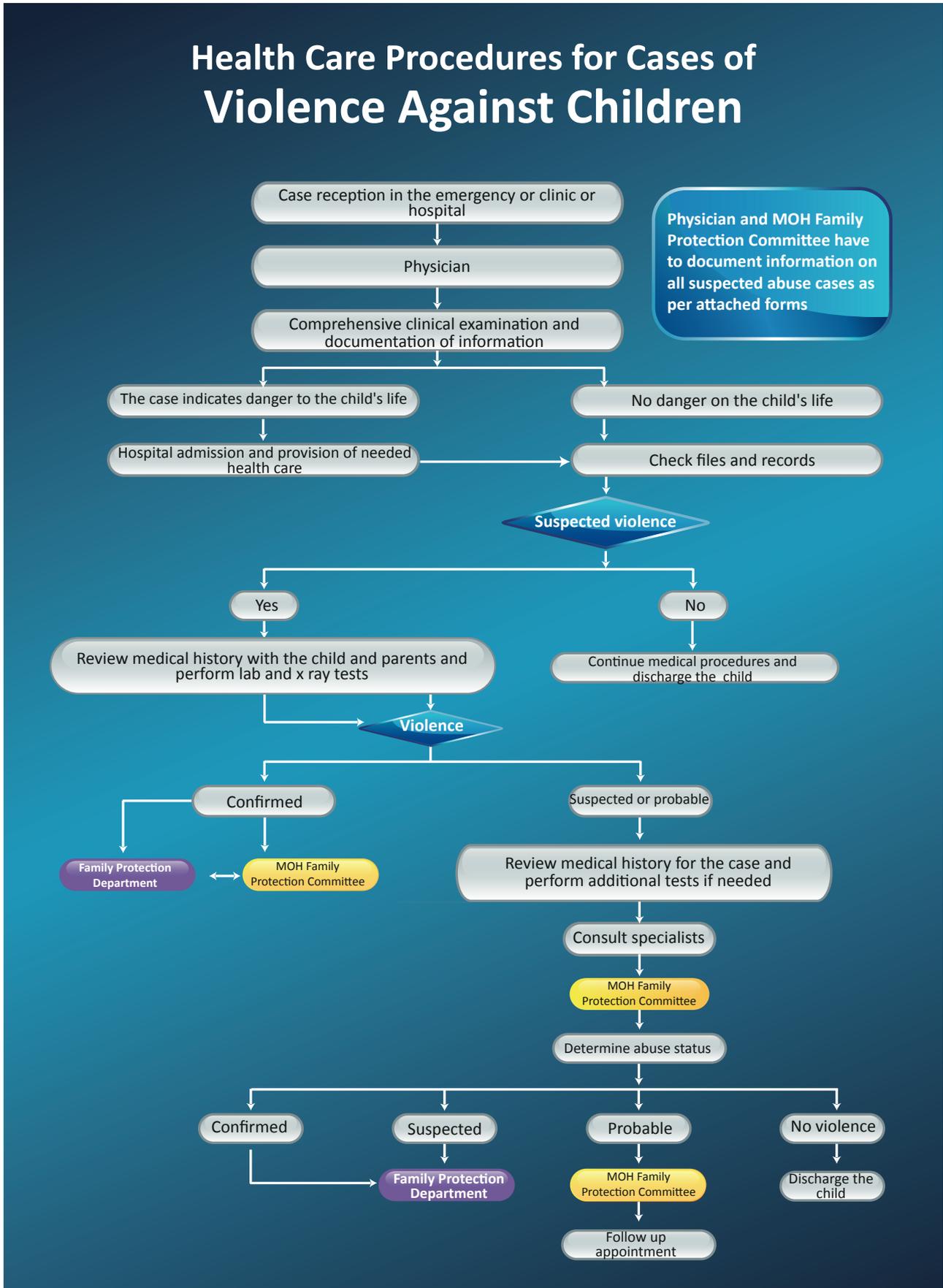
Father's Name* اسم الأب/مقدم الرعاية الرئيسي	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

Mother's Name* اسم الأم/مقدمة الرعاية الرئيسية	Name الاسم	Father's Name اسم الأب	Grandfather's Name اسم الجد	Family Name اسم العائلة	Nickname/Alias اللقب/اسم آخر مستخدم
UN ID Number رقم بطاقة المفوضية		National ID Number رقم الهوية الأردنية		Ration Card / Service ID Number رقم البطاقة التموينية	

Annex VIIIa: MOH Health Care Procedural Diagram for Cases of Family Violence against Women



**Annex VIIIb:
MOH Health Care Procedural Diagram for
Cases of Family Violence against Children**



Annex IX: National Laws and International Conventions

This annex lists relevant national laws and international policies and conventions relevant to the GBV and CP SOPs.

I.GBV SPECIFIC NATIONAL LAWS & INTERNATIONAL CONVENTIONS

1. Women's right to live without discrimination that is based on sex:

International policies and conventions:

- International Covenant on Civil and Political Rights (ICCPR) Article 3.
- International Covenant on Economic, Social and Cultural Rights (ICESCR) Article 3.
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Article 1, 2, 3.
- Declaration on the Elimination of Violence against Women (DEVAW) Article 3e

National laws and legislation:

- The Jordanian Constitution for the year 1952
- The Jordanian National Charter for the year 1991
- Personal Status Law No. 61 for the year 1976

2. Protection against suffering, torture or any form of cruel, inhuman or degrading treatment or punishment:

International policies and conventions:

- Universal Declaration of Human Rights (UDHR , Article 5).
- International Covenant on Civil and Political Rights (ICCPR , Article 7).
- Convention on the Rights of the Child (CRC , Article 37), 1989
- Declaration on the Elimination of Violence against Women DEVAW
- UN Convention against Torture and Other Cruel and Inhuman or Degrading Treatments or Punishments, 1984.

National laws and legislation:

- In 1989 Jordan signed the UN Convention against Torture and Other Cruel and Inhuman or Degrading Treatments or Punishments.
- Penal Code No. 16 for the year 1960
- Personal Status Law No. 61 for the year 1976
- Protection against Domestic Violence Act No. 6 for the year 2008
- Penal Code No. 16 for the year 1960
- Paragraph A, Article 8 of the Domestic and Family Violence Protection Action No 6, 2008

3. The equal right of men and women for family planning:

International policies and conventions:

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Article 12:1, 14:2b, 16:1e.

National laws and legislation:

- N/A

4. The right to be protected from sexual exploitation and abuse, including unlawful sexual activity, prostitution and pornography:

International policies and conventions:

- Convention on the Rights of the child (CRC) 34, 35, 19.1, 19.2
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Art, 6

National laws and legislation:

- Anti-Human Trafficking Law (2008)
- Penal Code No. 16 for the year 1960
- For 'Indecent Assault' refer to Penal Code 296, 297, 298, 299
- For 'Rape' refer to Penal Code 292, 293, 294, 295, 300, 301
- Juveniles' Law No. 24 for the year 1968
- Penalties for encouraging prostitution: Penal Code Art. 309, 318

5. The right to access resources, opportunities or services:

International policies and conventions:

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Art. 13.

National laws and legislation:

- Penal Code Art. 309-318

6. Mandatory reporting for cases of adult and child domestic violence and sexual abuse:

International policies and conventions:

- Secretary-General's Bulletin: Special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13) UN Secretary-General, October 2003.

National laws and legislation:

- Penal Code 207 1.2 and 333-334
- Family Protection Law Art. 5 and 8

7. The right to consent to marriage and the minimum legal age for marriage:

International policies and conventions:

- Convention on the Consent to Marriage, Minimum Age for Marriage and Registration of Marriages in accordance with Article 6 for the year 1964.
- Convention on the Elimination of Discrimination against Women, Article 16 for the year 1979.
- Convention on the Rights of the Child (CRC). Article 24(3), 16(2), 1989

National laws and legislation:

- Personal Status Law No. 36 for the year 2010
- Penal Code 279 for the year 2011

II. CHILD PROTECTION SPECIFIC NATIONAL LAWS & INTERNATIONAL CONVENTIONS

1. The right to be protected from violence, abuse, exploitation and neglect:

International policies and conventions:

- Convention on the Rights of the Child (CRC) 19.1, 19.2

National laws and legislation:

- Penal Code Art. 62, 289, 290, 333-338
- Juvenile Law Art. 32

For laws on sexual assault, see GBV specific laws above

2. Protection against violence in schools:

International policies and conventions:

- Convention on the Rights of the Child (CRC) 28:1, 28:2, CRC 29.1

National laws and legislation:

- School Discipline Regulation. Instruction No. 4 (1981) issued in accordance with Law No. 16 (1964)
- Juvenile Law, Article 18
- Civil Servant Law No. 134 for the year 2009

3. Protection from child labour and the worst forms of child labour

International policies and conventions:

- International Labour Organization Convention No. 138, 182, 183.
- International Labour Organization Minimum Age Convention Art. 1.
- Convention on the Rights of the Child (CRC) Art. 32.

National laws and legislation:

- Labour Law, Art. 73, 74, 75 and 77

4. Justice for Children:

International policies and conventions:

- Convention on the Rights of the Child (CRC) Art. 40.3, 4.1, 4.2, 4.3

National laws and legislation:

- Juveniles Law Art. 7 for the year 2002, Art. 3, 18, 19, 21, 27.1
- Penal Code Art. 208, Penal Code Art. 15, 333-334

5. Rights of Children with Disabilities:

International policies and conventions:

- Convention on the Rights of the Child (CRC) 23.1, 23.2, 23.3, 23.4

National laws and legislation:

- Art. 2 of the Law of Welfare of Disabled Persons, 2006

6. Children Associated with Armed Groups or Forces:

International policies and conventions:

- Convention on the Rights of the Child (CRC) Art. 38
- Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (2000).

National laws and legislation:

- Jordan, Syria and Iraq have ratified the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict
- Jordan Compulsory Military Service Act No. 23 for the year 1986
- Jordan's National Plan of Action for Children 2004-2013

7. Trafficking of Children:

International policies and conventions:

- UN Convention against Transnational Organized Crime, 2000.
- Convention on the Rights of the Child (CRC) Art. 35, 36

National laws and legislation:

- Anti Human Trafficking Law (2008)
- Anti Slavery Law of 1929
- Penal Code Art. 16 for the year 1960

8. Unaccompanied and Separated Children:

International policies and conventions:

- Convention on the Rights of the Child (CRC) 10, 20, 21.
- Guiding Principles on Unaccompanied and Separated Children (2004)
- Guidelines for the Alternative Care of Children, UN General Assembly, 2009

National laws and legislation:

- Juvenile Justice Law Art. 32
- National Guidelines on Alternative Care under development.

Annex X: Key Sources

These SOPs have been developed based on international and national guidelines and legislation including:

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- Alternative Care in Emergencies Toolkit. Global Child Protection working Group. 2004
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- Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and Internally Displaced Persons, Revised ed. Geneva, World Health Organization (WHO)/UNHCR, 2004
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- GBVIMS Classification Tool - www.gbvims.org
- GBV Resource Tool: Establishing GBV Standard Operating Procedures. IASC Sub-Working Group on Gender and Humanitarian Action. 2008
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- Humanitarian Charter and Minimum Standards in Humanitarian Response, The Sphere Project, 2011

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- Interagency Guiding Principles on Unaccompanied and Separated Children, International Committee of the Red Cross, 2004
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- Jordan Ministry of Education Protection Procedures, 2012
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- Mental Health in emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors. Department of Mental Health and Substance Dependence at WHO: Geneva
- Minimum Standards for Child Protection in Humanitarian Action, Global Protection Cluster. Available online: [Http://www.cpwg.net](http://www.cpwg.net)
- National Framework for Combating Child Labor in Jordan, 2011
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- Violence against Children Study in Jordan, UNICEF 2007
- Violence against Women: Assessing the Situation in Jordan. WHO
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Annex XI: GBV Case Management and Psychosocial Support Basics - Guiding Document¹

Providing basic psychological care facilitates holistic healing for GBV survivors and recognizes that the impacts of a stressful event may cause psychological or behavioural reactions, as well as physical consequences.

Initial Intake and Assessment

In order to help the survivor heal and avoid further harm, certain considerations should be made starting with greeting the survivor for the first time through to the end of your first meeting together:

- The first interaction with a survivor is one of the most important since this is when service providers begin to **establish a relationship of trust and initiate healing**.
- When meeting a survivor for the first time, service providers should **warmly welcome her** by greeting and comforting the survivor.
- When the survivor is seated in a confidential location, **explain who you are**, including your name, what organization you work with, and what you do at the facility.
- **Invite the survivor to share her concern** with you and **record her information** in the **Assessment and Intake Form** designed for your service sector in emergency settings.
- When the survivor has finished telling you her story, share with her what options for her care are available, including what services you can provide. When she has decided what help she would like, explain the **Consent Form** and ask her to sign.
- If you are a health provider, do not proceed with an examination until you have explained why this is necessary and what will happen. Be sure to inform the survivor that she can stop the examination at any time after you start.
- If survivors or someone who knows a survivor alerts you to an incident and there is no opportunity to **talk in a safe place**, tell the person you are sorry to hear about the incident and take them to a private place.

Crisis Counselling

Assessment, planning, education and treating immediate medical and safety needs are key elements of crisis counselling. Crisis counselling is brief (approximately 12 weeks in duration, from the first report) with the main intention of minimizing stress, providing emotional support, and improving a survivor's immediate ability to cope. This can be done using the following simple techniques:

- **Listen actively** to a survivor's story by making eye contact, sitting up straight with an open posture facing her, leaning in if you cannot hear her or she becomes upset and cries, and using a soothing tone of voice.
- When the survivor shares information about the incident, like if she says, "he raped me" or "he beat me," use a **healing statement** to comfort her:
 - I am sorry that happened to you.
 - It's not your fault.
 - You are safe right now.
 - I am here to support you.
 - I believe you.
 - I will do my best to help you.
- Ask the survivor **open-ended questions** to carefully assess what happened and what her care options might be. Avoid asking questions that require yes or no answers and avoid asking questions that start with 'Why.'
- **Summarize** what the survivor says to show you are listening and understand.
- Help the survivor **focus** to link what the survivor says to her main problem.

1. Adapted from IRC 'GBV Case Management and Psychosocial Support Basics'

- Counselling survivors involves **listening and giving accurate and factual information**. For example, when a survivor shares feelings of fear or sadness or describes experiences of pain, avoidance, sleep disturbances, a change in appetite, or decreased ability to perform daily activities, tell her that this is a normal response and many people who have experienced this kind of incident have these experiences.
- Healing statements can also be used at the end of your meeting, to encourage a GBV survivor. You can also remind her that she had the strength to survive a very difficult experience and you are confident that she can heal from this.
- Help the survivor **focus on the present** i.e. what can be done now.

Referral

Service providers give basic counselling to support, advocate and assist survivors in solving their problems, prevent further problems, and empower survivors to play an active part in their healing. This can be accomplished through the referral process:

- Once a survivor has shared her story, she will need to know what options she has in case she would like to take action.
- **Give factual and accurate information** to the survivor about her options, including any strengths and limitations about her referral options.
- **Use the referral pathway** when explaining to a survivor what care is available and allow her to choose.
- Explain to the survivor **what will happen** when you or she refer her case.
- Make sure **she understands what services she will receive** by asking her to tell you what the service provider she is referring to will do for her.
- If survivors or other vulnerable women ask for services or materials that you cannot provide, simply restate what you can do for her.

PLEASE NOTE THAT ALL CASE DOCUMENTATION SHOULD BE KEPT IN A LOCKED PLACE. IF A LOCKED PLACE IS NOT AVAILABLE ON SITE, ESTABLISH WHERE FORMS WILL BE KEPT TO ENSURE THE SAFETY AND CONFIDENTIALITY OF THE SURVIVOR.

Other Healing Activities

Activities that promote community wellbeing are also important in reinforcing messages about safety, healing and the benefits of non-violence:

- Meet chiefs and existing groups in the community to identify other community activists and develop and implement an outreach strategy.
- Consider regular outreach activities, like “door to door” and large gathering space awareness.
- Don’t forget to inform other service providers and use other ways of disseminating information like flyers and posters announcing activities.
- Bring people together in an outreach space or gathering areas and share information about types of violence, consequences of violence, benefits of nonviolence, services available, and other appropriate responses to violence.
- Facilitate songs, games, dramas, and dances at the outreach space.
- Consult the staff for technical accuracy of GBV outreach messages and activities or for technical support and advice on community mobilization and messaging.

Psychological First Aid

Psychological first aid is a basic mental health response for people experiencing extreme stress and acknowledges that people experience psychological reactions to traumatic events that requires a basic healing response.

Psychological first aid should:

- Stabilize the survivor;
- Address immediate needs;
- Be implemented by all responders in the acute stage of an emergency;
- Continue to be applied by responders who do not specialize in psychosocial service provision beyond the acute phase of an emergency.

Psychological first aid promotes:

- **Safety**—considers survivors' needs for an immediate sense of safety that can be realized through accurate information about basic services in the settlement area.
- **Calmness**—responders must show patience, compassion, and care. Listen to what survivors have to say, repeat information, and recognize that everyone reacts to emergencies differently.
- **Connectedness**—survivors will benefit from positive connections with responders and by being connected to families and friends.
- **Hope**—providing accurate information about available services could begin to reinstate a sense of hope that was lost during the emergency.
- **Self-control**—allows survivors to make choices about the information provided to meet their own needs.

Psychological first aid does not:

- Ask for survivors stories;
- Make promises;
- Criticize or judge survivor actions or available services.

Annex XII: CMR Guidelines for Treatment

1. Protocols for post-exposure prophylaxis of HIV infection

1.a. Adolescents > 40 kg and adults, including pregnant and lactating women

Treatment	Prescribe	28 days supply
Combined tablet containing zidovudine (300 mg) and lamivudine (150 mg) or zidovudine (ZDV/AZT) 300 mg tablet plus lamivudine (3TC) 150 mg tablet	1 tablet twice a day or 1 tablet twice a day plus 1 tablet twice a day	60 tablets or 60 tablets plus 60 tablets

1.b. Children*

Weight or age	Treatment	Prescribe	28 days supply
< 2 years or 5 – 9 kg	zidovudine (ZDV/AZT) syrup** 10 mg/ml plus lamivudine (3TC) syrup** 10 mg/ml	7.5 ml twice a day plus 2.5 ml twice a day	= 420 ml (i.e.5 bottles of 100 ml or 3 bottles of 200 ml) plus = 140 ml (i.e. 2 bottles of 100 ml or 1bottle of 200 ml)
10 - 19 kg	zidovudine (ZDV/AZT) 100 mg capsule plus lamivudine (3TC) 150 mg tablet	1 capsule three times a day plus 1/2 tablet twice a day	90 capsules plus 30 tablets
20 - 39 kg	zidovudine (ZDV/AZT) 100 mg capsule plus lamivudine (3TC) 150 mg tablet	2 capsules two times a day plus 1 tablet twice a day	120 capsules plus 60 tablets

* From: Medical care for rape survivors, MSF draft guideline. December 2002

** A bottle of syrup should be discarded 15 days after being opened.

2. Protocols for prevention and treatment of STIs

2.a. Based on WHO-recommended STI treatments for adults (may also be used for prophylaxis)

Note: These are examples of treatments for sexually transmitted infections. There may be other treatment options. Always follow local treatment protocols for sexually transmitted infections.

STI	Treatment	
Gonorrhoea	ciprofloxacin	500 mg orally, single dose (<i>contraindicated in pregnancy</i>)
		or
	cefixime	400 mg orally, single dose
		or
	ceftriaxone	125 mg intramuscularly, single dose
Chlamydial infection	azithromycin	1 g orally, in a single dose (<i>not recommended in pregnancy</i>)
		or
	doxycycline	100 mg orally, twice daily for 7 days (<i>contraindicated in pregnancy</i>)
<i>Chlamydial infection in pregnant woman</i>	erythromycin	500 mg orally, 4 times daily for 7 days
		or
	amoxicillin	500 mg orally, 3 times daily for 7 days
Syphilis	benzathine benzylpenicillin*	2.4 million IU, intramuscularly, once only (<i>give as two injections in separate sites.</i>)
<i>Syphilis, patient allergic to penicillin</i>	doxycycline	100 mg orally twice daily for 14 days (<i>contraindicated in pregnancy</i>) (<i>Note: this antibiotic is also active against chlamydia</i>)
<i>Syphilis in pregnant women allergic to penicillin</i>	erythromycin	500 mg orally, 4 times daily for 14 days (<i>Note: this antibiotic is also active against chlamydia</i>)
Trichomoniasis	metronidazole	2 g orally, in a single dose or as two divided doses at a 12-hour interval (<i>contraindicated in the first trimester of pregnancy</i>)

2. b WHO-recommended STI treatments for children and adolescents (may also be used for presumptive treatment)

Note: These are examples of presumptive treatments for sexually transmitted infections. There may be other treatment options. Always follow **local** treatment protocols for sexually transmitted infections and use drugs and dosages that are appropriate for children.

STI	Weight or age	Treatment	
Gonorrhoea	< 45 kg	ceftriaxone	125 mg intramuscularly, single dose
		or	
		spectinomycin	40 mg/kg of body weight, intramuscularly (up to a maximum of 2 g), single dose or (if > 6 months)
	≥ 45 kg	Treat according to adult protocol	
Chlamydial infection	< 45 kg	azithromycin	20 mg/kg orally, single dose
	or		
	erythromycin	50 mg/kg of body weight daily, orally (up to a maximum of 2 g), divided into 4 doses, for 7 days	
	≥ 45 kg but < 12 years	erythromycin	500 mg orally, 4 times daily for 7 days
or		azithromycin	1 g orally, single dose
	≥ 12 years	Treat according to adult protocol	
Syphilis		* benzathine benzyl penicillin	50 000 IU/kg intramuscularly (up to a maximum of 2.4 million IU), single dose
	<i>Syphilis, patient allergic to penicillin</i>	<i>Erythromycin</i> 50 mg/kg of body weight daily, orally (up to a maximum of 2 g), divided into 4 doses, for 14 days	
Trichomoniasis	< 12 years	metronidazole	5 mg/kg of body weight orally, 3 times daily for 7 days
	≥ 12 years	Treat according to adult protocol	

3. Protocols for emergency contraception

Emergency contraceptive pills

There are two emergency contraceptive pill regimens that can be used:

1. The levonorgestrel-only regimen: 1.5 mg of levonorgestrel in a single dose. (This is the recommended regimen; it is more effective and has fewer side-effects), **or**
2. The combined estrogen-progestogen regimen (Yuzpe): two doses of 100 micrograms ethinylestradiol plus 0.5 mg of levonorgestrel taken 12 hours apart.

Regimen	Pill composition ^a (per dose)	Common brand names	First dose (number of tablets)	Second dose 12 hours later (number of tablets)
Levonorgestrel only	750 µg	Levonelle, NorLevo, Plan B, Postinor-2, Vikela	2	0
	30 µg	Microlut, Microval, Norgeston	50	0
	37.5 µg	Ovrette	40	0
Combined	EE 50 µg + LNG 250 µg or EE 50 µg + NG 500 µg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovrán, Tetragynon/PC-4, Preven, E-Gen-C, Neo-Primovlar 4	2	2
	EE 30 µg + LNG 150 µg or EE 30 µg + NG 300 µg	Lo/Femenal, Microgynon, Nordete, Ovral L, Rigevidon	4	4

Annex XIV: Inter-Agency GBV Referral: Information-Sharing Protocol

PURPOSE

This information-sharing protocol is to set out the guiding principles and describe procedures for sharing case referral forms with, [INSERT NAME REFERRING AGENCY] in its capacity as [INSERT services provided.] lead for GBV prevention and response work in [INSERT THE NAME OF THE COUNTRY].

GROUND RULES

- Information submitted by referring organizations to [XX] will only be submitted in the agreed-upon format and will not contain any identifying information of survivors or agencies.
- All survivor-specific information that can lead to identification of the survivor will not be shared, e.g., name, initials, sub-county, date of birth, etc.
- The standard form should be used after the survivor has agreed to access services and has signed the consent form
- The form is compiled by the case manager, password protected and sent to the service provider by email.
- This form is only used by organizations part of the agreed information sharing protocol.

DATA SECURITY

Organizations will ensure that all data is safe and secure and will implement appropriate procedures to maintain confidentiality of the data. Organizations will submit a Word document in 'read only' form and will employ password protection. The password for these submitted files has been agreed among all agencies. Any information protected in the computer will be saved in a computer with active antiviruses and have passwords. Access to these data will only be allowed for case manager and service provider.

TIME LIMIT

Once agreed, this information-sharing protocol will take effect on [DATE], and will be on trial basis until [DATE], upon which the data gathering organizations will review the effectiveness of, use of and adherence to the protocol.

Data gathering organizations reserve the right to stop sharing data for any reason at any time, and will inform [COORDINATING AGENCY] in writing if/when they do so.

BREACHES

In cases of breach by any of those participating in this information-sharing protocol, information sharing will cease until resolved, responsible parties will be held accountable and the information-sharing protocol will be reviewed.

The data gathering organizations reserve the right to refuse sharing information about GBV reported cases to any external actor.

**Annex XV:
Case Closure Form**

CASE CLOSURE FORM																															
SECTION 1 - IDENTITY OF THE CHILD																															
Registration / CP IMS Number																															
SECTION 2 - CLOSURE DETAILS																															
What is the reason for closing the child's file?														Protection needs resolved / care plan completed and child & family able to cope alone										<input type="checkbox"/> Transfer red		<input type="checkbox"/>					
														Death of Child				<input type="checkbox"/>		Other (specify)											
Give further details on the reasons for closure																															
Type of care arrangement at closing														Family reunification				<input type="checkbox"/>		Long-Term Foster Care				<input type="checkbox"/>		Adoption (Ehtidan)				<input type="checkbox"/>	
														Independent living				<input type="checkbox"/>		Other (specify)											
Details of information provided to the child and caregivers upon case closure (e.g. reason for closure, how to contact the agency in case of problems etc).																															

Details of the caregiver (if not family reunification or alternative care arranged by the agency which will be documented on the standard forms)													
SECTION 3 - FORM COMPLETED / APPROVED BY													
تم - الرابع الجزء										قبل من النموذج اعتماد / تعبئة			
Completed By: Case Worker Name / Code*				DATE OF REUNIFICATION*									
قبل من النموذج تعبئة تم على القائم الموظف رمز الحالة دراسة*				جمع عملية تنفيذ تاريخ الشميل*									
Approved By: Case Worker Name / Code*				Date of Review / Approval by Officer*									
قبل من النموذج اعتماد تم على القائم الموظف رمز الحالة دراسة*				من الاعتماد/المراجعة تاريخ المسؤول قبل*									
Signature of Approving Officer				Organisa tion*				UNHCR		NHF		JRF	
الذي (الذي) الاعتماد موظف توقيع (النموذج باعتماد قام)				المنظمة						IMC		IRC	

Normal Urgent Emergency

Date of Referral: _____

Referral Agency	Referring Agency
Agency/Clinic: _____	Agency/Clinic: _____
Address: _____	Address: _____
Phone/Fax: _____	Phone/Fax: _____
Email: _____	Email: _____
Contact (if known): _____	Contact: _____

Client Information		
Name: _____	DOB: _____	Nationality: _____
Address: _____	Sex: _____	Language: _____
Phone: _____		UNHCR ID No.: _____

If Client Is a Minor	
Name of primary caregiver: _____	Contact information for caregiver: _____
Relationship to child: _____	
Caregiver is informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____	

Services Requested: (please explain any requested services in space provided)
<input type="checkbox"/> Medical _____
<input type="checkbox"/> Legal _____
<input type="checkbox"/> Protection _____
<input type="checkbox"/> Education _____
<input type="checkbox"/> Financial _____
<input type="checkbox"/> Mental Health (Psychiatric or other) _____
<input type="checkbox"/> Other _____

Background Information/Reason for Referral: (problem description, duration, frequency, etc.)

Services Already Provided

Consent to Release Information (Read with client and answer any questions before s/he signs below)
I, _____ (client name), understand that the purpose of the referral and of disclosing this information to _____ (referral agency) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, _____ (referring agency), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.
Signature of Responsible Party: _____ (Client or Caregiver if a minor) Date: _____

Details of Referral
Client has been informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____
Client has signed consent to release information? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____
Has client been referred to any other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain) _____
Any contact or other restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain) _____
Referral delivered via: <input type="checkbox"/> Phone (emergency only) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> In Person
Follow-up expected via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Person By date: _____
Information agencies agree to exchange in follow-up: _____

Name and signature of recipient: _____

Date received: _____

Client Copy

Normal Urgent Emergency

Date of Referral: _____

Referral Agency	Referring Agency
Agency/Clinic: _____	Agency/Clinic: _____
Address: _____	Address: _____
Phone/Fax: _____	Phone/Fax: _____
Email: _____	Email: _____
Contact (if known): _____	Contact: _____

Client Information		
Name: _____	DOB: _____	Nationality: _____
Address: _____	Sex: _____	Language: _____
Phone: _____		UNHCR ID No.: _____

If Client Is a Minor	
Name of primary caregiver: _____	Contact information for caregiver: _____
Relationship to child: _____	
Caregiver is informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____	

Services Requested: (please explain any requested services in space provided)
<input type="checkbox"/> Medical _____
<input type="checkbox"/> Legal _____
<input type="checkbox"/> Protection _____
<input type="checkbox"/> Education _____
<input type="checkbox"/> Financial _____
<input type="checkbox"/> Mental Health (Psychiatric or other) _____
<input type="checkbox"/> Other _____

Background Information/Reason for Referral: (problem description, duration, frequency, etc.)

Services Already Provided

Consent to Release Information (Read with client and answer any questions before s/he signs below)	
I, _____ (client name), understand that the purpose of the referral and of disclosing this information to _____ (referral agency) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, _____ (referring agency), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.	
Signature of Responsible Party: _____ (Client or Caregiver if a minor)	Date: _____

Details of Referral
Client has been informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____
Client has signed consent to release information? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____
Has client been referred to any other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain) _____
Any contact or other restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain) _____
Referral delivered via: <input type="checkbox"/> Phone (emergency only) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> In Person
Follow-up expected via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Person By date: _____
Information agencies agree to exchange in follow-up: _____

Name and signature of recipient: _____

Date received: _____

Referral Agency Copy

Annex XVII: BID Report Form

BEST INTERESTS DETERMINATION REPORT

localhost proGres

SECTION 1: OVERVIEW

CAMP / LOCATION:

BID FILE NO:

LINKED CASES:

REGISTRATION NUMBERS:

CASE REFERRED BY:

STATUS OF THE CHILD

- UNACCOMPANIED
- SEPARATED
- ORPHAN
- NONE OF ABOVE

PURPOSE OF BID

- DURABLE SOLUTION
- TEMPORARY CARE ARRANGEMENTS
- SEPARATION
- OTHER

PRIORITY OF THE CASE (MENTION REASONS)

URGENT		
NORMAL		
SPECIFIC NEEDS OF THE CHILD		SPECIFY:

CHILD'S BASIC BIO-DATA

(REFER TO REGISTRATION FORM)

	DOCUMENTED (INDICATE IF IT IS AN ESTIMATE)
FULL NAME	
ALIAS	
AGE	
GENDER	
DATE OF BIRTH	
PLACE OF BIRTH	
DATE OF ARRIVAL IN THE COUNTRY	
DATE OF ARRIVAL AT CURRENT LOCATION	
NATIONALITY	
ETHNICITY	
RELIGION	
CURRENT ADDRESS	
REGISTERED ADDRESS	
CURRENT CAREGIVER	
RELATED CASE (S)	
LINKED BID(S)	
NAME OF FATHER	
NAME OF MOTHER	
SIBLINGS	

TRACING	STARTED ON	
	STATUS	

INTERVIEWS

PERSON INTERVIEWED	NO. OF INTERVIEWS	DATE OF INTERVIEWS

	NAME	ORGANIZATION
INTERVIEWER		
REVIEWING OFFICER		
INTERPRETER		

DOCUMENTATION ATTACHED

1	
2	
3	

--

SECTION 2: OPTIONS AND RECOMMENDATIONS

Part I - BRIEF SUMMARY OF INFORMATION ON THE CASE

Please briefly summarize key issues, such as current care arrangement, information on parents and family, and the options under consideration.

Part II - HISTORY PRIOR TO FLIGHT/SEPARATION

Please record the child's recollections about the flight/separation, and evidence provided by persons close to the child (if interviewed). Indicate how this information has been verified.

Part III - CURRENT SITUATION

Please describe the current living situation of the child, to include:

- Current care arrangement, living conditions, safety, relationships with foster parents/siblings/care-givers/other family members;
- Community networks, education and school attendance;
- Assessment of child's age and maturity, physical and mental health and any specific needs assessment.

Please state who has been contacted and who provided information, e.g. child, family, persons close to child, care-givers, teachers, neighbours, and social workers/NGO staff.

Part IV - AVAILABLE OPTIONS & ANALYSIS

Please indicate all the available options and follow-up mechanisms and analysis of each.

Please refer to all the factors included in the Annex 9 checklist in recommending what is in the child's best interests, under the following headings:

- | | |
|--------------------|----------------------------------|
| - Views of child | - Family and close relationships |
| - Safe environment | - Development and identity needs |

FINAL RECOMMENDATION

Please provide the final recommendation and reasons.

NAME OF THE CHILD WELFARE OFFICER:

DATE:

SIGNATURE OF THE CHILD WELFARE OFFICER:

NAME OF REVIEWER:

COMMENTS BY REVIEWER TO THE REPORT:

SIGNATURE OF REVIEWER:

DATE:

SECTION 3: PANEL DECISION

This section should be completed and signed at the BID panel sessions. The signed page should then be scanned in order to protect the information included, attached to sections 1 and 2 of the form and converted into a pdf document.

THE PANEL

- Approves the recommendations
- Defers decision (please explain why)
- Does not approve the recommendations (please explain why and provide the panel's recommendation)
- Reopens the case (please explain why, and who requested the reopening)
- Closes the case

FULL REASONS FOR DECISION

FOLLOW UP ACTIONS REQUIRED (TICK AND SPECIFY)

- None
- Provide counselling to the
 - Child
 - Biological parents
 - Foster parents/care-giver
- Undertake formal tracing
- Refer child for
 - Alternative care arrangements
 - Protection measures
 - Educational assistance
 - Psychosocial assistance
 - Material assistance
 - Medical assistance
- Other (explain)

COMMENTS

SIGNATURE OF PANEL MEMBERS

NAME	ORGANIZATION	SIGNATURE

DATE:

Annex XVIII: GBV Referral Pathways

GBV REFERRAL PATHWAY – Amman

TELLING SOMEONE AND SEEKING HELP (DISCLOSING)		
Survivor tells family, friend, community member, general service provider or at refugee registration services; that person accompanies survivor to the health or case manager/psychosocial "entry point":	Survivor self-reports to a medical/health or case manager/psychosocial "entry point"	
IMMEDIATE RESPONSE		
<ul style="list-style-type: none"> Provide a safe, caring environment and respect the confidentiality and wishes of the survivor Provide reliable and comprehensive information on the available services and support to survivors of GBV If agreed and requested by survivor, obtain informed consent and make referrals When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority. Preferably, the accompanying adult should be selected by the child Accompany the survivor to assist his/her in accessing services For survivors of sexual violence ensure immediate (within 72 hrs) access to medical care 		
<p>Medical/Health Care:</p> <p>JHAS Saturday - Thursday 09:00-16:00</p> <p><u>Focal Point:</u> Dr.Hanan Jarrar Mobile: 079 558 9419</p> <p>Dr. Ola Al Tebawi Mobile: 077 500 6027 Email: pc@jordanhealthaid.org</p> <p>IFH Sunday - Thursday 08:00 - 15 :30</p> <p>Tel: 06 490 8310</p> <p><u>Focal Point:</u> <i>Sweileh</i> Dr. Nesreen Barakat - Mobile: 079 731 9450</p> <p><i>Hashmi</i> Dr. Tanya Saeed Mobile: 079 717 7952</p> <p>Dr. Hiba Al Fayoumi Tel: 06 490 8310</p> <p>MoH Al Bashir Hospital Open 24 hour</p> <p>Tel: 06 474 4430</p>	<p>Case Manager (including immediate psychosocial support):</p> <p>Adults (over 18)</p> <p>JWU Saturday - Thursday 08:30 - 16:30</p> <p><u>Focal Point:</u> Najjiyeh Zoabi Kefah Al Jabir Tel: 06 567 5729 Mobile: 079 820 2353 Email: najiaha.zo3by@yahoo.com</p> <p>IFH Sunday - Thursday 08:00 - 15 :30</p> <p><u>Focal Point:</u> <i>Hashmi Center</i> Ruba Hasan Mobile: 079 718 9537 Email: r.hasan@ifh-jo.org</p> <p><i>Sweileh Center</i> Haya Al-Badri Mobile: 079 530 2111 Email: c.lab@ifh-jo.org</p> <p>JRF Sunday- Thursday 08:00-16:00</p> <p><u>Focal Point:</u> Muntaha Al Harasis Tel: 06 491 4999 Email: m.alharasis@jrf.org.jo</p>	<p>Case Manager (including immediate psychosocial support):</p> <p>Children (under 18)</p> <p>IMC 24 hours Duty phone: 079 578 5095</p> <p><u>Focal Point:</u> Sunday - Thursday 09:00 - 17:00 Maram Shahin Mobile: 079 897 6461 Email: mshahin@internationalmedicalcorps.org</p> <p>JRF Sunday- Thursday 08:00-16:00</p> <p><u>Focal Point:</u> Muntaha Al Harasis Tel: 06 491 4999 Email: m.alharasis@jrf.org.jo</p> <p>Samia Bishara Tel: 06 491 4999 Email: s.bishara@jrf.org.jo</p>

<p><u>Focal Point:</u> Sunday - Thursday 08:00 - 16:00</p> <p>Dr. Bilal Talal Ibrahim Mobile: 078 506 3855</p>	<p>Samia Bishara Tel: 06 491 4999 Email: s.bishara@jrf.org.jo</p>		
<p>IF ADULT SURVIVOR OR CHILD SURVIVOR/CAREGIVER WANT TO PURSUE POLICE/LEGAL ACTION - OR - IF IN THE BEST INTEREST OF THE CHILD - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS, refer and when possible accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police</p>			
<p>Protection, Security, Police:</p> <p>UNHCR - Protection (including cases of risk of arrest, detention or refoulement)</p> <p>Sunday-Thursday 8:00 to 15:30 Duty Phone: 079 554 6383</p> <p>After working hours and weekends UNHCR Hotline: 079 710 9194</p> <p>FPD - Police (survivors can go directly to FPD; service providers, when the survivor consents and when possible, refer through/inform UNHCR- Zeina Jadaan: jadaan@unhcr.org)</p> <p>Open 24 hours</p> <p><u>Focal Point:</u> Sadiq Al- Omari Tel: 06 490 2144</p> <p>Hotline: 911. Email: familypd@accessme.com.jo</p> <p>Security: Always assess the consequences this decision could have and make sure that there are no risks for survivors</p>	<p>Legal Assistance Counsellors:</p> <p>UNHCR-</p> <p>Sunday-Thursday 8:00 to 15:30 Duty Phone: 079 554 6383</p> <p>After working hours and weekends UNHCR Hotline: 079 710 9194</p> <p>ARDD-Legal Aid</p> <p><u>Focal Point:</u> Souzan Mohareb Tel: 06 461 7277 Mobile: 077 577 7077 Email: somohareb@ardd-legalaid.org</p> <p>Emergency line: 077 738 7221</p> <p>JWU Saturday - Thursday 08:30 - 16:30</p> <p><u>Focal Point:</u> Najjiyeh Zoabi Kefah Al Jabir Tel: 06 567 5729 Mobile: 079 820 2353 Email: najiaha.zo3by@yahoo.com</p>		
<p>AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES Over time and based on survivor's choices can include any of the following:</p>			
<p>Health Care</p>	<p>Psychosocial Services</p>	<p>Protection, Security, and Justice</p>	<p>Basic Needs (Cash, NFI, etc)</p>
<p>Primary Health Care:</p> <p>MoH Al Bashir Hospital Open 24 hour</p> <p>Tel: 06 474 4430</p> <p>JHAS Saturday - Thursday 09:00-16:00</p> <p>Tel: 06 523 6674</p>	<p>PSS Services for Adults:</p> <p>JWU Saturday - Thursday 08:30 - 16:30</p> <p><u>Focal Point:</u> Najjiyeh Zoabi Kefah Al Jabir Tel: 06 567 5729 Mobile: 079 820 2353 Email: najiaha.zo3by@yahoo.com</p>	<p>Protection/Registration:</p> <p>UNHCR</p> <p>Sunday-Thursday 8:00 to 15:30 Duty Phone: 079 554 6383</p> <p>After working hours and weekends UNHCR Hotline: 079 710 9194</p> <p>UNRWA - Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees) Sunday - Thursday 07:30 - 15:00</p>	<p>UNHCR -Aqaba, Maan, Karak Sunday-Thursday 08:30-15:30</p> <p>Sunday-Thursday 8:00 to 15:30</p> <p><u>Focal Point:</u> Huda Al-Shabsough 079 730 6108 Alshabso@unhcr.org</p> <p>Infoline Sunday - Wednesday 08.30 - 15.30 Tel: 06 550 2141</p>

<p>IFH Sunday - Thursday 08:00 - 15 :30</p> <p><u>Focal Point:</u> Hashmi Center Ruba Hasan Mobile: 079 718 9537 Email: r.hasan@ifh-jo.org</p> <p><i>Sweileh Center</i> Haya Al-Badri Mobile: 079 530 2111 Email: c.lab@ifh-jo.org</p> <p>JWU Saturday- Thursday 09:00- 17:00</p> <p><u>Focal Point:</u> Dr. Aws Shaker Mobile: 079 612 5506 Tel: 06 567 4285</p> <p>UNRWA - (Palestinian refugees) Sunday - Thursday 07:30 - 13:45</p> <p><i>North Amman Clinic</i> Tel: 06 569 5082 Baq'a'a: 06 472 5417/06 472 6016</p> <p><i>South Amman Clinic</i> Tel: 06 412 7545/06 446 0060</p> <p>Reproductive Health Services:</p> <p>MoH Al Bashir Hospital Open 24 hour</p> <p>Tel: 06 474 4430</p> <p>JHAS Saturday - Thursday 09:00- 16:00</p> <p><u>Focal Point:</u> Dr.Hanan Jarrar Mobile: 079 558 9419</p>	<p>IFH Sunday - Thursday 08:00 - 15 :30</p> <p><u>Focal Point:</u> Hashmi Center Ruba Hasan Mobile: 079 718 9537 Email: r.hasan@ifh-jo.org</p> <p><i>Sweileh Center</i> Haya Al-Badri Mobile: 079 530 2111 Email: c.lab@ifh-jo.org</p> <p>Jordan Red Crescent</p> <p>Tel: 06 490 8588 Cell: 079 959 2092 079 703 0495 079 938 8312</p> <p>JRF Sunday- Thursday 08:00- 16:00</p> <p>Tel: 06-4925096</p> <p><i>Sunday-Thursday 09:00- 19:00</i> Help line: 110</p> <p><u>Focal Point:</u> Muntaha Al Harasis Tel: 06 491 4999 Email: m.alharasis@jrf.org.jo</p> <p>Samia Bishara Tel: 06 491 4999 Email: s.bishara@jrf.org.jo</p> <p>PSS Services for Children:</p> <p>JRF Sunday- Thursday 08:00- 16:00</p> <p>Tel: 06-4925096</p> <p><i>Sunday-Thursday 09:00- 19:00</i> Help line: 110</p> <p><u>Focal Point:</u> Muntaha Al Harasis Tel: 06 491 4999 Email: m.alharasis@jrf.org.jo</p>	<p><u>Focal Point:</u> Sheerin Al-Araj Mobile: 079 654 7220</p> <p>Amani Zaqout Mobile: 079 986 0676</p> <p>North Amman: Tel: 06 565 1132</p> <p>South Amman: Tel: 06 478 3791</p> <p>Shelters/Safe houses:</p> <p>FPD through UNHCR</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>JWU- Amman <i>Saturday - Thursday 08:30 - 17:00</i></p> <p><u>Focal Point:</u> Najjiyyeh Zoabi Hotline: 079 820 2353 Tel: 06 567 5729</p>	<p>JWU/Al-Anwar Charity Association - Maan</p> <p><i>Sunday - Thursday 08:00 - 14:30</i></p> <p><u>Focal Points:</u> Nuha Hamaden Lubna Jbarat</p> <p>Mobile : 077 222 0523 - 077 753 3950 Email: alanwar.maam@yahoo.com</p> <p>NFIs:</p> <p>UNRWA - Material Assistance for Palestinian refugees</p> <p><u>Focal Point:</u> Sheerin Al-Araj Mobile: 079 654 7220</p>
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<p>Dr. Ola Al Tebawi Mobile: 077 500 6027 Email: pc@jordanhealthaid.org</p> <p>IFH <i>Sunday - Thursday 08:00 - 15 :30</i></p> <p><u>Focal Point:</u> Ruba Hasan Mobile: 079 718 9537 Email: r.hasan@ifh-jo.org <i>Hashmi Center</i></p> <p>Haya Al-Badri Mobile: 079 530 2111 Email: c.lab@ifh-jo.org <i>Sweileh Center</i></p> <p>Aman Society</p> <p>Tel: 06 582 1578 Tel: 06 402 5275 Tel: 06 505 5466</p> <p>Mental Health Services:</p> <p>IMC <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal Point:</u> Ahmad Bawaneh Mobile: 0798516131 Email:abawaneh@InternationalMedicalCorps.org</p> <p>Duty phone: 079 578 5095</p> <p>The Center for Victims of Torture <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Tel: 06 505 9455 Email: info@cvtjo.org Email: masfoor@cvtjo.org</p>	<p>Samia Bishara Tel: 06 491 4999 Email: s.bishara@jrf.org.jo</p> <p>Child Friendly Spaces:</p> <p>JRF <i>Sunday- Thursday 08:00- 16:00</i></p> <p>Tel: 06-4925096</p> <p><i>Sunday-Thursday 09:00- 19:00</i> Help line: 110</p> <p><u>Focal Point:</u> Muntaha Al Harasis Tel: 06 491 4999 Email: m.alharasis@jrf.org.jo</p> <p>Samia Bishara Tel: 06 491 4999 Email: s.bishara@jrf.org.jo</p> <p>SCI <i>Saturday - Thursday 09:00 - 17:00</i></p> <p><u>Focal Point:</u> Mahmoud Al-Karaki Mobile: 077 670 2437</p>		
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GBV REFERRAL PATHWAY – Irbid

TELLING SOMEONE AND SEEKING HELP (DISCLOSING)		
Survivor tells family, friend, community member, general service provider or at refugee registration services; that person accompanies survivor to the health or case manager/psychosocial "entry point":	Survivor self-reports to a medical/health or case manager/psychosocial "entry point"	
IMMEDIATE RESPONSE		
<ul style="list-style-type: none"> Provide a safe, caring environment and respect the confidentiality and wishes of the survivor Provide reliable and comprehensive information on the available services and support to survivors of GBV If agreed and requested by survivor, obtain informed consent and make referrals When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority. Preferably, the accompanying adult should be selected by the child Accompany the survivor to assist his/her in accessing services For survivors of sexual violence ensure immediate (within 72 hrs) access to medical care 		
<p>Medical/Health Care:</p> <p>JHAS Saturday - Thursday 09:00-16:00</p> <p><u>Focal Point:</u> Dr.Hanan Jarrar Mobile: 079 558 9419</p> <p>Dr. Ola Al Tebawi Mobile: 077 500 6027 Email: pc@jordanhealthaid.org</p> <p>IFH Sunday - Thursday 08:00 - 15 :30</p> <p>Tel: 06 490 8310</p> <p><u>Focal Point:</u> <i>Sweileh</i> Dr. Nesreen Barakat - Mobile: 079 731 9450</p> <p><i>Hashmi</i> Dr. Tanya Saeed Mobile: 079 717 7952</p> <p>Dr. Hiba Al Fayoumi Tel: 06 490 8310</p> <p>MoH Al Bashir Hospital Open 24 hour</p> <p>Tel: 06 474 4430</p>	<p>Case Manager (including immediate psychosocial support):</p> <p>Adults (over 18)</p> <p>JWU Saturday - Thursday 08:30 - 16:30</p> <p><u>Focal Point:</u> Najjiyeh Zoabi Kefah Al Jabir Tel: 06 567 5729 Mobile: 079 820 2353 Email: najiaha.zo3by@yahoo.com</p> <p>IFH Sunday - Thursday 08:00 - 15 :30</p> <p><u>Focal Point:</u> <i>Hashmi Center</i> Ruba Hasan Mobile: 079 718 9537 Email: r.hasan@ifh-jo.org</p> <p><i>Sweileh Center</i> Haya Al-Badri Mobile: 079 530 2111 Email: c.lab@ifh-jo.org</p> <p>JRF Sunday- Thursday 08:00-16:00</p> <p><u>Focal Point:</u> Muntaha Al Harasis Tel: 06 491 4999 Email: m.alharasis@jrf.org.jo</p>	<p>Case Manager (including immediate psychosocial support):</p> <p>Children (under 18)</p> <p>IMC 24 hours Duty phone: 079 578 5095</p> <p><u>Focal Point:</u> Sunday - Thursday 09:00 - 17:00 Maram Shahin Mobile: 079 897 6461 Email: mshahin@internationalmedicalcorps.org</p> <p>JRF Sunday- Thursday 08:00-16:00</p> <p><u>Focal Point:</u> Muntaha Al Harasis Tel: 06 491 4999 Email: m.alharasis@jrf.org.jo</p> <p>Samia Bishara Tel: 06 491 4999 Email: s.bishara@jrf.org.jo</p>

		<p><i>Ramtha</i> MunaGharaibeh Taghreed al Ghazaleh Mobile: 079 820 2354 Email: muna.khaled606@yahoo.com</p>	
<p>IF ADULT SURVIVOR OR CHILD SURVIVOR/CAREGIVER WANT TO PURSUE POLICE/LEGAL ACTION - OR - IF IN THE BEST INTEREST OF THE CHILD - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS, refer and when possible accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police</p>			
<p>Protection, Security, Police:</p> <p>UNHCR- Protection (including cases of risk of arrest, detention or refoulement)</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>FPD - Police (survivors can go directly to FPD; service providers, when the survivor consents and when possible, refer through/inform UNHCR- Zeina Jadaan: jadaan@unhcr.org)</p> <p><i>Open 24 hours</i></p> <p><u>Focal Point:</u> Major Ra'ed Al Hamaida Tel: 02 702 2348</p> <p>Hotline: 911. Email: familypd@accessme.com.jo</p> <p>Security: Always assess the consequences this decision could have and make sure that there are no risks for survivors</p>		<p>Legal Assistance Counsellors:</p> <p>UNHCR- Legal Services</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>ARDD-Legal Aid - Legal assistance</p> <p><u>Focal Point:</u> Souzan Mohareb Tel: 06 461 7277 Mobile: 077 577 7077 Email: somohareb@ardd-legalaid.org</p> <p>Emergency line: 077 738 7221</p> <p>JWU <i>Saturday - Thursday 08:30 - 16:30</i></p> <p><u>Focal Point:</u> <i>Irbid</i> Rasha Khazaleh Muntaha Tayyem Tel: 02 724 1342 Mobile: 079 820 2344 Email: rasha_mk@yahoo.com Email: montaha.tayyem@gmail.com</p> <p><i>Ramtha</i> MunaGharaibeh Taghreed al Ghazaleh Mobile: 079 820 2354 Email: muna.khaled606@yahoo.com</p>	
<p>AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES Over time and based on survivor's choices can include any of the following:</p>			
Health Care	Psychosocial Services	Protection, Security, and Justice	Basic Needs (Cash, NFI, etc)
<p>Primary Health Care:</p> <p>MoH Princess Rahma/Badia Hospital <i>Open 24 hour</i></p> <p>Tel: 02 710 1978</p>	<p>PSS Services for Adults:</p> <p>JWU <i>Saturday - Thursday 08:30 - 16:30</i></p> <p><u>Focal Point:</u> <i>Irbid</i></p>	<p>Protection/Registration:</p> <p>UNHCR <i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i></p>	<p>Cash/NFIs:</p> <p>UNHCR Infoline <i>Sunday - Wednesday 08.30 - 15.30</i> Tel: 06 550 2141</p>

<p>MoH Princess Basma Hospital <i>Open 24 hour</i></p> <p>Tel: 02 727 1747</p> <p>JWU (Irbid) <i>Saturday - Thursday 08:30 - 16:30</i></p> <p><u>Focal Point:</u> May Al Shyab Tel: 02 724 1342 Mobile: 079 820 2344</p> <p>MOH Princess Rahma/Badiaa Hospital- Irbid</p> <p>Tel: 02 710 1978</p> <p>UNRWA - (Palestinian refugees)</p> <p><u>Focal Point:</u> Riad Mansi Mobile: 0795408680</p> <p>Reproductive Health:</p> <p>MoH Princess Rahma/Badia Hospital <i>Open 24 hour</i></p> <p>Tel: 02 710 1978</p> <p>MoH Princess Basma Hospital <i>Open 24 hour</i></p> <p>Tel: 02 727 1747</p> <p>JHAS <i>Saturday - Thursday 09:00- 16:00</i></p> <p><u>Focal Point:</u> Dr.Hanan Jarrar Mobile: 079 558 9419</p>	<p>Rasha Khazaleh Muntaha Tayyem Tel: 02 724 1342 Mobile: 079 820 2344 Email: rasha_mk@yahoo.com Email: montaha.tayyem@gmail.com</p> <p><i>Ramtha</i> MunaGharaibeh Taghreed al Ghazaleh Mobile: 079 820 2354 Email: muna.khaled606@yahoo.com</p> <p>IRC <i>Sunday - Thursday 08:30 - 17:00</i></p> <p>Farah Qadoura Mobile: 077 607 0609 Email: farah.qadura@rescue.org</p> <p>Dina Khaza'leh Mobile: 077 503 9578 Email: dina.dinaalkhazali@rescue.org</p> <p>PSS Services for Children:</p> <p>TdH <i>Sunday - Thursday 08.30- 17.30</i></p> <p><u>Focal Point:</u> Heba Abdo Mobile: 079 828 7896</p> <p>IMC <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal Point:</u> Hanady Al Qaryouti Mobile: 079 965 3787 Email: halqaryouti@internationalmedicalcorps.org</p>	<p>UNHCR Hotline: 079 710 9194</p> <p>Helpdesk in Ramtha at JHAS clinic <i>Monday 09.00 - 15.00</i> Tel: 02 725 8510</p> <p>UNRWA - Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees)</p> <p><u>Focal Point:</u> Riad Mansi Mobile: 0795408680</p> <p><u>Emergency:</u> Sheerin Al-Araj Mobile: 079 654 7220</p> <p>Shelter/Safe house:</p> <p>FPD through UNHCR <i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>JWU- Amman <i>Saturday - Thursday 08:30 - 17:00</i></p> <p><u>Focal Point:</u> Najjyyeh Zoabi Hotline: 079 820 2353 Tel: 06 567 5729</p>	<p>UNRWA - Material Assistance for Palestinian refugees</p> <p><u>Focal Point:</u> Riad Mansi Mobile: 079 540 8680</p> <p>IRC <i>Sunday - Thursday 08:30 - 17:00</i></p> <p>Farah Qadoura Mobile: 077 607 0609 Email:farah.qadura@rescue.org</p> <p>Dina Khaza'leh Mobile: 077 503 9578</p> <p>TdH <i>Sunday - Thursday 08.30- 17.30</i></p> <p><u>Focal Point - Irbid:</u> Banan Al Jarah Mobile: 079 965 4277</p> <p><u>Focal Point - Al RamthaShajara:</u> Baidaa Al-Shyoukh Mobile: 079 886 9853 Mobile: 079 766 6934</p>
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<p>Mental Health Services:</p> <p>IMC</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Ahmad Bawaneh Mobile: 079 851 6131 Email: abawaneh@internationalmedicalcorps.org</p> <p>Duty phone: 079 578 5095</p>	<p>Women's Centers:</p> <p>JWU <i>Saturday - Thursday 08:30 - 16:30</i></p> <p><u>Focal Point:</u> <i>Irbid</i></p> <p>Rasha Khazaleh Muntaha Tayyem Tel: 02 724 1342 Mobile: 079 820 2344 Email: rasha_mk@yahoo.com Email: montaha.tayyem@gmail.com</p> <p><i>Ramtha</i> MunaGharaibeh Taghreed al Ghazaleh Mobile: 079 820 2354 Email: muna.khaled606@yahoo.com</p> <p>Child Friendly Spaces:</p> <p>SCI <i>Saturday - Thursday 09:00 - 17:00</i></p> <p><u>Focal Point:</u> Tahani Haghoub Mobile: 077 670 2451</p> <p>Mahmoud Al-Karaki Mobile: 077 670 2437</p> <p>TdH <i>Sunday - Thursday 08.30- 17.30</i></p> <p><u>Focal Point:</u> Heba Abdo Mobile: 079 828 7896</p>		
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GBV REFERRAL PATHWAY – Mafraq

TELLING SOMEONE AND SEEKING HELP (DISCLOSING)		
Survivor tells family, friend, community member, general service provider or at refugee registration services; that person accompanies survivor to the health or case manager/psychosocial “entry point”:	Survivor self-reports to a medical/health or case manager/psychosocial “entry point”	
IMMEDIATE RESPONSE <ul style="list-style-type: none"> Provide a safe, caring environment and respect the confidentiality and wishes of the survivor Provide reliable and comprehensive information on the available services and support to survivors of GBV If agreed and requested by survivor, obtain informed consent and make referrals When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority. Preferably, the accompanying adult should be selected by the child Accompany the survivor to assist his/her in accessing services For survivors of sexual violence ensure immediate (within 72 hrs) access to medical care 		
<p>Medical/health care:</p> <p>JHAS Saturday – Thursday 09:00-16:00</p> <p><u>Focal Point:</u> Dr. Rema Diab Mobile: 077 219 2294</p> <p>Balqees Bani Hani Mobile: 077 500 6017</p> <p>Dr. Ola Al Tebawi Mobile: 077 500 6027 Email: pc@jordanhealthaid.org</p> <p>IRC Sunday – Thursday 08:30 – 17:00</p> <p><u>Focal Point:</u> Moath Badi Mobile: 077 510 0092 Email: Moath.badi@rescue.org</p> <p>MoH Al Mafraq Health Directorate Open 24 hour Tel: 02 623 1087</p> <p><u>Focal Point:</u> Sunday – Thursday 08:00 – 16:00</p> <p>Dr Amal Abdalkareem Mabruk Mobile: 079 553 1052</p>	<p>Case Manager (including immediate psychosocial support):</p> <p>Adults (Over 18)</p> <p>IRC Sunday – Thursday 08:30 – 17:00</p> <p><u>Focal Point:</u> Hiba Shudaifat-Mafraq - Social worker Mobile: 077 607 0601 Email: Heba.shudaifat@rescue.org</p> <p>Neda Radwan-Mafraq - Psychologist Mobile: 077 706 4040 Email: Neda.najemradwan@rescue.org</p> <p>Farah Qadura – Social Worker/Trainer Mobile: 077 607 0609 Farah.qadura@rescue.org</p> <p>JWU (Khaldiyya) Saturday – Thursday 08:30 – 17:00</p> <p><u>Focal Point:</u> Safa Abu Kaff Najah Al Maghareez Mobile: 079 820 2349 Tel: 06 490 8310 Email: etehadalkhadeya@yahoo.com</p>	<p>Case Manager (including immediate psychosocial support):</p> <p>Children (Under 18)</p> <p>IMC 24 hours Duty phone: 079 578 5095</p> <p><u>Focal Point:</u> Sunday – Thursday 09:00 – 17:00</p> <p>RowidaAssaf Mobile: 079 69 0290 Email:rassaf@internationalmedicalcorps.org</p> <p>IRC Sunday – Thursday 08:30 – 17:00</p> <p><u>Focal Point:</u> Neda Radwan Mobile: 077 607 0601 Email: Neda.najemradwan@rescue.org</p> <p>Hiba Shudaifat Mobile: 077 7064 040 Email: Heba.shudaifat@rescue.org</p> <p>Farah Qadura Mobile: 077 607 0609 Email: Farah.qadura@rescue.org</p>

IF ADULT SURVIVOR OR CHILD SURVIVOR/CAREGIVER WANT TO PURSUE POLICE/LEGAL ACTION - OR - IF IN THE BEST INTEREST OF THE CHILD - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS, refer and when possible accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police

Protection, Security, Police:

UNHCR - Protection (including cases of risk of arrest, detention or refoulement)

Sunday-Thursday 8:00 to 15:30

Duty Phone: 079 554 6383

After working hours and weekends

UNHCR Hotline: 079 710 9194

FPD - Police (survivors can go directly to FPD; service providers, when the survivor consents and when possible, refer through/inform UNHCR - Zeina Jadaan:

jadaan@unhcr.org)

Open 24 hours

Hotline: 911. Email: familyfpd@accessme.com.jo

Tel: 02 702 2347

Focal Point:

Major Jom'a Al Haisah

Tel: 02 623 5511

Security: Always assess the consequences this decision could have and make sure that there are no risks for survivors

Legal Assistance Counsellors:

UNHCR

Sunday-Thursday 8:00 to 15:30

Duty Phone: 079 554 6383

After working hours and weekends

UNHCR Hotline: 079 710 9194

ARDD-Legal Aid - Legal assistance

Focal Point:

Souzan Mohareb

Tel: 06 461 7277

Mobile: 077 577 7077

Email: somohareb@ardd-legalaid.org

Emergency line: 077 738 7221

JWU (Khaldiyya)- Legal assistance and representation

Saturday - Thursday 08:30 - 17:00

Focal Point:

Safa Abu Kaff

Najah Al Maghareez

Mobile: 079 820 2349

Tel: 06 490 8310

AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES

Over time and based on survivor's choices **can** include any of the following:

Health Care	Psychosocial Services	Protection, Security, and Justice	Basic Needs (Cash, NFI, etc)
<p>Primary Health:</p> <p>MoH Al Mafraq Health Direcorate <i>Open 24 hour</i> Tel: 02 6231087</p> <p>JHAS <i>Saturday - Thursday 09:00-16:00</i></p> <p><u>Focal Point:</u> Ahmad Masarweh Mobile: 077 500 7012 Tel: 02 623 2329</p> <p>UNRWA - (Palestinian refugees)</p> <p><u>Focal Point:</u> RiadMansi Mobile: 079 540 8680</p>	<p>Psychological Services for Adults:</p> <p>IRC <i>Sunday-Saturday :8.30 am-5.30 pm</i></p> <p><u>Focal Point:</u> Hiba Shudaifat-Mafraq - Social worker Mobile: 077 607 0601 Email: Heba.shudaifat@rescue.org</p> <p>Neda Radwan-Mafraq - Psychologist Mobile: 077 706 4040 Email: Neda.najemradwan@rescue.org</p> <p>JWU - Khaldiyya <i>Saturday - Thursday 08:30 - 17:00</i></p>	<p>Protection/Registration:</p> <p>UNHCR</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>UNRWA - Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees)</p> <p><u>Focal Point:</u> ZiyadMousa Mobile: 079 576 3643</p> <p>RiadMansi Mobile: 079 540 8680</p> <p><u>Emergency:</u> Sheerin Al-Araj Mobile: 079 654 7220</p>	<p>UNHCR Infoline <i>Sunday - Wednesday 08.30 - 15.30</i> Tel: 06 550 2141</p> <p>UNRWA - (Material Assistance for Palestinian refugees)</p> <p><u>Focal Point:</u> RiadMansi Mobile: 079 540 8680</p> <p>Cash Assistance:</p> <p>IRC</p> <p><u>Focal Point:</u> Hiba Shudaifat Mobile: 077 706 4040 Email:Heba.shudaifat@rescue.org</p>

<p>Reproductive Health:</p> <p>MoH Al Mafrq Health Direcorate <i>Open 24 hour</i></p> <p>Tel: 02 6231087</p> <p>JHAS <i>Saturday - Thursday 09:00-16:00</i></p> <p><u>Focal Point:</u> Dr. Rema Diab Mobile: 077 219 2294</p> <p>Balqees Bani Hani Mobile: 077 500 6017</p> <p>IRC <i>Sunday-Saturday :8.30 am-5.30 pm</i></p> <p><u>Focal Point:</u> Moath Badi Mobile: 0775100092 Email: Moath.badi@rescue.org</p> <p>Mental Health Services:</p> <p>IMC <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Duty line: 079 578 5095</p> <p><u>Focal Point:</u> Ahmad Bawaneh Mobile: 079 851 6131 Email:abawaneh@InternationalMedicalCorps.org</p>	<p><u>Focal Point:</u> Safa Abu Kaff Najah Al Maghareez Mobile: 0798202349 Tel: 06 490 8310</p> <p>AWO <i>Sunday - Thursday 09:00-16:00</i></p> <p><u>Focal Point:</u> Dana Abu Sham Mobile: 079 584 4804</p> <p>Doaa Darwesh Mobile: 077 204 5338</p> <p>Psychological Services for Children:</p> <p>TdH Sunday - Thursday 08:00 - 17:00</p> <p>Heba Abdo Cell: 0798287896</p> <p>Women's Centers:</p> <p>JWU- Khaldiyya <i>Saturday - Thursday 08:30 - 17:00</i></p> <p><u>Focal Point:</u> Safa Abu Kaff Najah Al Maghareez Mobile: 0798202349 Tel: 06 490 8310</p> <p>ICMC</p> <p><u>Focal Point:</u> Nasser Obeidat Cell: 079 640 4380 Tel: 02 623 2355</p> <p>Child Friendly Spaces:</p> <p>SCI <i>Saturday - Thursday 09:00 - 15:00</i></p> <p><u>Focal Point:</u> Mahmoud Al-Karaki Mobile: 077 670 2437</p>	<p>Shelter/Safe house:</p> <p>FPD through UNHCR</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>JWU- Amman <i>Saturday - Thursday 08:30 - 17:00</i></p> <p><u>Focal Point:</u> Najiyeh Zoabi Hotline: 079 820 2353 Tel: 06 567 5729</p>	<p>House Renovations/NFIs:</p> <p>Christian & Missionary Alliance Church / Mercy Corps</p> <p><u>Focal Point:</u> Rev. Nour Sahawneh Tel: 02 6233716 Cell: 0795126236</p> <p>ICMC</p> <p><u>Focal Point:</u> Nasser Obeidat Cell: 079 640 4380 Tel: 02 623 2355</p> <p>NFIs :</p> <p>Jesuit Refuge Services (JRS)</p> <p><u>Focal Point:</u> Yahya Cell: 079 575 5316</p> <p>TdH - <i>Sunday - Thursday 08:30-17:00</i></p> <p><u>Focal Point:</u> Heba Zreiqat Cell: 079 620 1408</p>
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GBV REFERRAL PATHWAY – South

TELLING SOMEONE AND SEEKING HELP (DISCLOSING)		
Survivor tells family, friend, community member, general service provider or at refugee registration services; that person accompanies survivor to the health or case manager/psychosocial "entry point":	Survivor self-reports to a medical/health or case manager/psychosocial "entry point"	
IMMEDIATE RESPONSE		
<ul style="list-style-type: none"> Provide a safe, caring environment and respect the confidentiality and wishes of the survivor Provide reliable and comprehensive information on the available services and support to survivors of GBV If agreed and requested by survivor, obtain informed consent and make referrals When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority. Preferably, the accompanying adult should be selected by the child Accompany the survivor to assist his/her in accessing services For survivors of sexual violence ensure immediate (within 72 hrs) access to medical care 		
Medical/Health Care: JHAS - Mobile Unit <u>Focal Point:</u> Dr. Zainab Basil Mobile: 079 929 2413 Dr. Ola Al Tebawi Mobile: 077 500 6027	Case Manager (including immediate psychosocial support): Adults (over 18) JWU - Karak <i>Services are not available at the moment. They will be reactivated starting from August/September 2013.</i> Tel: 03 230 0800 Mobile: 079 850 1194 JWU/Al-Anwar Charity Association - Maan <i>Sunday - Thursday 08:00 - 14:30</i> <u>Focal Points:</u> Nuha Hamaden Lubna Jbarat Mobile : 077 222 0523 - 077 753 3950 Email: alanwar.maana@yahoo.com	Case Manager (including immediate psychosocial support): Children (under 18) IMC <i>24 hours</i> Duty phone: 079 578 5095 <u>Focal Point:</u> <i>Sunday - Thursday 09:00 - 17:00</i> Ahmad Bawaneh Mobile: 079 851 6131 Email: abawaneh@InternationalMedicalCorps.org
IF ADULT SURVIVOR OR CHILD SURVIVOR/CAREGIVER WANT TO PURSUE POLICE/LEGAL ACTION - OR - IF IN THE BEST INTEREST OF THE CHILD - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS, refer and when possible accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police		
Protection, Security, Police: UNHCR - Protection (including cases of risk of arrest, detention or refoulement) <i>Sunday-Thursday 08:00 to 15:30</i> Duty Phone: 079 554 6383 <i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194	Legal Assistance Counsellors: UNHCR <i>Sunday-Thursday 08:00 to 15:30</i> Duty Phone: 079 554 6383 <i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194	

<p>FPD - Police (survivors can go directly to FPD; service providers, when the survivor consents and when possible, refer through/inform UNHCR- Zeina Jadaan: jadaan@unhcr.org)</p> <p><u>Focal Point:</u> Karak and Tafileh</p> <p>Major Qeis Al Gharaibeh</p> <p>Tel: 03 2387069. Email: familypd@accessme.com.jo</p> <p><u>Focal Points:</u> Aqaba and Maan</p> <p>Major Mohammad Al Btoosh Tel: 03 205 0317</p> <p><i>Open 24 hours</i> Hotline: 911</p> <p>Security: Always assess the consequences this decision could have and make sure that there are no risks for survivors</p>	<p>ARDD-Legal Aid</p> <p><u>Focal Point:</u> Souzan Mohareb Tel: 06 461 7277 Mobile: 077 577 7077 Email: somohareb@ardd-legalaid.org Emergency line: 077 738 7221</p> <p>JWU/Al-Anwar Charity Association - Maan</p> <p><i>Sunday - Thursday 08:00 - 14:30</i></p> <p><u>Focal Points:</u> Nuha Hamaden Lubna Jbarat</p> <p>Mobile : 077 222 0523 - 077 753 3950 Email: alanwar.maam@yahoo.com</p>
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AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES
Over time and based on survivor's choices **can** include any of the following:

Health Care	Psychosocial Services	Protection, Security, and Justice	Basic Needs (Cash, NFI, etc)
<p>Primary Health Care:</p> <p>MOH -</p> <p><u>Focal Point:</u> Tel: 03 238 6190</p> <p>JWU/Al-Anwar Charity Association - Maan</p> <p><i>Sunday - Thursday 08:00 - 14:30</i></p> <p><u>Focal Points:</u> Nuha Hamaden Lubna Jbarat</p> <p>Mobile : 077 222 0523 - 077 753 3950 Email: alanwar.maam@yahoo.com</p> <p>JHAS - Mobile Unit</p> <p><u>Focal Point:</u> AnasDarweesh Mobile: 077 500 6028</p>	<p>PSS Services:</p> <p>JWU/UPP (Karak) <i>Sat - Thu 08:30 - 16:30</i></p> <p><u>Focal Point:</u> Tel: 03 230 0800 Mobile: 079 883 6952</p> <p>JWU/UPP (Maan) <i>Sat - Thu 08:30 - 16:30</i></p> <p>Women's Centers:</p> <p>JWU/UPP (Karak) <i>Sat - Thu 08:30 - 16:30</i></p> <p><u>Focal Point:</u> Tel: 03 230 0800 Mobile: 079 883 6952</p> <p>JWU/UPP (Maan) <i>Sat - Thu 08:30 - 16:30</i></p>	<p>Protection/Registration:</p> <p>UNHCR</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>Helpdesk in Ma'an at Jordan Youth Commission <i>Last Monday every month 9.00 - 15.00</i></p> <p>Tel: 03 213 4817</p> <p>UNRWA - Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees)</p> <p><u>Focal Point:</u> Sheerin Al-Araj Mobile: 079 654 7220</p>	<p>UNHCR -Aqaba, Maan, Karak <i>Sunday-Thursday 08:30-15:30</i></p> <p><i>Sunday-Thursday 8:00 to 15:30</i></p> <p><u>Focal Point:</u> Huda Al-Shabsough 079 730 6108 Alshabso@unhcr.org</p> <p>Infoline <i>Sunday - Wednesday 08.30 - 15.30</i> Tel: 06 550 2141</p> <p>JWU/Al-Anwar Charity Association - Maan</p> <p><i>Sunday - Thursday 08:00 - 14:30</i></p> <p><u>Focal Points:</u> Nuha Hamaden Lubna Jbarat</p> <p>Mobile : 077 222 0523 - 077 753 3950 Email: alanwar.maam@yahoo.com</p>

<p>UNRWA - Primary health care and referral to secondary services for Palestinian refugees</p> <p><u>Focal Point:</u> Sheerin Al-Araj Mobile: 079 654 7220</p>	<p>JWU/Al-Anwar Charity Association - Maan</p> <p><i>Sunday - Thursday 08:00 - 14:30</i></p> <p><u>Focal Points:</u> Nuha Hamaden Lubna Jbarat</p> <p>Mobile : 077 222 0523 - 077 753 3950 Email: alanwar.maan@yahoo.com</p>	<p>Shelter/Safe house:</p> <p>FPD through UNHCR</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>JWU- Amman <i>Saturday - Thursday 08:30 - 17:00</i></p> <p><u>Focal Point:</u> Najjiyyeh Zoabi Hotline: 079 820 2353 Tel: 06 567 5729</p>	<p>NFIs:</p> <p>UNRWA - Material Assistance for Palestinian refugees</p> <p><u>Focal Point:</u> Sheerin Al-Araj Mobile: 079 654 7220</p>
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GBV REFERRAL PATHWAY – Zarqa

TELLING SOMEONE AND SEEKING HELP (DISCLOSING)		
Survivor tells family, friend, community member, general service provider or at refugee registration services; that person accompanies survivor to the health or case manager/psychosocial “entry point”:	Survivor self-reports to a medical/health or case manager/psychosocial “entry point”	
IMMEDIATE RESPONSE <ul style="list-style-type: none"> Provide a safe, caring environment and respect the confidentiality and wishes of the survivor Provide reliable and comprehensive information on the available services and support to survivors of GBV If agreed and requested by survivor, obtain informed consent and make referrals When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority. Preferably, the accompanying adult should be selected by the child Accompany the survivor to assist his/her in accessing services For survivors of sexual violence ensure immediate (within 72 hrs) access to medical care 		
Medical/Health Care: JHAS <i>Saturday – Thursday 09:00-16:00</i> Focal Point: Dr.Hanan Jarrar Mobile: 079 558 9419 Dr. Ola Al Tebawi Mobile: 077 500 6027 Email: pc@jordanhealthaid.org MoH Zarqa Governmental Hospital <i>Open 24 hour</i> Tel: 05 398 2604 Focal Point: <i>Sunday – Thursday 08:00 – 16:00</i> Dr Ashraf Mohammed Al Soub Mobile: 079 800 7171	Case Manager (including immediate psychosocial support): Adults (over 18) JWU <i>Saturday – Thursday 08:30 – 15:30</i> Focal Point: Maysa Abu Sil Ghadeer al Tamimi Tel: 05 397 0886 Mobile: 079 8501198 Email: kalnada45@yahoo.com	Case Manager (including immediate psychosocial support): Children (under 18) IMC <i>24 hours</i> Duty phone: 079 578 5095 Focal Point: <i>Sunday – Thursday 09:00 – 17:00</i> Randa Hussain Mobile: 079 544 7464 Tel: 05 399 4105
IF ADULT SURVIVOR OR CHILD SURVIVOR/CAREGIVER WANT TO PURSUE POLICE/LEGAL ACTION - OR - IF IN THE BEST INTEREST OF THE CHILD - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS, refer and when possible accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police		
Protection, Security, Police: UNHCR – Protection (including cases of risk of arrest, detention or refoulement) <i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383 <i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194	UNHCR <i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383 <i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194 ARDD-Legal Aid – Focal Point: Souzan Mohareb Tel: 06 461 7277 Mobile: 077 577 7077 Email: somohareb@ardd-legalaid.org Emergency line: 077 738 7221	

<p>FPD - Police (survivors can go directly to FPD; service providers, when the survivor consents and when possible, refer through/inform UNHCR– Zeina Jadaan: jadaan@unhcr.org)</p> <p><i>Open 24 hours</i></p> <p><u>Focal Point:</u> Major Abdullah Alawar Tel: 05 398 2952</p> <p>Hotline: 911. Email: familypd@accessme.com.jo</p> <p>Security: Always assess the consequences this decision could have and make sure that there are no risks for survivors</p>		<p>JWU <i>Saturday – Thursday 08:30 – 15:30</i></p> <p><u>Focal Point:</u> Maysa Abu Sil Ghadeer al Tamimi Mobile: 079 850 1198 Tel: 05 397 0886</p> <p>Khawla Bint Al Azwar</p> <p><u>Focal Point:</u> Aysha Khalfah Mobile: 078 642 8039 Tel: 05 393 0999</p>	
<p>AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES Over time and based on survivor's choices can include any of the following:</p>			
Health Care	Psychosocial Services	Protection, Security, and Justice	Basic Needs (Cash, NFI, etc)
<p>Primary Health Care:</p> <p>MoH Zarqa Governmental Hospital <i>Open 24 hour</i></p> <p>Tel: 05 398 2604</p> <p>JHAS</p> <p><u>Focal Point:</u> Jaafar Al Shayeb Mobile: 077 500 6022</p> <p>JWU <i>Saturday-Thursday 10:00-17:00</i></p> <p><u>Focal Point:</u> Dr. Mahmoud Nimer Mobile: 079 820 2252 Tel: 05 397 0886</p> <p>Reproductive Services:</p> <p>MoH Zarqa Governmental Hospital <i>Open 24 hour</i></p> <p>Tel: 05 398 2604</p>	<p>PSS Services for Adults:</p> <p>JWU <i>Saturday - Thursday 08:30 - 15:30</i></p> <p><u>Focal Point:</u> Maysa Abu Sil Ghadeer al Tamimi Mobile: 079 8501198 Tel: 05 397 0886</p> <p>Khawla Bint Al Azwar Charitable Society</p> <p><u>Focal Point:</u> Ayshah Khalfah Mobile: 078 642 8039 Tel: 05 393 0999</p> <p>PSS Services for Children:</p> <p>IMC</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Randa Hussain Mobile: 079 544 7464 Tel: 05 399 4105</p> <p>Duty phone: 079 578 5095</p>	<p>Protection/Registration:</p> <p>UNHCR - Protection (including cases of risk of arrest, detention or refoulement)</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>Helpdesk in Zarqa at JHAS clinic <i>Thursday 9.00 - 15.00</i></p> <p>Tel: 05 399 4105</p> <p>UNRWA - Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees)</p> <p><u>Focal Point:</u> Ziyad Mousa Mobile: 079 576 3643</p> <p>Riad Mansi Mobile: 079 540 8680</p> <p><u>Emergency:</u> Sheerin Al-Araj Mobile: 079 654 7220</p>	<p>UNHCR -</p> <p>Infoline <i>Sunday - Wednesday 08.30 - 15.30</i></p> <p>Tel: 06 550 2141</p> <p>UNRWA - (Material assistance for Palestinian refugees)</p> <p><u>Focal Point:</u> Riad Mansi Mobile: 079 540 8680</p> <p>NFI:</p> <p>Family Awareness & Counselling Centre</p> <p><u>Focal Point:</u> Inas Dirgham Tel: 05 386 5144 Mobile: 077 557 4847</p>

<p>JHAS Saturday - Thursday 09:00-16:00</p> <p><u>Focal Point:</u> Dr.Hanan Jarrar Mobile: 079 558 9419</p> <p>Mental Health Services:</p> <p>IMC</p> <p><u>Focal Point:</u> Sunday - Thursday 09:00 - 17:00</p> <p>Randa Hussain Mobile: 079 544 7464 Tel: 05 399 4105</p> <p>Duty phone: 079 578 5095</p> <p>The Center for Victims of Torture - Mobile Unit for Zarqa and Rusiefa</p> <p><u>Focal Point:</u> Adrienne Carter Mobile: 079 680 3582 Email: Acarter@cvtjo.org</p>	<p>Women's Centers:</p> <p>JWU Saturday - Thursday 08:30 - 15:30</p> <p><u>Focal Point:</u> Maysa Abu Sil Ghadeer al Tamimi Mobile: 079 850 1198 Tel: 05 397 0886</p> <p>AWO Sunday - Thursday 09:00-16:00</p> <p><u>Focal Point:</u> Dana Abu Sham Mobile: 079 584 4804</p> <p>Asa Khalayleh Mobile: 077 905 8846</p> <p>Child Friendly Spaces:</p> <p>SCI Saturday - Thursday 9:00- 17:00</p> <p><u>Focal Point:</u> Mahmoud Al-Karaki Mobile: 077 670 2437</p>	<p>Shelter/Safe house:</p> <p>FPD through UNHCR</p> <p>Sunday-Thursday 8:00 to 15:30 Duty Phone: 079 554 6383</p> <p>After working hours and weekends UNHCR Hotline: 079 710 9194</p> <p>JWU- Amman Saturday - Thursday 08:30 - 17:00</p> <p><u>Focal Point:</u> Najjyyeh Zoabi Hotline: 079 820 2353 Tel: 06 567 5729</p>	
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GBV REFERRAL PATHWAY – ZA'ATRI

TELLING SOMEONE AND SEEKING HELP (DISCLOSING)		
Survivor tells family, friend, community member, general service provider or at refugee registration services; that person accompanies survivor to the health or case manager/psychosocial "entry point":	Survivor self-reports to a medical/health or case manager/psychosocial "entry point"	
IMMEDIATE RESPONSE <ul style="list-style-type: none"> Provide a safe, caring environment and respect the confidentiality and wishes of the survivor Provide reliable and comprehensive information on the available services and support to survivors of GBV If agreed and requested by survivor, obtain informed consent and make referrals When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority. Preferably, the accompanying adult should be selected by the child Accompany the survivor to assist his/her in accessing services For survivors of sexual violence ensure immediate (within 72 hrs) access to medical care 		
Medical/health care: Women/Girls JHAS/UNFPA <i>Open 24 hours</i> <u>Focal point:</u> <i>Saturday-Thursday 09:00 to 16:00</i> Dr Reema Diab Mobile: 077 675 5914 Dr. Ola Al Tebawi Mobile: 077 500 6027 <u>Focal Point:</u> <i>After working hours and weekends</i> Gyno/Midwife on duty Emergency Hotline: 077 998 5085 Email: pc@jordanhealthaid.org Men/Boys JHAS/UNHCR <i>Open 24 hours</i> <u>Focal point:</u> GP on duty Emergency Hotline: 077 998 5085	Case Manager (including immediate psychosocial support): Adults (over 18) IFH/UNFPA <i>Sunday-Thursday 09:00 to 16:00</i> <u>Focal Point:</u> Waed Shraa Mobile: 0799489151 Bahaa Mohedat Mobile: 079 023 4978	CaseManager (including immediate psychosocial support): Children (under 18) IMC <i>24 hours</i> Duty phone: 079 855 9517

IF ADULT SURVIVOR OR CHILD SURVIVOR/CAREGIVER WANT TO PURSUE POLICE/LEGAL ACTION - OR - IF IN THE BEST INTEREST OF THE CHILD - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS, refer and when possible accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police

<p>Protection, Security, Police:</p> <p>UNHCR - Protection (including cases of risk of arrest, detention or refoulement)</p> <p><u>Focal point:</u> Serin Bitar Mobile: 079 856 0084</p> <p>Mohammed Hajji Mobile: 079 587 7676</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>FPD - Police (survivors can go directly to FPD, while service providers should refer only through UNHCR)</p> <p><u>Focal point:</u> Captain Slaiman Al Omari Mobile: 077 235 6956 email: da.dana96@yahoo.com and familypd@accessme.com.jo</p> <p>Security: Always assess the consequences this decision could have and make sure that there are no risks for survivors</p>	<p>Legal Assistance Counsellors:</p> <p>UNHCR - Legal services</p> <p><u>Focal point:</u> Serin Bitar Mobile: 079 856 0084</p> <p>Mohammed Hajji Mobile: 079 587 7676</p> <p>Duty Phone: 079 554 6383 (Sunday-Thursday 8:00 to 15:30)</p> <p>UNHCR Hotline: 079 710 9194 (After working hours and weekends)</p> <p>ARDD-Legal Aid - Legal services (referral through UNHCR)</p>
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AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES
Over time and based on survivor's choices **can** include any of the following:

Health Care	Psychosocial Services	Protection, Security, and Justice	Basic Needs (Cash, NFI, etc)
<p>Primary health care:</p> <p>JHAS/UNHCR <i>Saturday-Thursday 09:00 to 16:00</i></p> <p>Emergency Hotline: 077 998 5085</p> <p>Reproductive Health:</p> <p>JHAS/UNFPA <i>Saturday-Thursday 09:00 to 16:00</i></p> <p><u>Focal point:</u> Dr Reema Diab Mobile: 077 675 5914</p>	<p>Women's Centers:</p> <p>IFH/UNFPA <i>Saturday-Thursday 09:00 to 16:00</i></p> <p><u>Focal Point:</u> Bahaa Mohedat Email: b.mohedat@ifh-jo.org</p> <p>UN Women <i>Sunday-Thursday 09:00 to 16:00</i></p> <p><u>Focal Point:</u> Ghada Ali Mobile: 078 517 6424 Email: ghada.ali@unwomen.org</p>	<p>Protection/Registration:</p> <p>UNHCR <i>Sunday-Thursday 8:00 to 15:30</i> <u>Focal Point:</u> Serin Bitar Mobile: 079 856 0084 Email: bitar@unhcr.org</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p>	<p>Food:</p> <p>UNHCR(Ration cards for GBV related cases)</p> <p>NFI:</p> <p>UNHCR(Ration cards for GBV related cases)</p> <p><u>Focal Point:</u> Serin Bitar Mobile: 079 856 0084 Email: bitar@unhcr.org</p> <p>Mohammed Nasser Mobile: 079 575 9638 Email: nasser@unchr.org</p>

<p>Mental Health Care:</p> <p>IMC Saturday.- Thursday 09:00 - 17:00</p> <p><u>Focal Point:</u> Ahmad Jaran Email: ajaran@internationalmedicalcorps.org</p> <p>Duty phone: 0798559517</p>	<p>Child Friendly Spaces:</p> <p>SCI Saturday- Thursday 09:00 - 15:00</p> <p><u>Focal Point:</u> Mohammad Al Zghoul Email: Mohammad.alzghoul@savethechildren.org</p> <p>Mobile: 077 991 9117</p> <p>Psychosocial Services for Adults:</p> <p>IFH/UNFPA Sunday - Thursday 09:00 - 16:00</p> <p><u>Focal Point:</u> Bahaa Mohedat Email: b.mohedat@ifh-jo.org</p> <p>Psychosocial Services for Children:</p> <p>IMC Saturday.- Thursday 09:00 - 17:00</p> <p><u>Focal Point:</u> Ahmad Jaran Email: ajaran@internationalmedicalcorps.org</p> <p>Duty phone: 079 855 9517</p> <p>Community Spaces:</p> <p>IRD/UNHCR</p> <p><u>Focal Point:</u> Ikram Al-Ish i.alish@ird-jo.org</p>	<p>Shelter/Safe house:</p> <p>FPD through UNHCR</p> <p>Sunday-Thursday 8:00 to 15:30 Duty Phone: 079 554 6383</p> <p>After working hours and weekends UNHCR Hotline: 0797109194</p>	<p>Cash for Work:</p> <p>UNWomen Sunday-Thursday 09:00 to 16:00</p> <p><u>Focal Point:</u> Ghada Ali ghada.ali@unwomen.org</p> <p>Education:</p> <p>SCJ/UNICEF-Education</p> <p><u>Focal point:</u> Abeer Ziadeh (SCJ) Mobile: 077 575 3838</p> <p>Deema Jarrar (UNICEF) Mobile: 079 722 6999</p> <p>Questscope-Informal Education (literacy, critical thinking) and mentoring</p> <p><u>Focal point:</u> Mike Niconchuk Mobile: 079 984 0288 Email: mike@questscope.org</p> <p>NRC-Formal/informal and non-formal education for children and youths</p> <p><u>Focal point:</u> Camilla Lodi Mobile: 079 748 4793</p> <p>Finn Church Aid -Informal education / literacy, physical activities and livelihood skills</p> <p><u>Focal point:</u> Mohammed Mobile: 077 500 1161</p>
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GBV REFERRAL PATHWAY – King Abdallah Park (KAP)

TELLING SOMEONE AND SEEKING HELP (DISCLOSING)		
Survivor tells family, friend, community member, general service provider or at refugee registration services; that person accompanies survivor to the health or case manager/psychosocial "entry point":	Survivor self-reports to a medical/health or case manager/psychosocial "entry point"	
IMMEDIATE RESPONSE <ul style="list-style-type: none"> Provide a safe, caring environment and respect the confidentiality and wishes of the survivor Provide reliable and comprehensive information on the available services and support to survivors of GBV If agreed and requested by survivor, obtain informed consent and make referrals When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority. Preferably, the accompanying adult should be selected by the child Accompany the survivor to assist his/her in accessing services For survivors of sexual violence ensure immediate (within 72 hrs) access to medical care 		
Medical/health care: JHAS <i>Once a week</i> Focal Point: Fatheya Ayaad Mobile: 078 855 0625 Dr. Ola Al Tebawi Mobile: 077 500 6027 Email: pc@jordanhealthaid.org	Case Manager (including immediate psychosocial support): Adults (Over 18) IFH/UNFPA <i>Sunday - Thursday 09:00 - 16:00</i> Focal Point: Bilal Zwateen Mobile: 079 7380792 Taqwa Tahtamouni Mobile: 079 589 3978	Case Manager (including immediate psychosocial support): Children (Under 18) IRC <i>Sunday - Thursday 08:30 - 17:00</i> Focal Point: Lubna Jarrar Mobile: 077 507 7793 Email: Lubna.Jarrar@rescue.org SitNour Ali Mobile: 077 666 2200 Email: SitNour.Ali@rescue.org
IF ADULT SURVIVOR OR CHILD SURVIVOR/CAREGIVER WANT TO PURSUE POLICE/LEGAL ACTION - OR - IF IN THE BEST INTEREST OF THE CHILD - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS, refer and when possible accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police		
Protection, Security, Police: UNHCR - Protection (including cases of risk of arrest, detention or refoulement) Focal Point: Iman Al Azab Mobile: 077 927 1985 Email: alazabe@unhcr.org <i>Sunday-Thursday 08:00 to 15:30</i> Duty Phone: 079 554 6383 <i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194 FPD - Police (survivors can go directly to FPD, while service providers should refer only through UNHCR) Hotline: 911. Email: familypd@accessme.com.jo Tel: 02 623 5511 Ramtha branch Security: Always assess the consequences this decision could have and make sure that there are no risks for survivors	Legal Assistance Counsellors: UNHCR <i>Sunday-Thursday 08:00 to 15:30</i> Duty Phone: 079 554 6383 <i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194 ARDD-Legal Aid Focal Point: Souzan Mohareb Tel: 06 461 7277 Mobile: 077 577 7077 Email: somohareb@ardd-legalaid.org Emergency line: 077 738 7221	

AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES Over time and based on survivor's choices can include any of the following:			
Health Care	Psychosocial Services	Protection, Security, and Justice	Basic Needs (Cash, NFI, etc)
<p>Primary Health:</p> <p>MOH</p> <p>JHAS Once per week</p> <p>Reproductive Health:</p> <p>MOH</p> <p>JHAS Once per week</p> <p>Focal Point: Fatheya Ayaad Mobile: 078 855 0625</p> <p>Mental Health:</p> <p>IMC</p> <p>Focal Point: Manar Awad Mobile: 079 686 1491</p>	<p>PSS Services for Adults:</p> <p>IFH/UNFPA Sunday-Thursday 09:00-16:00</p> <p>Focal Point: Bilal Zwateen Mobile: 079 738 0792</p> <p>Qusai Saideen Mobile: 079 731 1691</p> <p>Ahlam Mahamdeh Mobile: 078 667 3655</p> <p>PSS Services for Children:</p> <p>IRC Sunday - Thursday 09:00 - 17:00</p> <p>Focal Point: Sara Al- Khatib Mobile: 079 582 4390</p> <p>Child Friendly Spaces:</p> <p>SCI Sunday-Thursday 09:00 - 15:00</p> <p>Focal Point: Abeer Flieh Mobile: 077 546 1503</p> <p>Abdel Razaq Bani Hani Mobile: 077 547 5988</p> <p>Women's Centers:</p> <p>IFH/UNFPA Sunday - Thursday 09:00 - 16:00</p> <p>Focal Point: Ra'ed Al-Shurman Mobile: 078 511 3544</p> <p>Taqwa Tahtamouni Mobile: 079 555 1232</p>	<p>Protection/Registration:</p> <p>UNHCR</p> <p>Sunday-Thursday 8:00 to 15:30</p> <p>Focal point: Iman Al Azab Mobile:077 927 1985, Email: alazabe@unhcr.org</p> <p>Sunday-Thursday 8:00 to 15:30 Duty Phone: 079 554 6383</p> <p>After working hours and weekends UNHCR Hotline: 079 710 9194</p> <p>Shelter/Safe house:</p> <p>FPD through UNHCR</p> <p>Sunday-Thursday 8:00 to 15:30 Duty Phone: 079 554 6383</p> <p>After working hours and weekends UNHCR Hotline: 079 710 9194</p>	<p>UNHCR</p> <p>Sunday - Wednesday 08.30 - 15.30</p> <p>Focal Point: Maher Ishaqat Mobile: 079 820 7039 Email: ishaqat@unhcr.org</p> <p>Geoffrey Carliez Mobile:079 948 4507 Email: carliez@unhcr.org</p> <p>Infoline: 06 550 2141</p> <p>After working hours and weekends Protection Duty phone: 079 554 6383</p>

GBV REFERRAL PATHWAY – Cyber City

TELLING SOMEONE AND SEEKING HELP (DISCLOSING)		
Survivor tells family, friend, community member, general service provider or at refugee registration services; that person accompanies survivor to the health or case manager/psychosocial "entry point":	Survivor self-reports to a medical/health or case manager/psychosocial "entry point"	
IMMEDIATE RESPONSE <ul style="list-style-type: none"> Provide a safe, caring environment and respect the confidentiality and wishes of the survivor Provide reliable and comprehensive information on the available services and support to survivors of GBV If agreed and requested by survivor, obtain informed consent and make referrals When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority. Preferably, the accompanying adult should be selected by the child Accompany the survivor to assist his/her in accessing services For survivors of sexual violence ensure immediate (within 72 hrs) access to medical care 		
Medical/health care: JHAS <i>Saturday - Thursday 09:00-16:00</i> <u>Focal Point:</u> Fatheya Ayaad Mobile: 078 855 0625 Dr. Ola Al Tebawi Mobile: 077 500 6027 Email: pc@jordanhealthaid.org	Case Manager (including immediate psychosocial support): Adults (Over 18) IFH/UNFPA <i>7 days / week 09:30 - 17:30</i> <u>Focal Point:</u> Bilal Zwateen Mobile: 079 7380792 Qusai Saideen Mobile: 079 731 1691 Ahlam Mahamdeh Mobile: 078 667 3655	Case Manager (including immediate psychosocial support): Children (Under 18) IRC <i>Sunday - Thursday 08:30 - 17:00</i> <u>Focal Point:</u> Lubna Jarrar Mobile: 077 507 7793 Email: Lubna.Jarrar@rescue.org SitNour Ali Mobile: 077 666 2200 Email: SitNour.Ali@rescue.org
IF ADULT SURVIVOR OR CHILD SURVIVOR/CAREGIVER WANT TO PURSUE POLICE/LEGAL ACTION - OR - IF IN THE BEST INTEREST OF THE CHILD - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS, refer and when possible accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police		
Protection, Security, Police: UNHCR - Protection (including cases of risk of arrest, detention or refoulement) <u>Focal Point:</u> Iman Al Azab Mobile: 077 927 1985 Email: alazabe@unhcr.org <i>Sunday-Thursday 08:00 to 15:30</i> Duty Phone: 079 554 6383 <i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194 FPD - Police (survivors can go directly to FPD, while service providers should refer only through UNHCR) Hotline: 911. Email: familypd@accessme.com.jo Tel: 02 623 5511 Ramtha branch UNRWA - Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees)	Legal Assistance Counsellors: UNHCR <i>Sunday-Thursday 08:00 to 15:30</i> Duty Phone: 079 554 6383 <i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194 ARDD-Legal Aid <u>Focal Point:</u> Souzan Mohareb Tel: 06 461 7277 Mobile: 077 577 7077 Email: somohareb@aradd-legalaid.org Emergency line: 077 738 7221 JWU <i>Sunday-Thursday 08:30-16:30</i> Tel: 03 230 0800 Mobile: 079 883 6352	

<p>Focal Point: Ziyad Mousa Mobile: 079 576 3643</p> <p>Emergency:</p> <p>Sheerin Al-Araj Mobile: 079 654 7220</p> <p>Security: Always assess the consequences this decision could have and make sure that there are no risks for survivors</p>			
<p>AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES Over time and based on survivor's choices can include any of the following:</p>			
Health Care	Psychosocial Services	Protection, Security, and Justice	Basic Needs (Cash, NFI, etc)
<p>Primary Health:</p> <p>JHAS Saturday - Thursday 09:00-16:00</p> <p>Reproductive Health:</p> <p>JHAS Saturday - Thursday 09:00-16:00</p> <p>Focal Point: Fatheya Ayaad Mobile: 078 855 0625</p>	<p>PSS Services for Adults:</p> <p>IFH/UNFPA 7 days/ week 09:30 - 17:30</p> <p>Focal Point: Bilal Zwateen Mobile: 079 738 0792</p> <p>Qusai Saideen Mobile: 079 731 1691</p> <p>Ahlam Mahamdeh Mobile: 078 667 3655</p> <p>PSS Services for Children:</p> <p>IRC Sunday - Thursday 09:00 - 17:00</p> <p>Focal Point: Sara Al- Khatib Mobile: 079 582 4390</p> <p>Child Friendly Spaces:</p> <p>IFH Sunday - Saturday 09:30 - 17:30</p> <p>Focal Point: Bilal Zwateen Mobile: 079 7380792</p> <p>Qusai Saideen Mobile: 079 731 1691</p> <p>Ahlam Mahamdeh Mobile: 078 667 3655</p> <p>Women's Centers:</p> <p>IFH/UNFPA Sunday - Thursday 09:30 - 17:30</p> <p>Focal Point: Qusai Saideen Mobile: 079 731 1691</p> <p>Ahlam Mahamdeh Mobile: 078 667 3655</p>	<p>Protection/Registration:</p> <p>UNHCR</p> <p>Sunday-Thursday 8:00 to 15:30</p> <p>Focal point: Iman Al Azab Mobile:077 927 1985, Email: alazabe@unhcr.org</p> <p>Sunday-Thursday 8:00 to 15:30 Duty Phone: 079 554 6383</p> <p>After working hours and weekends UNHCR Hotline: 079 710 9194</p> <p>UNWRA</p> <p>Focal Point: Sheerin Al-Araj Email: s.al-araj2@unrwa.org Mobile: 079 654 7220</p> <p>Shelter/Safe house:</p> <p>FPD through UNHCR</p> <p>Sunday-Thursday 8:00 to 15:30 Duty Phone: 079 554 6383</p> <p>After working hours and weekends UNHCR Hotline: 079 710 9194</p>	<p>UNHCR</p> <p>Sunday - Wednesday 08.30 - 15.30</p> <p>Focal Point: Maher Ishaqat Mobile: 079 820 7039 Email: ishaqat@unhcr.org</p> <p>Geoffrey Carliez Mobile:079 948 4507 Email: carliez@unhcr.org</p> <p>UNHCR Infoline: 06 550 2141</p>

Annex XIX: CP Referral Pathways

Child Protection Referral Pathway – Amman

STEP 1: Identification of child protection cases

<p>General service providers, UNHCR/UNWRA registration services or community members identify child protection case. Immediate response includes:</p> <ul style="list-style-type: none"> ▪ Provide a safe, caring response ▪ Respect the confidentiality and wishes of the child/caregiver ▪ Provide information about available case management services ▪ Facilitate referral to relevant case management services (see below) when child/caregiver consents ▪ For child survivors of sexual violence, ensure immediate (within 72 hrs) access to medical care ▪ In case of immediate safety or security risk to the child, consult child protection case manager to determine child's best interest 	<p>Child or caregiver goes directly to case manager</p>
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STEP 2: Case management services

Violence against children in schools and children not enrolled in school	GBV against children including sexual violence and early marriage (see GBV referral pathway)	All other CP cases including violence against children in the home & community and child labour	Unaccompanied & separated children	Children with disabilities	Children in conflict with the law
<p>Save the Children Jordan - Outreach & support to register children in schools <i>Sunday - Thursday</i> 08:30 - 16:00</p> <p><u>Focal point:</u> AroubaYassin Mobile: 077 670 2426 Email: AYaseen@savethechildren.org.jo</p> <p><u>Hotline:</u> 077 6702426, 0800 22766, 0800 00111</p>	<p>IMC <i>Sunday - Thursday</i> 09:00 - 17:00</p> <p>24 hours Duty phone: 079 578 5095</p> <p><u>Focal Point:</u> Ahmad Bawaneh Mobile: 079 851 6131 Email: abawaneh@InternationalMedicalCorps.org</p> <p>JRF <i>Sunday- Thursday</i> 09:00-19:00</p> <p><u>Focal Point:</u> Samia Bishara Tel: 06 491 4999 Email: s.bishara@jrf.org.jo</p> <p>24 hours Helpline: 110</p> <p>UNHCR <i>Sunday - Thursday</i> 08:00 - 15:30 Duty phone: 079 554 6383</p> <p><i>After Hours and Weekends</i> Hotline: 079 710 9194</p> <p>For child labour cases, report employers using child labour to Ministry of Labour Child Labour Unit</p>	<p>JRF <i>Sunday- Thursday</i> 09:00-19:00</p> <p><u>Focal Point:</u> Samia Bishara Tel: 06 491 4999 Email: s.bishara@jrf.org.jo</p> <p>24 hours Helpline: 110</p>	<p>Refer first to: UNHCR</p> <p><i>Sunday - Thursday</i> 08:00 - 15:30 Duty phone: 0795546383</p> <p><i>After Hours and Weekends</i> Hotline: 079 710 9194</p> <p>JRF <i>Sunday- Thursday</i> 09:00-19:00</p> <p><u>Focal Point:</u> Samia Bishara Tel: 06 491 4999 Email: s.bishara@jrf.org.jo</p> <p>24 hours Helpline:110</p>	<p>NHF/IFH: (Rehabilitative services for disabled persons) <i>Opening hours:</i> <i>Sunday - Thursday</i> 9:00-17:00</p> <p><u>Focal Point:</u> Sweileh: Huda Dahbour Tel: 06 534 4190</p> <p>Hashemi: Jihad Mallah Tel: 06 490 8310</p> <p>UNHCR Community Services <u>Focal point:</u> Hasan Mohammed, Mobile: 079 909 8537 Email: mohammeh@unhcr.org</p>	<p>In North Amman, refer to Juvenile Police Department <i>Saturday-Thursday</i> 7.30 - 15.00</p> <p><i>Hotline 24 hours</i> 06 534 9827 06 533 6452 06 535 0859</p> <p><i>JPD will inform UNICEF for advocacy purposes.</i></p> <p>For refugee cases also refer to UNHCR <i>Sunday-Thursday</i> 8:00 - 15:30 Detention emergency line: 079 674 2200</p> <p><i>After working hours and weekends</i> Protection Hotline: 079 710 9194</p>

		<p><u>Focal point:</u> Shereen Al-Taeib 079 758 7583 Email: altaeib_shereen@hotmail.com/altaeib_shereen@yahoo.com</p>			<p><i>UNHCR will arrange legal representation by Jordanian Bar Association when needed</i></p> <p>UNRWA <i>Open 24 hours</i></p> <p><u>Focal Point:</u> North Amman, Nuzha Wafa Nuwwara w.nuwwara@unrwa.org Protection Duty phone: 079 710 0496</p> <p>South Amman Wihdat Haifa Al-Wheidi h.wheidi@unrwa.org Protection Duty phone: 079 899 8890</p> <p>Emergency: Sheerin Al-Araj Email: s.al-araj2@unrwa.org Mobile: 079 654 7220</p>
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Refer to service below if:

- a. Child/caregiver wants to receive protection, legal or police services;
- b. There are immediate safety and security risks to others; or
- c. It is in the best interest of the child because of:
 - Immediate safety or security risks to the child that require protection/police services (UNHCR/FPD);
 - Risk of imminent forced/early marriage (UNHCR)
 - Risk of refoulement or voluntary return in cases of children associated with armed groups/forces (UNHCR)
 - Severe neglect (UNHCR/FPD)
 - Sexual exploitation and abuse by humanitarian personnel (UNHCR)
 - Children requiring BID (UNHCR)

Always assess the consequences this could have to minimize risks and ensure the best interest of the child.**UNHCR** - Protection

Sunday - Thursday, 08.00 - 15.30

Duty phone: 079 554 6383

After hours and weekends (24 hours)

Protection Hotline: 079 710 9194

FPD - Cases of sexual violence, family violence and neglect (child/caregiver or community members can go directly to FPD; service providers should refer refugee cases through UNHCR when the refugee child/caregiver consents and when possible - Zeina Jadaan: jadaan@unhcr.org)

Open 24 hours, 7 days a week

Hotline: 911. Tel: 06 581 5738

Focal Point: Major Sadeq Al Omari, email: familypd@accessme.com.jo

STEP 3: Referral to other services

Health Care	CP Psychosocial Services / Case Management	Protection, Security, and Justice	Other Basic Services	Education ¹
<p>IMC - Mental health services <i>Sunday - Thursday</i> 09:00 - 17:00</p> <p><u>Focal Point:</u> Ahmad Bawaneh Mobile: 0798516131</p> <p>JHAS - Primary health care and mental health services 9:00-16:00</p> <p>Primary health care Tel: 06 523 6674</p> <p>Mental health services City Clinic Tel: 06 465 1772 Mobile: 077 500 6025</p> <p>Abu Nseir Clinic Tel: 06-5236674</p> <p>Caritas - Primary health care and referral to secondary services <i>Sunday-Thursday</i> 9:00-16:00</p> <p>Al Hashmi Clinic Tel: 06 4918601/06 492 0951 8:00-14:00</p> <p>MOH - Primary health care and mental health services <i>Saturday-Thursday</i> 8:00-15:00</p> <p>Primary health care Al Bashir Hospital Tel: 06 474 4430</p>	<p>Consultative Clinic/ MOH - PSS services <i>Sunday-Thursday</i> 8:00-15:30</p> <p>077 674 0519</p> <p>Al Hashmi Centre / MOH - PSS services 8:00-15:30</p> <p>Mobile: 077 674 0518</p> <p>IFH - PSS, PFA & group support adapted to men & boys. <i>Opening hours: Sunday - Thursday 8:00-17:30</i> (Sweileh): Ayat khatatneh Tel: 06 534 4190</p> <p>(Hashemi): Shaden Abu Hammour Tel:06 490 8310</p> <p>JWU- PSSservices, CFSs, recreational and life skills activities for families <i>Saturday - Thursday</i> 08:30 - 16:30</p> <p><u>Focal Point:</u> Najiyeh Zoabi Kefah Al Jabir Tel: 06 567 5729 Mobile: 079 820 2353 Email: najiaha.zo3by@yahoo.com</p> <p>Several locations in Amman (Jabal Hussein, Hussein Camp, Wahdat Camp)</p>	<p>UNHCR - Registration, legal services and protection for refugees <i>Sunday-Thursday</i> 8:00 - 15:30 Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>UNRWA - Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees) <i>Open 24 hours</i></p> <p><u>Focal Point:</u> North Amman (Nuzha) Wafa Nuwwara w.nuwwara@unrwa.org Protection Duty phone: 079 710 0496</p> <p>South Amman (Wihdat) Haifa Al-Wheidi h.wheidi@unrwa.org Protection Duty phone: 079 899 8890</p> <p>Emergency: <u>Focal Point:</u> Sheerin Al-Araj Email: s.al-araj2@unrwa.org Mobile: 079 654 7220</p>	<p>UNHCR - Registration, support to vulnerable children & families through NFI/cash assistance</p> <p><i>Sunday - Wednesday</i> 08.30 - 15.30 UNHCR Infoline: 06 550 2141</p> <p><i>After working hours and weekends</i> Protection Duty phone: 079 554 6383</p> <p>UNRWA - Basic assistance and registration services for Palestinian refugees <i>Sunday-Thursday</i> 7:30- 15:00 pm North Amman: Tel: 065651132</p> <p>South Amman: Tel: 06 4783791</p> <p>CARE International - Emergency cash assistance, cash coupons, and heaters. <i>Sunday-Thursday</i> 8:00-16:00</p> <p>Tel: 06 5651488</p>	<p>SC Jordan (formal education)- hotline for information about education and protection services in schools <i>Sunday - Thursday 0</i> 8:30 - 16:00 Hotline: 077 670 2426</p> <p><u>Focal Point:</u> Rawan Abushaikha Mobile: 077 573 6336 Email: RShaikha@SaveTheChildren.Org.Jo</p> <p>Questscope - Non-formal and informal education <i>Sunday-Thursday</i> 9:00-17:00 06 461 8951</p> <p>JRS - Informal education for youth and adults. (English, art, music, sports & life skills). Pre-primary (kindergarten) Ashrafiyeh, East Amman</p> <p><u>Focal point:</u> Tamim Arif Mobile: 079 871 3981</p> <p>Caritas- Informal education service, life skills, youth leadership development and training, pre-school education services</p> <p>Mercy Corps - Special education services for persons with disabilities</p>

¹Definitions

Formal education: Certified education services provided by the Ministry of Education public schools (grade 1-12).

Informal education: Educational activities that range from recreational activities to literacy numeracy, and life skills sessions. These educational activities are not certifiable by the Ministry of Education and not specifically bound to certain age or target group.

Non-formal education: Certified education services following MOE's NFE curricula (2 year course). The eligibility of students to NFE includes those who have missed more than 3 years of school or have never been enrolled in formal education in Jordan. When completed 2 years of NFE, the participant will receive a certificate which equals to a public school 10th grade completion.

<p><u>Focal Point:</u> Sunday - Thursday 08:00 - 16:00</p> <p>Dr. Bilal Talal Ibrahim Mobile: 078 506 3855</p> <p>Sahab Hospital Dr. Jamil Tutanji Tel: 06 4020092</p> <p>Mental health MOH Consultative Clinic Mobile: 0776740519</p> <p>Al Hashmi Centre Mobile: 0776740518</p> <p>JWU Saturday- Thursday 09:00-17:00</p> <p><u>Focal Point:</u> Dr. Aws Shaker Mobile: 079 612 5506 Tel: 06 567 4285</p> <p>Islamic Charitable Centre - Primary health care Saturday-Thursday 7:30-15:30</p> <p><u>Focal Point:</u> Khalid Hamdan Tel: 06 438 7910 Mobile: 079 692 5733</p> <p>NHF - Rehabilitation of disabled persons including physiotherapy, speech therapy, special education and medical aids Sunday - Thursday 8:00am - 15 :30</p> <p>Tel: 06 490 8310</p> <p><u>Focal Point:</u> In Sweileh: Dr. Nesreen Barakat Mobile: 079 731 9450</p> <p>In Hashmi: Dr. Tanya Saeed Mobile: 0797177952 Dr. Hiba Al- Fayoumi Tel: 06 490 8310</p>	<p>Jordan Red Crescent - PSS services Saturday-Thursday 9:00-16:00</p> <p>Tel: 06 490 8588 Mobile: 079 959 2092 079 703 0495 079 938 8312</p> <p>JRF - PSS services for women and children through the Queen Rania Family & Child Center Sunday - Thursday 08:00 - 16:00</p> <p>Tel: 06 492 5096 orHelp Line: 110</p> <p>IMC - PSS services Sunday-Thursday 9:00-17:00</p> <p><u>Focal Point:</u> Ahmad Bawaneh Mobile: 079 851 6131/ 079 897 6461</p> <p>CARE International - PSS services Sunday-Thursday 8:00-16:00</p> <p>Tel: 06 565 1488</p> <p>SCI - Operational CFSs and PSS services Saturday-Thursday 9:00-17:00</p> <p><u>Focal Point:</u> Abdul Rahman Zaghloul Mobile: 077 572 4400</p> <p>Islamic Charitable Centre - Safe spaces for children and youth Saturday-Thursday 7:30-15:30</p> <p><u>Focal Point:</u> Izz Al Din Al Kassam Centre Abdul Rahman Ma'ady Mobile: 079 931 7222</p> <p>Al Anwar Centre Mohammad Suleiman Mobile: 079 555 1009</p>	<p>FPD - Protection Hotline: 911 Tel: 06 581 5738</p> <p>JWU- Legal services Saturday - Thursday 08:30 - 16.30</p> <p><u>Focal Point:</u> Najiyeh Zoabi Hotline: 079 820 2353 Tel: 06 567 5729</p> <p>JRF - Shelter for child survivors (including PSS, protection, education & medical services) Sunday - Thursday 09:00 - 19:00</p> <p>Tel: 06 523 4652 Helpline: 110</p> <p>ARDD-Legal Aid -</p> <p><u>Focal Point:</u> SouzanMohareb Tel: 06 461 7477 Mobile: 077 577 7077 Email: somohareb@ar-dd-legalaid.org</p> <p>Emergency line: (open 24/7) 077 738 7221</p>	<p>Islamic Charitable Centre - NFI Saturday-Thursday 7:30-15:30</p> <p><u>Focal Point:</u> Abu Huraira Centre Khalid Abu Hamdan Mobile: 079 666 7235</p> <p>Izz Al Din Al Kassam Centre Abdul Rahman Ma'adi Mobile: 079 931 7222</p>
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<p>The Center for Victims of Torture (CVT) - Mental health and physiotherapy treatments; Social services referrals/Case management for war trauma and torture survivors. <i>Open Sunday-Thursday 9:00-17:00</i></p> <p><u>Focal point:</u> Tel: 06 505 9455 info@cvtjo.org or masfoor@cvtjo.org</p> <p>UNRWA - Basic health services for Palestinian refugees <i>Sunday-Thursday 07:45-14:00</i></p> <p><u>Focal Point:</u> North Amman (Nuzha) Wafa Nuwwara Protection Duty phone: 079 710 0496 w.nuwwara@unrwa.org</p> <p>South Amman (Wihdat) Haifa Al-Wheidi Protection Duty phone: 079 899 8890</p>				
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Child Protection Referral Pathway – Irbid

STEP 1: Identification of child protection cases

<p>General service providers, UNHCR/UNWRA registration services or community members identify child protection case. Immediate response includes:</p> <ul style="list-style-type: none"> ▪ Provide a safe, caring response ▪ Respect the confidentiality and wishes of the child/caregiver ▪ Provide information about available case management services ▪ Facilitate referral to relevant case management services (see below) when child/caregiver consents ▪ For child survivors of sexual violence, ensure immediate (within 72 hrs) access to medical care ▪ In case of immediate safety or security risk to the child, consult child protection case manager to determine child's best interest 	<p>Child or caregiver goes directly to case manager</p>
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STEP 2: Case management services

Violence against children in schools and children not enrolled in school	GBV against children including sexual violence and early marriage (see GBV referral pathway)	All other CP cases including violence against children in the home & community and child labour	Unaccompanied & separated children	Children with disabilities	Children in conflict with the law
<p>Save the Children Jordan - Outreach & support to register children in schools <i>Sunday - Thursday 08:30 - 15:30</i></p> <p><u>Focal point:</u> Samah Al Bdour Mobile 077 546 4972 Email: sbdour@savethechildren.org.jo</p> <p>Alaa' Alquraan Mobile: 077 575 4077 Email: aquran@savethechildren.org.jo</p> <p>Hotline: 077 670 2426 080 022 766 080 000 111</p>	<p>IMC - specialized in child protection and mental health <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><i>24 hours</i> Duty phone: 079 578 5095</p> <p><u>Focal Point:</u> Ahmad Bawaneh Mobile: 079 851 6131 Email: abawaneh@internationalmedicalcorporation.com</p> <p>or</p> <p>Ibtisam Massad Mobile: 079 752 6927</p> <p>IRC¹ - Specialized in GBV <i>Sunday - Thursday 08:30 - 17:00</i></p>	<p>IMC <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal point:</u> Ibtisam Massad Mobile: 079 752 6927</p> <p>For child labour cases, report employers using child labour to Ministry of Labour Child Labour Unit</p> <p><u>Focal point:</u> Shereen Al-Taeib 079 758 7583 Email: altaeib_shereen@hotmail.com/altaeib_shereen@yahoo.com</p>	<p>Refer first to: UNHCR <i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>IMC <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal point:</u> Ibtisam Massad Mobile: 079 752 6927</p>	<p>HI - provision of assistive tools and rehabilitative services and family counselling <i>Sunday - Thursday 08:30 - 17:30</i></p> <p>Mobile: 078 727 5399</p>	<p>UNHCR <i>Sunday-Thursday 8:00 to 15:30</i></p> <p>Detention emergency line: 079 674 2200</p> <p><i>After working hours and weekends</i> Protection Hotline: 079 710 9194</p> <p><i>UNHCR will refer refugee cases for legal representation by Jordanian Bar Association lawyers</i></p>

Tel: 077 546 4972 077 575 4077	<p>Focal Point: Dina Khaza'leh Mobile: 077 503 9578 Email: dina.dinaalkhazali@rescue.org</p>	<p>Nawal Mohammad Mobile: 079 678 5864 Email: nawal.mohammad@rescue.org</p>	<p>Farah Qadura Mobile: 077 607 0609 Farah.qadura@rescue.org</p>				
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Refer to service below if:

- a. Child/caregiver wants to receive protection, legal or police services;
- b. There are immediate safety and security risks to others; or
- c. It is in the best interest of the child because of:
 - Immediate safety or security risks to the child that require protection/police services (UNHCR/FPD);
 - Risk of imminent forced/early marriage (UNHCR)
 - Risk of refoulement or voluntary return in cases of children associated with armed groups/forces (UNHCR)
 - Severe neglect (UNHCR/FPD)
 - Sexual exploitation and abuse by humanitarian personnel (UNHCR)
 - Children requiring BID (UNHCR)

Always assess the consequences this could have to minimize risks and ensure the best interest of the child.

UNHCR- Protection

Sunday - Thursday, 08.00 - 15.30

Duty phone: 079 554 6383

After hours and weekends (24 hours)

Protection Hotline:079 710 9194

FPD - Cases of sexual violence, family violence and neglect (child/caregiver or community members can go directly to FPD; service providers should refer refugee cases through UNHCR when the refugee child/caregiver consents and when possible - Zeina Jadaan: jadaan@unhcr.org)

Open 24 hours, 7 days a week

Hotline: 911. Tel: 02 702 2348

Focal Point: Major Ra'ed Al Hamaidah , email: familypd@accessme.com.jo

STEP 3: Referral to other services

Health Care	CP Psychosocial Services / Case Management	Protection, Security, and Justice	Other Basic Services	Education ²
<p>IMC - Mental health services & case management <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal Point:</u> Ahmad Bawa'neh Cell: 079 851 6131</p> <p>MOH Princess Rahma/Badia Hospital <i>Open 24 hour</i></p> <p>Tel: 02 710 1978</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 08:00 - 16:00</i></p> <p>Dr. Abed Kareem Dalalah Mobile: 078 598 8249</p> <p>MoH - Secondary health care</p> <p>Princess Basma Hospital <i>Open 24 hour</i></p> <p>Tel: 02 727 1747</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 08:00 - 16:00</i></p> <p>Dr. Mohammed Ababneh Mobile: 079 501 0502</p>	<p>IMC - PSS case management, PFA, training community-based protection committees <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal Point:</u> Eman Almansi Cell: 079 897 5386</p> <p>TdH - PSS & CFSs <i>Sunday - Thursday 08:30 - 17:00</i></p> <p><u>Focal Point:</u> Heba Abdo Mobile: 079 828 7896</p> <p>SCI - CFSs for children, CFSs for youth, and PSS services <i>Saturday - Thursday 09:00 - 15:00</i></p> <p><u>Focal Point:</u> Tahani Hagob Mobile: 077 670 2451</p> <p>Abdul Rahman Zaghoul Mobile: 077 572 4400</p> <p>JWU - Community-based protection committees & CFSs <i>Saturday-Thursday 08:30 - 16:30</i></p> <p>Irbid Tel: 02 724 1342 079 820 2344 Ramtha Tel: 079 8202354</p>	<p>UNHCR - Registration, legal services and protection for refugees <i>Sunday-Thursday 8:00 - 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>Helpdesk in Ramtha at JHAS clinic <i>Monday 09.00 - 15.00 phone number</i> Tel: 02 725 8510</p> <p>UNRWA - Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees) <i>Sunday-Thursday 07:00-:1500 24 hours</i></p> <p><u>Focal Point:</u> Riyad Mansi Mobile: 079 540 8680 r.mansi@unrwa.org</p> <p><u>Emergency:</u> Sheerin Al-Araj Email: s.al-araj2@unrwa.org Mobile: 079 654 7220</p>	<p>UNHCR - Registration, support to vulnerable children & families through NFI/cash assistance</p> <p>Infoline <i>Sunday - Wednesday 08.30 - 15.30</i> Tel: 06 550 2141</p> <p><i>After working hours and weekends</i> Protection Duty phone: 079 554 6383</p> <p>UNRWA - Basic assistance and registration services for Palestinian refugees <i>Sunday-Thursday 07:30 - 15:00</i></p> <p><u>Focal Point:</u> Riyad Mansi Mob: 079 540 8680 r.mansi@unrwa.org</p> <p>Tdh - NFI provision <i>Sunday - Thursday 8.30 - 5.00</i></p>	<p>SCJ - Hotline for information on education & protection services in schools</p> <p><u>Focal Point:</u> Samah Al Bdour 077 546 4972 Email: sbdour@savethechildren.org.jo</p> <p>Alaa' Alquraan 077 575 4077</p> <p>Email: aquran@savethechildren.org.jo</p> <p>Questscope - Non-formal education and Informal education <i>Sunday-Thursday 9:00 - 17:00</i></p> <p><u>Focal Point:</u> Tawfiq Zaqrneh Mobile: 077 999 1189 Tel: 06 461 8951</p> <p>Al Farouk Charitable Society - Educational programmes for children who have dropped out <i>Sunday-Thursday 08:00-16:00</i></p> <p><u>Focal Point:</u> Maysoon Al Araj Mobile: 078 574 1261</p>

²Definitions

Formal education: Certified education services provided by the Ministry of Educations public schools (grade 1-12).

Informal education: Educational activities that range from recreational activities to literacy numeracy, and life skills sessions. These educational activities are not certifiable by the Ministry of Education and not specifically bound to certain age or target group.

Non-formal education: Certified education services following MOE's NFE curricula (2 year course). The eligibility of students to NFE includes those who have missed more than 3 years of school or have never been enrolled in formal education in Jordan. When completed 2 years of NFE, the participant will receive a certificate which equals to a public school 10th grade completion.

<p>Mental health services Sunday-Thursday 08:00 - 14:00</p> <p>Mobile: 077 674 0517</p> <p>JHAS - Secondary health care through a mobile clinic & mental health services <i>Saturday - Thursday 09:00 - 16:00</i></p> <p><u>Focal Point:</u></p> <p>Mobile: 077 500 6017 Tel: 02 725 8510</p> <p>Al Farouk Charitable Society- Medical centre & pharmacy / Medical services for women and children & referral to RH services <i>24 hours</i></p> <p><u>Focal Point:</u></p> <p>Maysoon Mrouj Mobile: 078 574 1261</p> <p>Islamic Centre Charitable Society - Primary health care <i>Saturday-Thursday 07:30-15:30</i></p> <p><u>Focal Point:</u> Abdel Kader Al Malkawi Mobile: 078 878 7869 Tel:</p> <p>Kitab Sunna - Primary health care Sunday-Thursday 08:00 - 16:00</p> <p><u>Focal point:</u> Ahmad Sagggar Mobile: 078 801 5165 Email: saggggar@yahoo.com</p>	<p>IRC - Community based protection committees Sunday-Thursday 08:30 - 17:00</p> <p>Princess Basma Hospital - MOH - PSS services</p> <p>Cell: 077 674 0517</p> <p>NHF - PSS and community services Tel: 06 490 8310</p> <p>Family & Childhood Protection Society - Referrals to mental health services & provision of PSS services for survivors of domestic violence</p> <p><u>Focal Point:</u></p> <p>Kathim Kfeiri Tel: 02 725 0481</p> <p>HI - PSS services <i>Sunday - Thursday 08:30 - 17:00</i></p> <p>Mobile: 078 727 5399 Email: Outreach.jd@hi-emergency.org</p>	<p>FPD - Protection Hotline: 911 Tel: 02 702 2347</p> <p>ARDD-Legal Aid - Legal assistance</p> <p><u>Focal Point:</u> Souzan Mohareb Tel: 06 461 7477 Mobile: 077 577 7077 Email: somohareb@ar-dd-legalaid.org</p> <p>Emergency line: <i>(open 24/7)</i> 077 738 7221</p> <p>JWU- Legal counseling <i>Saturday - Thursday 08:30 - 16:30</i></p> <p><u>Focal Point:</u> Irbid: Muntaha Tayyem Rasha Khazaleh Jamal Jeet Tel: 02 724 1342 079 820 2344</p> <p>Ramtha: Muna Gharaibeh Taghreed Al Ghazaleh 079 820 2354</p>	<p><u>Focal Point Irbid:</u> Banan Al Jarah Mobile: 079 965 4277</p> <p><u>Focal Point Al-Ramtha Shajara:</u></p> <p>Baidaa Al-Shyoukh Mobile: 079 886 9853 Mobile: 079 766 6934</p> <p>SCI - Livelihoods (income-generating activities for families)</p> <p>Islamic Charitable Centre Society - NFI (food & shelter) Saturday-Thursday <i>07:30 - 15:30</i></p> <p><u>Focal Point:</u> Abd Al Qader Malkawi Mobile: 078 878 7869 Tel: 02 727 9589</p> <p>HI - Rehabilitation for disabled persons & provision of aids, equipment & prostheses <i>Sunday - Thursday 08:30 - 17:30</i></p> <p>Mobile: 078 727 5399 Email: Outreach.jd@hi-emergency.org</p> <p>Al Sanabel - Food</p> <p>Kitab Sunna - NFI Sunday-Thursday <i>08:00-16:00</i></p>	<p>Family & Childhood Protection - Non-formal education <i>Sunday - Thursday 09:00 - 18:00</i></p> <p>Tel: 02 725 0481</p>
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<p>HI - Rehabilitation services for persons with disabilities & persons with injuries (children & adults) & provision of prosthesis & mobility aids <i>Sunday - Thursday</i> 08:30 - 17:00</p> <p>Mobile: 078 727 5399 Email: Outreach.jd@hi-emergency.org</p> <p>UNRWA - Basic health services for Palestinian refugees <i>Sunday-Thursday</i> 07:45 - 14:00</p> <p>Focal Point: Ryias Mansi Mob: 079 540 8680 r.mansi@unrwa.org</p> <p>JWU <i>Saturday-Thursday</i> 8.30 - 16.30</p> <p>May Al-Shyab Mobile: 079 820 2344 Tel: 02 724 1342</p>			<p><u>Focal point:</u> Ahmad Saggar</p> <p>Mobile: 078 801 5165 Email: sagggar@yahoo.com</p> <p>IRC - Cash assistance <i>Sunday - Thursday</i> 08:30 - 17:00</p> <p><u>Focal point:</u> Farah Qadoura Mobile: 077 607 0609 Email: farah.qadura@rescue.org</p> <p>ICMC - NFI, cash assistance</p>	
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Child Protection Referral Pathway – Mafrq

STEP 1: Identification of child protection cases

<p>General service providers, UNHCR/UNWRA registration services or community members identify child protection case. Immediate response includes:</p> <ul style="list-style-type: none"> ▪ Provide a safe, caring response ▪ Respect the confidentiality and wishes of the child/caregiver ▪ Provide information about available case management services ▪ Facilitate referral to relevant case management services (see below) when child/caregiver consents ▪ For child survivors of sexual violence, ensure immediate (within 72 hrs) access to medical care ▪ In case of immediate safety or security risk to the child, consult child protection case manager to determine child's best interest 	<p>Child or caregiver goes directly to case manager</p>
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STEP 2: Case management services

Violence against children in schools and children not enrolled in school	GBV against children including sexual violence and early marriage (see GBV referral pathway)	All other CP cases including violence against children in the home & community and child labour	Unaccompanied & separated children	Children with disabilities	Children in conflict with the law
<p>Save the Children Jordan - Outreach & support to register children in schools <i>Saturday - Thursday 08:30- 15:30</i></p> <p><u>Focal Point:</u> Taghreed Freij Mobile : 077 546 4973 Email: tfraj@savethechildr en.org.jo</p> <p>Hotline : 077 670 2426 0800 22 766 0800 00111</p>	<p>IMC - Specialized in child protection and mental health</p> <p><i>24 hours</i> Duty phone: 0795785095</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Daed Mneizel Mobile: 079 925 6326</p> <p>Rana Abu May Mobile: 079 834 9244</p> <p>IRC¹ - Specialized in GBV <i>Sunday - Thursday 08:30 - 17:00</i></p>	<p>IMC <i>24 hours</i> Duty phone: 0795785095</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Daed Mneizel Mobile: 079 925 6326</p> <p>Rana Abu May Mobile: 079 834 9244</p> <p>For child labour cases, report employers using child labour to Ministry of Labour Child Labour Unit <u>Focal point:</u></p>	<p>Refer first to: UNHCR <i>Sunday-Thursday 08:00 - 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>IMC <i>24 hours</i> Duty phone: 0795785095</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Daed Mneizel Mobile: 079 925 6326</p>	<p>HI <i>Sunday- Thursday 08:30-17:00</i></p> <p><u>Focal point:</u> Razan Al Nabulsi Mobile: 078 727 5399</p> <p>UNHCR <i>Sunday-Thursday 8:00 - 15:30</i></p> <p>UNHCR Help Desk 06 550 2141</p>	<p>UNHCR <i>Sunday-Thursday 8:00 - 15:30</i></p> <p>Detention emergency line: 079 674 2200</p> <p><i>After working hours and weekends</i> Protection Hotline: 079 710 9194</p> <p><i>UNHCR will refer refugee cases for legal representation by Jordanian Bar Association lawyers</i></p> <p>UNRWA</p> <p><u>Focal Point:</u> ZiyadMousa Mobile: 079 576 3643 z.mousa2@unrwa.org</p>

<p>Focal Point: Neda Radwan Mobile: 077 607 0601 Email: Neda.najemradwan@rescue.org</p> <p>Hiba Shudaifat Mobile: 077 706 4040 Email: Heba.shudaifat@rescue.org</p> <p>Farah Qadura Mobile: 077 607 0609 Email: Farah.qadura@rescue.org</p>	<p>Shereen Al-Taeib 079 758 7583 Email: altaeib_shereen@hotmail.com/altaeib_shereen@yahoo.com</p>	<p>Rana Abu May Mobile: 079 834 9244</p>		<p>Emergency: Sheerin Al-Araj Mobile: 079 654 7220</p>
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Refer to service below if:

- a. Child/caregiver wants to receive protection, legal or police services;
- b. There are immediate safety and security risks to others; or
- c. It is in the best interest of the child because of:
 - Immediate safety or security risks to the child that require protection/police services (UNHCR/FPD);
 - Risk of imminent forced/early marriage (UNHCR)
 - Risk of refoulement or voluntary return in cases of children associated with armed groups/forces (UNHCR)
 - Severe neglect (UNHCR/FPD)
 - Sexual exploitation and abuse by humanitarian personnel (UNHCR)
 - Children requiring BID (UNHCR)

Always assess the consequences this could have to minimize risks and ensure the best interest of the child.

UNHCR- Protection

Sunday - Thursday, 08.00 - 15.30

Duty phone: 079 554 6383

After hours and weekends (24 hours)

Protection Hotline: 079 710 9194

FPD - Cases of sexual violence, family violence and neglect (child/caregiver or community members can go directly to FPD; service providers should refer refugee cases through UNHCR when the refugee child/caregiver consents and when possible - Zeina Jadaan: jadaan@unhcr.org)

Open 24 hours, 7 days a week

Hotline: 911. Tel: 02 623 5511

Focal Point: Major Jom'a Al Heasah, email: familypd@accessme.com.jo

STEP 3: Referral to other services

Health Care	CP Psychosocial Services / Case Management	Protection, Security, and Justice	Other Basic Services	Education ²
<p>IMC - Mental health services <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal Point:</u></p> <p>Ahmad Bawa'neh Mobile: 0798516131</p> <p>MOH - Primary & secondary health care in clinics & hospitals</p> <p><i>Mafraq Hospital - MOH</i> Tel: 02 6231076 <i>Obstetrics Hospital</i> Tel: 02 6236204</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 08:00 - 16:00</i></p> <p>Dr Amal Abdalkareem Mabruk Mobile: 079 553 102 Tel: 02 623 1087</p> <p>JHAS - Secondary health care through a mobile clinic, and mental health services <i>Saturday - Thursday 09:00-16:00</i></p> <p><u>Focal Point:</u></p> <p>Ahmad Masarweh Mobile: 077 500 7012 Tel: 02 623 2329</p> <p>HI - Provision of assistive tools and rehabilitative services</p>	<p>IMC <i>24 hours</i> Duty phone: 0795785095</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Daed Mneizel Mobile: 079 925 6326</p> <p>Rana Abu May Mobile: 079 834 9244</p> <p>TdH -PSS, CFSs parents support groups <i>Sunday - Thursday 08:00 - 17:00</i></p> <p><u>Focal Point:</u></p> <p>Heba Abdo Mobile: 0798287896</p> <p>SCI -CFSS, youth friendly spaces, PSS, community-based protection committees <i>Saturday - Thursday 09:00 - 15:00</i></p> <p><u>Focal Point:</u></p> <p>Mahmoud Al-Karaki Mobile: 077 670 2437</p> <p>HI - PSS services <i>Sunday- Thursday 08:30-17:00</i></p>	<p>UNHCR - Protection, Registration and legal services for refugees <i>Sunday-Thursday 8:00 - 15:30</i></p> <p>Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>UNWRA- Protection (including cases of risk or arrest, detention or refoulement for Palestinian refugees) <i>24 hours</i></p> <p><u>Focal point:</u></p> <p>Ziyad Mousa Email: z.mousa2@unrwa.org Mobile: 0795763643</p> <p>Riad Mansi Mobile: 0795408680</p> <p><u>Emergency:</u></p> <p>Sheerin Al-Araj Mobile: 0796547220</p> <p>FPD - Protection including shelters <i>Open 24 hours</i> Hotline: 911 Tel: 02 623 5511</p>	<p>UNHCR - Registration, support to vulnerable children & families through NFI/cash assistance <i>Sunday - Wednesday 8.30 - 15.30</i></p> <p>UNHCR Infoline: 06 550 2141</p> <p><i>After working hours and weekends</i> Protection Duty phone: 079 549 0122</p> <p>IRC - Livelihoods (income generating activities, life skills, literacy classes), cash assistance & dignity kits <i>Sunday - Saturday 08:30 - 17:30</i></p> <p><u>Focal Point:</u></p> <p>Hiba Shudaifat Mobile: 077 706 4040 Email: Heba.shudaifat@rescue.org</p> <p>SCI - Livelihoods programmes for adolescent girls <i>Saturday - Thursday 9:00 - 15:00</i></p>	<p>SCJ - (Formal education) Hotline for info on educational services</p> <p><u>Focal Point:</u></p> <p>Taghreed Freij Mobile: 077 767 3668</p> <p>Questscope - Informal and non-formal education and life skills.</p> <p><u>Focal point:</u> Ahmad Abu Nimreh Cell: 079 851 7971</p> <p>Caritas - Informal education, life skills, youth leadership training and pre-school education services.</p> <p>HI - Special education services for PWD's</p> <p>UNHCR Community services Duty line: 06 550 2140 06 550 2141</p>

²Definitions:

Formal education: Certified education services provided by the Ministry of Education public schools (grade 1-12).

Informal education: Educational activities that range from recreational activities to literacy numeracy, and life skills sessions. These educational activities are not certifiable by the Ministry of Education and not specifically bound to certain age or target group.

Non-formal education: Certified education services following MOE's NFE curricula (2 year course). The eligibility of students to NFE includes those who have missed more than 3 years of school or have never been enrolled in formal education in Jordan. When completed 2 years of NFE, the participant will receive a certificate which equals to a public school 10th grade completion.

<p>and family counselling <i>Sunday- Thursday</i> 08:30-17:00</p> <p><u>Focal Point:</u></p> <p>Razan Al Nabulsi Mobile: 078 727 5399 Email: Dvfp.po.irbid@gmail.com</p> <p>UAE Red Crescent – Primary & secondary health care</p> <p>UAE & Jordan Field Hospital</p> <p>UNRWA – Primary health care and referral to secondary services for Palestinian refugees when needed</p> <p><u>Focal Point:</u> RiadMansi Mobile: 079 540 8680</p>	<p><u>Focal Point:</u> Razan Al Nabulsi Mobile: 078 727 5399 Email: Dvfp.po.irbid@gmail.com</p> <p>JWU- (Khaldiyya) CFSs, community based child protection, recreational and life skills activities for families <i>Sunday - Thursday 08:30 - 16:30</i></p> <p><u>Focal point:</u> Safa Abu Kaff Najah Al Maghareez Tel: 06 490 8310</p>	<p>JWU--(Shelter Amman) <i>Saturday-Thursday</i> 8:30-16:30</p> <p><u>Focal Point:</u> Najiyeh Zoabi Hotline: 079 820 2353 Tel: 06 567 5729</p> <p>ARDD-Legal Aid <i>Sunday - Thursday</i> 09:00 - 18:00</p> <p><u>Focal Point:</u> Souzan Mohareb Tel: 06 461 7477 Mobile: 077 577 7077 Email: somohareb@ar-dd- legallaid.org Emergency line: 077 738 7221</p>	<p><u>Focal Point:</u> Abdul RahmanZaghloul Mobile: 0775724400</p> <p>UNRWA – Basic assistance and registration services for Palestinian refugees <i>Sunday - Thursday</i> 7:30-15:00</p> <p><u>Focal Point:</u> ZiyadMousa Mobile: 079 576 3643</p> <p><u>Emergency:</u> <i>24 hours</i> Sheerin Al-Araj Mobile: 079 654 7220</p> <p>Jesuit Refugee Services (JRS) – NFI services <i>Sunday -Thursday</i> 10:00-14 :00</p> <p><u>Focal Point:</u> Yahya Mobile: 079 575 5316</p> <p>Christian & Missionary Alliance Church / Mercy Corps – Renovation of houses & NFI <i>Monday- Wednesday- Thursday</i> 08:00-10:00</p> <p><u>Focal Point:</u> Rev. Nour Sahawneh Tel: 02 623 3716 Mobile: 079 512 6236</p>
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			<p>ICMC - Rent assistance, baby packages, winterization & house renovation</p> <p><u>Focal Point:</u> Nasser Obeidat Mobile: 079 640 4380 Tel: 02 623 2355</p> <p>TdH - NFI provision <i>Sunday - Thursday</i> 08:30 - 17:00</p> <p><u>Focal Point:</u> Heba Zreiqat Mobile: 079 620 1408</p>	
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Child Protection Referral Pathway – South (MAAN, KARAK & AQABA)

STEP 1: Identification of child protection cases

<p>General service providers, UNHCR/UNWRA registration services or community members identify child protection case. Immediate response includes:</p> <ul style="list-style-type: none"> ▪ Provide a safe, caring response ▪ Respect the confidentiality and wishes of the child/caregiver ▪ Provide information about available case management services ▪ Facilitate referral to relevant case management services (see below) when child/caregiver consents ▪ For child survivors of sexual violence, ensure immediate (within 72 hrs) access to medical care ▪ In case of immediate safety or security risk to the child, consult child protection case manager to determine child's best interest 	<p>Child or caregiver goes directly to case manager</p>
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STEP 2: Case management services

Violence against children in schools and children not enrolled in school	GBV against children including sexual violence and early marriage (see GBV referral pathway)	All other CP cases including violence against children in the home & community and child labour	Unaccompanied & separated children	Children with disabilities	Children in conflict with the law
<p>Save the Children Jordan - Outreach & support to register children in schools <i>Sunday - Thursday</i> 08:30 - 16:00</p> <p><u>Focal Point:</u></p> <p>Arouba Yassin 077 670 2460 Email : ayaseen@savethechildren.org.jo</p> <p>Hotline: 077 670 246 0800 22 766 0800 00111</p>	<p>IMC - Specialized in child protection & mental health <i>Sunday - Thursday</i> 09:00 - 17:00</p> <p>24 hours Duty phone: 079 578 5095</p>	<p>IMC - Specialized in child protection & mental health <i>Sunday - Thursday</i> 09:00 - 17:00</p> <p>24 hours Duty phone: 0795785095</p> <p>For child labour cases, report employers using child labour to Ministry of Labour Child Labour Unit <u>Focal point:</u></p> <p>Shereen Al-Taeib 079 758 7583 Email: altaeib_shereen@hotmail.com/altaeib_shereen@yahoo.com</p>	<p>UNHCR 08:00-15:30</p> <p><u>Focal Point:</u> Abdul Majid Hammouqa 079 549 4063 Email: hammouqa@unhcr.org Duty phone: 079 554 6383</p> <p><i>After hours and weekends</i> Protection Hotline: 079 710 9194</p>	<p>UNHCR 08:00-15:30</p> <p><u>Focal Point:</u> Huda Al-Shabsough 079 730 6108 Email: Alshabso@unhcr.org</p>	<p>UNHCR <i>Sunday-Thursday</i> 8:00 - 15:30</p> <p>Detention emergency line: 079 674 2200 <i>After working hours and weekends</i> Protection Hotline: 079 710 9194</p> <p><i>UNHCR will refer refugee cases for legal representation by Jordanian Bar Association lawyers</i></p> <p>UNRWA <i>Open 24 hours</i></p> <p><u>Focal Point:</u> Haifa A-Whaidi Protection hotline: 079 899 8890</p>

					<p>Emergency: Sheerin Al-Araj Email: s.al-araj2@unrwa.org Mobile: 079 654 7220</p>
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Refer to service below if:

- a. Child/caregiver wants to receive protection, legal or police services;
- b. There are immediate safety and security risks to others; or
- c. It is in the best interest of the child because of:
 - Immediate safety or security risks to the child that require protection/police services (UNHCR/FPD);
 - Risk of imminent forced/early marriage (UNHCR)
 - Risk of refoulement or voluntary return in cases of children associated with armed groups/forces (UNHCR)
 - Severe neglect (UNHCR/FPD)
 - Sexual exploitation and abuse by humanitarian personnel (UNHCR)
 - Children requiring BID (UNHCR)

Always assess the consequences this could have to minimize risks and ensure the best interest of the child.

UNHCR - Protection

Sunday - Thursday, 08.00 - 15.30

Duty phone: 079 554 6383

After hours and weekends (24 hours)

Protection Hotline: 079 710 9194

FPD - Cases of sexual violence, family violence and neglect (child/caregiver or community members can go directly to FPD; service providers should refer refugee cases through UNHCR when the refugee child/caregiver consents and when possible - Zeina Jadaan jadaan@unhcr.org)

Open 24 hours, 7 days a week

Hotline: 911.

Aqaba and Ma'an: Tel: 03 205 0317. Focal Point: Major Mohammed Albtoosh, email: familypd@accessme.com.jo

Kerak and Tafileh. Tel: 03 238 7069. Focal Point Major Qeis Al-Gharaibah, email: familypd@accessme.com.jo

STEP 3: Referral to other services

Health Care	CP Psychosocial Services / Case Management	Protection, Security, and Justice	Other Basic Services	Education ¹
<p>MOH – Primary & secondary health care (Karak) Tel: 03-2386190</p> <p>JHAS – Primary health care (Karak) <i>Available once a week</i></p> <p><u>Focal Point:</u> Anas Darweesh Mobile: 077 500 6028</p> <p>UNRWA</p> <p><u>Focal Point:</u> Haifa A-Whaidi 079 899 8890</p> <p>Aqaba Clinic: <i>Open 7:30 - 1:45</i> Tel: 03 206 3535</p> <p>JWU/Al-Anwar Charity Association - Maan <i>Sunday - Thursday 08:00 - 14:30</i></p> <p><u>Focal Points:</u></p> <p>Nuha Hamaden Lubna Jbarat</p> <p>Mobile: 077 222 0523 - 077 753 3950 Email: alanwar.maan@yahoo.com</p>	<p>JWU JWU/Al-Anwar Charity Association - Maan <i>Sunday - Thursday 8:00 - 14:30</i></p> <p><u>Focal Point:</u> Nuha Hamaden Lubna Jbarat 077 222 0523 077 753 3950 alanwar.maan@yahoo.com</p> <p>Karak CFSs & community-based protection committees (<i>operational from August/September 2013</i>) <i>Sunday-Thursday 8:30-16:30</i></p> <p>Tel.03 230 0800 Mobile 079 883 6952</p>	<p>UNHCR – Protection, registration and legal services for refugees <i>Sunday-Thursday 8:00 - 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>Helpdesk in Ma'an at Jordan Youth Commission <i>1st Monday every month 9.00 - 15.00</i> 03 213 4817</p> <p>UNRWA – Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees)</p> <p><u>Focal point:</u> Haifa A-Whaidi Protection hotline: 079 899 8890</p> <p><u>Emergency:</u> Sheerin Al-Araj Cell: 079 654 7220 Email: s.al-araj2@unrwa.org</p>	<p>UNHCR – Support to vulnerable children & families (NFI)/Cash assistance (Maan/Aqaba/Karak)</p> <p><i>Sunday-Thursday 8:00 to 15:30</i></p> <p><u>Focal Point:</u> Huda Al-Shabsough 079 730 6108 Alshabso@unhcr.org</p> <p>Infoline <i>Sunday - Wednesday 08.30 - 15.30</i> Tel: 06 550 2141</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>UNRWA – Basic assistance and services for Palestinian refugees</p> <p><u>Focal Point:</u> Haifa A-Whaidi 0798998890</p>	<p>SCJ – (Formal education) Hotline for educational and protection services in schools (Karak) <i>24 hours</i></p> <p>Hotline: 0800 22766</p> <p>Questscope– Non-formal & informal education (Karak, Ma'an, Aqaba) <i>Sunday-Thursday 9:00 - 17:00</i></p> <p><u>Focal point:</u> Tareq Ni'mat Mobile: 077 540 0691</p> <p>JWU/Al-Anwar Charity Association - Informal education (functional literacy and computer courses) Maan <i>Sunday - Thursday 8:00 - 14:30</i></p> <p><u>Focal Point:</u> Nuha Hamaden Lubna Jbarat</p> <p>Mobile: 077 222 0523 077 753 3950 Email: alanwar.maan@yahoo.com</p>

¹Definitions:

Formal education: Certified education services provided by the Ministry of Education public schools (grade 1-12).

Informal education: Educational activities that range from recreational activities to literacy numeracy, and life skills sessions. These educational activities are not certifiable by the Ministry of Education and not specifically bound to certain age or target group.

Non-formal education: Certified education services following MOE's NFE curricula (2 year course). The eligibility of students to NFE includes those who have missed more than 3 years of school or have never been enrolled in formal education in Jordan. When completed 2 years of NFE, the participant will receive a certificate which equals to a public school 10th grade completion.

		<p>FPD - Protection <i>Open 24 hours</i></p> <p>Hotline: 911 Aqaba and Ma'an: Tel: 03 205 0317.</p> <p><u>Focal Point:</u></p> <p>Major Mohammed Albtoosh, Email: familypd@accessme.com.jo</p> <p>Kerak and Tafileh. Tel: 03 238 7069.</p> <p><u>Focal Point</u> Major Qeis Al-Gharaibah, Email: familypd@accessme.com.jo</p> <p>ARDD-Legal Aid <i>Sunday-Thursday</i> <i>09:00-18:00</i></p> <p><u>Focal Point:</u> Souzan Mohareb Tel: 06 461 7477 Mobile: 0775777077 Email: somohareb@ardd-legalaid.org</p> <p>Emergency line: <i>24 hours</i> 077 738 7221</p> <p>JRF - Shelter for child survivors (including PSS, protection, education & medical services) Tel: 06 523 4652</p>	<p><u>Emergency:</u> Sheerin Al-Araj Cell: 079 654 7220 Email: s.al-araj2@unrwa.org</p>	
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Child Protection Referral Pathway – Zaqra

STEP 1: Identification of child protection cases

<p>General service providers, UNHCR/UNWRA registration services or community members identify child protection case. Immediate response includes:</p> <ul style="list-style-type: none"> ▪ Provide a safe, caring response ▪ Respect the confidentiality and wishes of the child/caregiver ▪ Provide information about available case management services ▪ Facilitate referral to relevant case management services (see below) when child/caregiver consents ▪ For child survivors of sexual violence, ensure immediate (within 72 hrs) access to medical care ▪ In case of immediate safety or security risk to the child, consult child protection case manager to determine child's best interest 	<p>Child or caregiver goes directly to case manager</p>
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STEP 2: Case management services

Violence against children in schools and children not enrolled in school	GBV against children including sexual violence and early marriage (see GBV referral pathway)	All other CP cases including violence against children in the home & community and child labour	Unaccompanied & separated children	Children with disabilities	Children in conflict with the law
<p>Save the Children Jordan - Outreach & support to register children in schools <i>Saturday -Thursday 9:00 - 15:00</i></p> <p><u>Focal Point:</u></p> <p>Islam Al Qudsi Mobile: 077 574 4011 Email: iqudsi@savethechildren.org.jo</p> <p>Hotline: 077 670 2426 080 022 766 080 000 111 077 574 4011</p>	<p>IMC- Specialized in child protection & mental health <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><i>24 hours</i> Duty phone: 079 578 5095</p> <p><u>Focal Point:</u></p> <p>Motasem Bani Younis Mobile: 079 544 7464</p> <p>JRF <i>Opening hours: Sunday - Thursday 9:00 - 19:00</i></p> <p>Helpline: 110</p> <p><u>Focal Point:</u> Samia Bishara Tel: 06 4914999</p>	<p>IMC <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal point:</u> Ibtisam Massad Mobile: 079 752 6927</p> <p>JRF <i>Opening hours: Sunday - Thursday 9:00 am-7:00 pm</i></p> <p>Helpline: 110</p> <p><u>Focal point:</u> Samia Bishara Tel: 06-4914999</p> <p>For child labour cases, report employers using child labour to Ministry of Labour Child Labour Unit</p>	<p>Refer first to: UNHCR <i>Sunday-Thursday 8:00 - 15:30</i></p> <p>Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>IMC <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal point:</u> Ibtisam Massad Mobile: 079 752 6927</p>	<p>HI - Rehabilitation services for persons with disability and persons with injury , children and adults & provision of prostheses, orthosis & mobility aids</p> <p>Mobile: 078 727 5399</p> <p>Email: outreach.jd@hi-emergency.org</p>	<p>UNHCR <i>Sunday - Thursday 8:00 - 15:30</i></p> <p>Detention emergency line: 079 674 2200</p> <p><i>After working hours and weekends</i> Protection Hotline: 079 710 9194</p> <p>UNRWA <i>Open 24 hours</i></p> <p><u>Focal Point:</u> Ziyad Mousa Mobile: 079 576 3643 Email: z.mousa2@unrwa.org</p> <p><u>Emergency:</u> Sheerin Al-Araj Email: s.al-araj2@unrwa.org Mobile: 079 654 7220</p>

		<p>Focal point: Shereen Al-Taeib 079 758 7583 Email: altaeib_shereen@hotmail.com/altaeib_shereen@yahoo.com</p>			
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Refer to service below if:

- a.** Child/caregiver wants to receive protection, legal or police services;
- b.** There are immediate safety and security risks to others; or
- c.** It is in the best interest of the child because of:
 - Immediate safety or security risks to the child that require protection/police services (UNHCR/FPD);
 - Risk of imminent forced/early marriage (UNHCR)
 - Risk of refoulement or voluntary return in cases of children associated with armed groups/forces (UNHCR)
 - Severe neglect (UNHCR/FPD)
 - Sexual exploitation and abuse by humanitarian personnel (UNHCR)
 - Children requiring BID (UNHCR)

Always assess the consequences this could have to minimize risks and ensure the best interest of the child.

UNHCR- Protection

Sunday – Thursday, 08.00 – 15.30

Duty phone: 079 554 6383

After hours and weekends (24 hours)

Protection Hotline:079 710 9194

FPD – Cases of sexual violence, family violence and neglect (child/caregiver or community members can go directly to FPD; service providers should refer refugee cases through UNHCR when the refugee child/caregiver consents and when possible – Zeina Jadaan: jadaan@unhcr.org)

Open 24 hours, 7 days a week

Hotline: 911. Tel: 05 398 2952

Focal Point: Major Abdallah Alawan, email: familypd@accessme.com.jo

STEP 3: Referral to other services

Health Care	CP Psychosocial Services / Case Management	Protection, Security, and Justice	Other Basic Services	Education ¹
<p>JHAS – Primary & secondary health care & RH services & mental health services <i>Saturday – Thursday 09:00 – 16:00</i></p> <p><u>Focal Point:</u></p> <p>Jaafar Al Shayeb Mobile: 077 500 6022 Zarqa Clinic Tel: 077 500 6018</p> <p>Motasem Younis – Mental health services Mobile: 079 544 7464 Tel: 05 399 4105</p> <p>MOH – Primary & secondary health care</p> <p>Al Zarqa Hospital Tel: 05 398 2604</p> <p>IMC – Mental health services <i>Sunday – Thursday 09:00 – 17:00</i></p> <p><u>Focal Point:</u></p> <p>Randa Hussain Mobile: 079 544 7464 Tel: 05 399 4105</p> <p>Duty phone: Mobile: 079 578 5095</p> <p>Islamic Charitable Centre – primary health care and referral to hospitals</p>	<p>IMC – PSS and PFA</p> <p><u>Focal Point:</u> <i>Sunday – Thursday 09:00 – 17:00</i></p> <p>Randa Hussain Mobile: 079 544 7464 Tel: 05 399 4105</p> <p>Duty phone: Mobile: 079 578 5095</p> <p>Princess Salma Centre – PSS</p> <p>Family Guidance & Awareness Centre – Individual & group counseling <i>Sunday – Thursday 08:00 – 15:00</i></p> <p>Tel: 05 386 5144 Mobile: 077 727 7194</p> <p>JWU <i>Saturday – Thursday 08:30 – 15:30</i></p> <p><u>Focal Point:</u></p> <p>Maysa Abu Sil Ghadeer al Tamimi Mobile: 079 8501198 Tel: 05 397 0886</p> <p>Khawla Bint Al Azwar – PSS services <i>Sunday – Thursday 09:00 – 16:00</i></p>	<p>UNHCR – Protection, registration and legal services for refugees <i>Sunday – Thursday 8:00 – 15:30</i></p> <p>Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>Helpdesk in Zarqa at JHAS clinic <i>Thursday 9.00 – 15.00</i> 05 399 4105</p> <p>UNRWA - Protection (including cases of risk of arrest, detention or refoulement for Palestinian refugees)</p> <p><u>Focal Point:</u></p> <p>Ziyad Mousa Email: z.mousa2@unrwa.org Mobile: 079 576 3643</p> <p>Riad Mansi Mobile: 079 540 8680</p> <p><u>Emergency:</u></p> <p>Sheerin Al-Araj Mobile: 079 654 7220</p>	<p>UNHCR – Registration, support to vulnerable children & families through NFI/cash assistance</p> <p>Infoline <i>Sunday – Wednesday 08.30 – 15.30</i> Tel: 06 550 2141</p> <p><i>After working hours and weekends</i> Protection Duty phone: 079 554 6383</p> <p>UNRWA – Basic assistance for Palestinian refugees</p> <p><u>Focal Point:</u></p> <p>Ziyad Mousa Email: z.mousa2@unrwa.org Mobile: 079 576 3643</p> <p>Riad Mansi Mobile: 079 540 8680</p>	<p>SCI – Hotline for information on educational services in schools</p> <p>Hotline: 0800 22 766 0800 00 111</p> <p><u>Focal point:</u></p> <p>Firyal Al Shumary Mobile: 079 687 2456</p> <p>Islam Al Kudsi Tel: 05 386 5144</p> <p>SC Jordan (formal education)- Hotline for information about education and protection services in schools <i>Sunday – Thursday 08:30 – 16:00</i></p> <p><u>Focal point:</u></p> <p>Khawla abu Rayya Mobile: 077 574 4011 Email: KAburayya@SaveTheChildren.Org.Jo</p> <p>Questscope– Non formal education, informal education and mentoring for children & youth</p> <p>Tel: 06 461 8951</p> <p>Family Guidance & Awareness Centre – non-formal education for children 6-12 years old</p>

¹ Definitions:

Formal education: Certified education services provided by the Ministry of Educations public schools (grade 1-12).

Informal education: Educational activities that range from recreational activities to literacy numeracy, and life skills sessions. These educational activities are not certifiable by the Ministry of Education and not specifically bound to certain age or target group.

Non-formal education: Certified education services following MOE's NFE curricula (2 year course). The eligibility of students to NFE includes those who have missed more than 3 years of school or have never been enrolled in formal education in Jordan. When completed 2 years of NFE, the participant will receive a certificate which equals to a public school 10th grade completion.

<p><u>Focal point:</u></p> <p>Majid Abu Zneid Mobile: 079 569 5157 Tel: 05 396 5335</p> <p>NHF – Rehabilitation of persons with disability through a mobile clinic & special education <i>Sunday – Thursday 09:00 – 17:00</i></p> <p><u>Focal Point:</u></p> <p>Rawan Dababneh Tel:06 534 4190 06 490 8310</p> <p>HI – Rehabilitation services for persons with disability and persons with injury, children and adults & provision of prostheses, orthosis & mobility aids</p> <p><u>Focal point:</u></p> <p>Mobile: 078 727 5399 Email: outreach.jd@hi-emergency.org</p> <p>UNRWA – Basic health services for Palestinian refugees <i>Sunday - Thursday 07:45 - 14:00</i></p> <p><u>Focal point:</u></p> <p>Ziad Mousa Mobile: 079 576 3643</p> <p>The Center for Victims of Torture (CVT) – Mental health and physiotherapy treatments; Social services referrals/Case management for war trauma and torture survivors.</p>	<p><u>Focal point:</u></p> <p>Aysha Khalfah Tel: 05 393 0999 Mobile: 078 642 8039</p> <p>SCI – PSS and CFCs for children and youth <i>Saturday - Thursday 9:00 - 17:00</i></p> <p><u>Focal Points:</u></p> <p>Mahmoud Al-Karaki Mobile: 077 670 2437</p> <p>Abdul Rahman Zaghoul Mobile: 077 572 4400</p> <p>Islamic Charitable Centre – Safe spaces for children and youth</p> <p><u>Focal Point:</u></p> <p>Majid Abu Zneid Tel: 05 396 5335 Mobile: 079 569 5157</p> <p>NHF – PSS services <i>Sunday – Thursday 09:00 – 16:00</i></p> <p><u>Focal Point:</u></p> <p>Rawan Dababneh Tel: 06 534 4190 06 490 8310</p> <p>Al Shua’a for Woman & Child Development – PSS for host populations</p> <p><u>Focal Point:</u></p> <p>Ibtisam Al Majali Mobile: 077 744 3630</p> <p>HI – PSS services</p> <p>Mobile: 078 727 5399 Email: outreach.jd@hi-emergency.org</p> <p>NICCOD Counseling Service <i>Sunday – Thursday 10:00-17:00</i></p>	<p>FPD - Protection <i>Open 24 hours</i></p> <p>Hotline: 911 Tel: 05 393 1483</p> <p>ARDD-Legal Aid –</p> <p><u>Focal Point:</u></p> <p>Souzan Mohareb Tel: 06 461 7477 Mobile: 077 577 7077 Email: somohareb@ardd-legalaid.org</p> <p>Emergency line: <i>(open 24/7)</i> Mobile: 077 738 7221</p> <p>JWU <i>Saturday – Thursday 08:30 – 15:30</i></p> <p><u>Focal Point:</u></p> <p>Maysa Abu Sil Ghadeer al Tamimi Mobile: 079 8501198 Tel: 05 397 0886</p> <p>Khawla Bint Al Azwar</p> <p><u>Focal Point:</u></p> <p>Aysha Khalfah Mobile: 078 642 8039 Tel: 05 393 0999</p> <p>JRF – Shelter for child survivors (including PSS, protection, education & medical services)</p> <p>Tel: 06-5234652</p>	<p>Islamic Charitable Centre – NFI (food stuffs)</p> <p><u>Focal Point:</u></p> <p>Majid Abu Zenid Mobile: 079 569 5157 Tel: 05 396 5335</p> <p>Family Guidance & Awareness Centre – Case assistance and NFI to vulnerable families <i>Sunday – Thursday 08:00 – 15:00</i></p> <p><u>Focal Point:</u></p> <p>Inas Dirgham Tel: 05 386 5144</p> <p>Questscope – NFI (gas heaters, gas bottles, etc).</p> <p>Al Shua’a for Woman & Child Development – income generating projects (reproductive kitchen) for host populations</p> <p><u>Focal Point:</u></p> <p>Ibtisam Al Majali Mobile: 077 744 3630</p>	<p><u>Focal point:</u></p> <p>Inas Dirgham Tel: 05 386 5144</p> <p>Khawla Bint Al Azwar – Literacy programmes, non-formal education & referral to vocational training <i>Sunday – Thursday 09:00 – 16:00</i></p> <p><u>Focal Point:</u></p> <p>Aysah Khalfa Mobile: 078 642 8039</p> <p>JWU- Informal education for boys and girls (functional literacy, computer courses, food preparation courses) <i>Saturday – Thursday 08:30 – 15:30</i></p> <p><u>Focal Point:</u></p> <p>Maysa Abu Sil Ghadeer al Tamimi Mobile: 079 850 1198 Tel: 05 397 0886</p>
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<p>Mobile Unit for Zarqa and Rusiefa <i>Sunday - Thursday</i> <i>9:00 - 17:00</i></p> <p><u>Focal point:</u></p> <p>Adrienne Carter Acarter@cvtjo.org Mobile: 079 680 3582</p> <p>JWU <i>Saturday - Thursday</i> <i>11:00 - 17:00</i></p> <p><u>Focal point:</u></p> <p>Dr Mahmoud Nimer Mobile : 079 820 2252 Tel :05 3970886</p>	<p>Email: niccod.zarqa.center@gmail.com Mobile : 079 519 3231 Helpline: 110</p>			
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Child Protection Referral Pathway – Zaatari

STEP 1: Identification of child protection cases

<p>General service providers, UNHCR/UNWRA registration services or community members identify child protection case. Immediate response includes:</p> <ul style="list-style-type: none"> ▪ Provide a safe, caring response ▪ Respect the confidentiality and wishes of the child/caregiver ▪ Provide information about available case management services ▪ Facilitate referral to relevant case management services (see below) when child/caregiver consents ▪ For child survivors of sexual violence, ensure immediate (within 72 hrs) access to medical care ▪ In case of immediate safety or security risk to the child, consult child protection case manager to determine child's best interest 	<p>Child or caregiver goes directly to case manager</p>
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STEP 2: Case management services

Violence against children in schools and children not enrolled in school	GBV against children including sexual violence and early marriage (see GBV referral pathway)	All other CP cases including violence against children in the home & community and child labour	Unaccompanied & separated children	Children with disabilities	Children in conflict with the law
<p>Save the Children Jordan Outreach & support to register children in schools <i>Sunday - Thursday from 09:00 - 16:00</i></p> <p><u>Focal Point:</u> Kareem Makkawi Mobile: 077 546 4970</p> <p><i>Zain Network</i> Hotline: 0800 00 22</p>	<p>IMC - Specialized in child protection and mental health</p> <p><i>24 hours</i> Duty phone: 079 855 9517</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Ahmad Jaran Mobile: 079 989 4809 Email: ajaran@internationalmedicalcorps.org</p>	<p>IMC <i>Saturday - Thursday 09:00 - 16:00</i></p> <p>Duty phone: 0798559517</p> <p><u>Focal Point:</u> <i>Sunday - Thursday 09:00 - 17:00</i></p> <p>Ahmad Jaran Mobile: 079 989 4809 Email: ajaran@internationalmedicalcorps.org</p>	<p>Refer first to: UNHCR¹ <i>Saturday - Wednesday 09:00 - 17:00</i></p> <p><u>Focal Point:</u> Mohammed Hadij Mobile: 079 587 0676 Email: Hajji@unhcr.org</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p>	<p>HI - provision of assistive tools and rehabilitative services and family counselling <i>Sunday - Thursday 10:00 - 16:00</i></p> <p><u>Focal Point:</u> Mohammed Shatnawi Mobile: 078 792 5245 Email: outreach.jd@hi-emergency.org</p> <p>IFH <i>Sunday - Thursday 09:00 - 17:00</i></p> <p><u>Focal Point:</u> Baha'a Mheidat Mobile: 077 741 1400</p>	<p>Refer to: Juvenile Police Department <i>Saturday-Thursday 7.30 - 15.00</i></p> <p><i>JPD will inform UNICEF for advocacy purposes.</i></p> <p><u>Focal point:</u> Maha Homsi Mobile: 079 682 7772 Email: mhoms@unicef.org</p> <p>Also refer to UNHCR <i>Sunday-Thursday 8:00 to 15:30</i></p> <p><u>Focal Point:</u> Mohammed Hajji</p>

			<p>IRC - Unaccompanied children</p> <p>24 hours Duty phone: 077 507 7792</p> <p><u>Focal point:</u> Phoebe Marabi Mobile: 077 506 6653 Email: Phoebe.marabi@rescue.org</p> <p>NHF - Separated children</p> <p>Opening hours: 9:00-17:00</p> <p>Focal point: Baha'a Mheidat Mobile: 0777411400</p> <p>Tharwat Mobile:078 821 5132</p>	<p>UNHCR</p> <p>Sunday-Thursday 8:00 to 15:30</p> <p><u>Focal Point:</u> Nasser Mohammed Email: Mohamnas@unhcr.org</p>	<p>Mobile: 079 587 0676</p> <p>Email: Hajiji@unhcr.org</p> <p>Detention emergency line: 079 674 2200</p> <p>After working hours and weekends Protection Hotline: 079 710 9194</p> <p>UNHCR will arrange legal representation by Jordanian Bar Association when needed</p>
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Refer to service below if:

- a. Child/caregiver wants to receive protection, legal or police services;
- b. There are immediate safety and security risks to others; or
- c. It is in the best interest of the child because of:
 - Immediate safety or security risks to the child that require protection/police services (UNHCR/FPD);
 - Risk of imminent forced/early marriage (UNHCR)
 - Risk of refoulement or voluntary return in cases of children associated with armed groups/forces (UNHCR)
 - Severe neglect (UNHCR/FPD)
 - Sexual exploitation and abuse by humanitarian personnel (UNHCR)
 - Children requiring BID (UNHCR)

Always assess the consequences this could have to minimize risks and ensure the best interest of the child.**UNHCR** - ProtectionFocal Point:

Saturday - Wednesday 09:00 - 17:00

Mohammed Hadiji; Mobile: 079 587 0676. Email: Hajiji@unhcr.org

Sunday - Thursday 08.00 - 15.30

Duty phone: 079 554 6383

After hours and weekends (24 hours)

Protection Hotline; 079 710 9194

FPD - Cases of sexual violence, family violence and neglect (child/caregiver or community members can go directly to FPD; service providers should refer refugee cases through UNHCR when the refugee child/caregiver consents and when possible - Zeina Jadaan: jadaan@unhcr.org)

Open 24 hours

Hotline: 911. Focal point: Captain Slaiman Al Omari, Mobile: 077 235 6956, email: da.dana96@yahoo.com and familypd@accessme.com.jo

STEP 3: Referral to other services

Health Care	CP Psychosocial Services / Case Management	Protection, Security, and Justice	Other Basic Services	Education ²
<p>IMC - Mental health care <i>Saturday.- Thursday 09:00 - 17:00</i></p> <p>Ahmad Jaran Email: ajaran@internationalmedicacorp.org</p> <p>Duty phone: 079 855 9517</p> <p>JHAS/UNHCR Primary health care <i>Saturday - Thursday 09:00 - 16:00</i></p> <p>Emergency Hotline: 077 998 5085</p> <p>Mdm Primary health care</p> <p><u>Focal point:</u></p> <p>Dr Luis Mobile: 079 637 25 92</p> <p>Moroccan Hospital - Emergency, Secondary Care or Tertiary</p> <p><u>Focal point:</u></p> <p>Dr Alarbi Mobile: 077 603 60 79</p> <p>French Hospitals - Emergency, Secondary Care or Tertiary</p>	<p>IMC - Psychosocial services for children, Youth Friendly Spaces, <i>Saturday.- Thursday 09:00 - 17:00</i></p> <p>Ahmad Jaran Email: ajaran@internationalmedicacorp.org</p> <p>Duty phone: 079 855 9517</p> <p>SCI/UNICEF - Child Friendly Spaces, Youth Friendly Spaces, CPC and awareness raising on CP <i>Saturday- Thursday 09:00 - 15:00</i></p> <p><u>Focal point:</u></p> <p>Mohammad Al Zghoul Email: Mohammad.alzghoul@savethechildren.org Mobile: 077 991 9117</p> <p>UNFPA - Youth Friendly Spaces, Women's Centers <i>Saturday-Thursday 09:00 - 16:00</i></p> <p><u>Focal Point:</u></p> <p>Bahaa Mohedat Email: b.mohedat@ifh-jo.org UNICEF-Child Protection</p>	<p>UNHCR - Registration, protection and legal services <i>24 hours</i></p> <p><i>Sunday-Thursday 8:00 to 15:30</i></p> <p>Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 0797109194</p> <p>Legal Aid - Legal services</p> <p>FPD - Family and sexual violence, Community awareness raising on child protection & GBV</p> <p><i>Sunday-Thursday 8:00 to 15:30</i> Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p>	<p>UNHCR - Food, NFI, Cash for Work, Shelter</p> <p><u>Focal point:</u> Mohammed Nasser Mobile: 079 575 9638</p> <p>WFP - Food <u>Focal point:</u> Mohammed Satil Mobile: 079 534 7228</p> <p>SCI - Food, Cash for Work</p> <p><u>Focal point:</u> Mohammad Al Zghoul Email: Mohammad.alzghoul@savethechildren.org Mobile:077 991 9117</p> <p>NRC - NFI</p> <p>UNICEF - WASH</p> <p><u>Focal point:</u> Juan Frechilla Mobile:079 685 7476 Email:jfrechilla@unicef.org</p>	<p>SCJ/UNICEF-Education</p> <p><u>Focal point:</u></p> <p>Abeer Ziadeh (SCJ) Mobile: 077 575 3838</p> <p>Deema Jarrar (UNICEF) Mobile: 079 722 6999</p> <p>Questscope - Informal Education (literacy, critical thinking) and mentoring</p> <p><u>Focal point:</u></p> <p>Mike Niconchuk Mobile: 079 984 0288 Email:mike@questscope.org</p> <p>NRC-Formal/informal and non-formal education for children and youths</p> <p><u>Focal point:</u></p> <p>Camilla Lodi Mobile: 079 748 4793</p> <p>Finn Church Aid -Informal education / literacy, physical activities and livelihood skills</p> <p><u>Focal point:</u></p> <p>Mohammed Mobile: 077 500 1161</p>

²**Definitions:**

Formal education: Certified education services provided by the Ministry of Educations public schools (grade 1-12).

Informal education: Educational activities that range from recreational activities to literacy numeracy, and life skills sessions. These educational activities are not certifiable by the Ministry of Education and not specifically bound to certain age or target group.

Non-formal education: Certified education services following MOE's NFE curricula (2 year course). The eligibility of students to NFE includes those who have missed more than 3 years of school or have never been enrolled in formal education in Jordan. When completed 2 years of NFE, the participant will receive a certificate which equals to a public school 10th grade completion.

<p><u>Focal point:</u></p> <p>Dr Pierre Mobile: 077 517 24 65</p> <p>JHAS/UNFPA - Reproductive health <i>Saturday-Thursday</i> 09:00 - 16:00</p> <p><u>Focal point:</u></p> <p>Dr Reema Diab Mobile: 077 675 5914</p> <p>MoH mobile team/UNICEF - Vaccinations</p> <p><u>Focal point:</u></p> <p>Mohammed Amiri Mobile: 079 949 3683</p> <p>Buthayna Al-Khatib Mobile: 079 906 0498</p>	<p><u>Focal point:</u></p> <p>Jane MacPhail Mobile: 079 549 9256</p> <p>UN Women - Youth Friendly Spaces, Women's Centers</p> <p><u>Focal point:</u></p> <p>Ghada Ali Mobile: 078 517 6424</p> <p>Mercy Corps - Playgrounds</p> <p><u>Focal point:</u></p> <p>Nizar Mobile: 077 500 4414</p> <p>IFH - PSS for adults, Services for children (under 16) with disabilities, Youth Friendly Spaces,</p> <p>HI - PSS groups for children with disability/injury and their family</p> <p><u>Focal point:</u></p> <p>Olivia Biernacki Email: outreach.jd@hi- emergency.org Mobile: 078 796 3226</p> <p>IRD/UNHCR - Community spaces <u>Focal Point:</u></p> <p>Daren Milosevich Email: d.milosevich@ird-jo.org Mobile: 079 867 5704</p>		<p>Oxfam-WASH</p> <p><u>Focal point:</u> Jeff Silverman Mobile: 077 673 8591</p> <p>ACTED - WASH <u>Focal Point:</u></p> <p>Suranga Mallawa Mobile: 079 881 2496 Email:Suranga.mall awa @acted.org</p> <p>UN Women - Cash for Work</p> <p><u>Focal point:</u></p> <p>Ghada Ali Mobile: 078 517 6424</p> <p>Hadil Zoubi Mobile: 079 621 8831</p> <p>Lutheran World Federation-NFI</p> <p><u>Focal point:</u></p> <p>Nader Mobile: 0797351622</p>	
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Child Protection Referral Pathway – King Abdullah Park (KAP)

STEP 1: Identification of child protection cases

General service providers, UNHCR/UNWRA registration services or community members identify child protection case. Immediate response includes:

- Provide a safe, caring response
- Respect the confidentiality and wishes of the child/caregiver
- Provide information about available case management services
- Facilitate referral to relevant case management services (see below) when child/caregiver consents
- For child survivors of sexual violence, ensure immediate (within 72 hrs) access to medical care
- In case of immediate safety or security risk to the child, consult child protection case manager to determine child's best interest

Child or caregiver goes directly to case manager

STEP 2: Case management services

Violence against children in schools and children not enrolled in school	GBV against children including sexual violence and early marriage (see GBV referral pathway)	All other CP cases including violence against children in the home & community and child labour	Unaccompanied & separated children	Children with disabilities	Children in conflict with the law
<p>Save the Children Jordan - Outreach & support to register children in schools Saturday - Thursday 8:30- 15:30</p> <p><u>Focal point:</u></p> <p>Taghreed Freij Mobile: 077 546 4973 Email: tfraj@savethechildr en.org.jo</p> <p>Hotline : 077 670 2426 0800 22 766 0800 00111</p>	<p>IRC Sunday - Thursday 08:30 - 17:00</p> <p><u>Focal Point:</u></p> <p>Lubna Jarrar Mobile: 077 507 7793 Email: Lubna.Jarrar@ rescue.org</p> <p>SitNour Ali Mobile: 077 666 2200 Email: SitNour.Ali@rescue. org</p>	<p>UNHCR(violence in the home) Sunday-Thursday 8:00 - 15:30</p> <p><u>Focal Point:</u></p> <p>Iman Al Azab Mobile: 077 927 1985 Email; alazabe@unhcr.org</p> <p>Protection Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> Protection Hotline 079 710 9194</p> <p>For child labour cases, report employers using child labour to Ministry of Labour, Child Labour Unit</p>	<p>Refer first to UNHCR Sunday-Thursday 8:00 to 15:30</p> <p><u>Focal Point:</u></p> <p>Iman Al Azab Mobile; 077 927 1985 Email: alazabe@unhcr. or g</p> <p>Protection Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> Protection Hotline: 079 710 9194</p> <p>IRC Unaccompanied children Sunday - Thursday 08:30 - 17:00</p>	<p>Handicap International provision of mobility aids and rehabilitation services and family counselling Sunday- Thursday 8:30-17:00</p> <p>Mobile: 078 727 5399 Email: dvfp.intake.irbid@ gmail.com</p> <p>UNHCR Sunday-Thursday 8:00 to 15:30</p> <p><u>Focal point:</u></p> <p>Ameera Faraj Mobile: 079 722 9892 Email:faraj@unhcr. org</p>	<p>UNHCR Sunday-Thursday 8:00 to 15:30</p> <p><u>Focal point:</u></p> <p>Iman Al Azab Mobile: 077 927 1985 Email:alazabe@unhcr .org</p> <p>Detention emergency line: 079 674 2200</p> <p><i>After working hours and weekends</i> Protection Hotline: 079 710 9194</p> <p><i>UNHCR will arrange legal representation by Jordanian Bar Association when needed</i></p>

		<p><u>Focal point:</u> Shereen Al-Taeib 079 758 7583 Email:altaeib_shereen@hotmail.com/altaeib_shereen@yahoo.com</p>	<p><u>Focal Points:</u> Lubna Jarrar Mobile: 077 507 7793 Email: Lubna.Jarrar@rescue.org</p> <p>SitNour Ali Mobile: 077 666 2200 Email: SitNour.Ali@rescue.org</p> <p>NHF-Separated children</p> <p><u>Focal Point:</u> Khalidoun Dababi Duty Phone: 079 731 5081</p> <p>Duaa Al Omari 079 5495774</p>	<p>UNHCR Help Desk; 06 550 2141</p>	
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Refer to service below if:

- a. Child/caregiver wants to receive protection, legal or police services;
- b. There are immediate safety and security risks to others; or
- c. It is in the best interest of the child because of:
 - Immediate safety or security risks to the child that require protection/police services (UNHCR/FPD);
 - Risk of imminent forced/early marriage (UNHCR)
 - Risk of refoulement or voluntary return in cases of children associated with armed groups/forces (UNHCR)
 - Severe neglect (UNHCR/FPD)
 - Sexual exploitation and abuse by humanitarian personnel (UNHCR)
 - Children requiring BID (UNHCR)

Always assess the consequences this could have to minimize risks and ensure the best interest of the child.**UNHCR** - Protection

Sunday-Thursday 8:00 to 15:30

Iman Al Azab: 077 927 1985, alazabe@unhcr.org

Protection Duty Phone: 0795546383

After working hours and weekends

Protection Hotline: 079 710 9194

FPD - Cases of sexual violence, family violence and neglect (child/caregiver or community members can go directly to FPD; service providers should refer refugee cases through UNHCR when the refugee child/caregiver consents and when possible - Zeina Jadaan: jadaan@unhcr.org)

Open 24 hours

Hotline: 911. Ramtha branch Tel: 02 623 5511. Email: familypd@accessme.com.jo

STEP 3: Referral to other services

Health Care	CP Psychosocial Services / Case Management	Protection, Security, and Justice	Other Basic Services	Education
<p>MOH - Primary Health</p> <p>JHAS - Primary Health Once a week</p> <p><u>Focal Point:</u> FatheyaAyaad Mobile: 078 855 0625</p> <p>Dr. Ola Al Tebawi Mobile: 077 500 6027 Email: pc@jordanhealthaid.org</p> <p>IMC - Mental Health Sunday-Thursday 9:00-16:00</p> <p><u>Focal Point:</u> Sari Al Haj Mobile: 079-5220192 Email: sal-haj@internationalmedicalcorp.org</p> <p>MoH mobile team/UNICEF -- Vaccinations</p> <p><u>Focal point:</u> Mohammed Amiri Mobile: 079 949 3683</p> <p>Buthayna Al-Khatib Mobile: 079 906 0498</p> <p>Handicap International - Rehabilitation services for persons with disability and persons with injury , children and adults & provision of prosthesis, orthotics & mobility aids</p>	<p>IFH - PSS Sunday - Thursday 9:00 - 15:00</p> <p><u>Focal Point:</u> Bilal Zwateen: Mobile:079 738 0792</p> <p>Taqwa Tahtamouni Duty Phone: 079 549 5774</p> <p>IRC - UAM and Child GBV Sunday - Thursday 09:00 - 17:00</p> <p><u>Focal Point:</u> Sara Al-Khatib Mobile:079 582 4390</p> <p>SCI - Child Friendly Spaces, Youth Friendly Spaces, Adolescent Friendly Spaces, Community networks</p> <p>Sunday-Thursday 8.30 - 15.30</p> <p><u>Focal Point:</u> Abeer Flieh Mobile: 077 546 1503 Email: abeer.fleih@savethechildren.org</p> <p>AbedRazaqBani Hani Mobile: 077 547 5988 Email: abdelrazaq.banihani@savethechildren.org</p> <p>Mercy Corps -Playground</p> <p><u>Focal point:</u> Ahlam Awamleh Mobile: 077 500 2544 Email: a.awamleh@jo.mercycorps.org</p>	<p>UNHCR – Protection, Registration and legal services for refugees</p> <p>Sunday-Thursday 8:00 - 15:30</p> <p><u>Focal point:</u> Iman Al Azab Mobile: 077 927 1985</p> <p>Email: alazabe@unhcr.org</p> <p>Duty Phone: 079 554 6383</p> <p><i>After working hours and weekends</i> Protection Hotline: 079 710 9194</p> <p>ARDD-Legal Aid Sunday-Thursday 9:00-18:00</p> <p><u>Focal Point:</u> Souzan Mohareb Tel: 06 461 7277 Mobile: 077 577 7077 Email: somohareb@ardd-legalaid.org</p> <p>Emergency line: 077 738 7221</p>	<p>UNHCR – Registration, support to vulnerable children & families through NFI/cash assistance</p> <p>Sunday - Wednesday 8.30 - 15.30</p> <p><u>Focal Point:</u> Maher Ishaqat Mobile: 079 820 7039 Email: ishaqat@unhcr.org</p> <p>Geoffrey Carliez Mobile: 079 948 4507 Email:carliez@unhcr.org</p> <p>UNHCR Infoline: 06 550 2141</p> <p><i>After working hours and weekends</i> Protection Duty phone: 079 554 6383</p>	<p>Save the Children Jordan - Outreach & support to register children in schools Saturday - Thursday 8:30- 15:30</p> <p><u>Focal point:</u> Taghreed Freij Mobile: 077 546 4973 Email : tfraij@savethechildren.org.jo</p> <p>Hotline : 077 670 2426 0800 22 766 0800 00111</p>

<p>Mobile: 078 727 5399 Email: dvfp.intake.irbid@gmail.com</p>	<p>Finn Church Aid Psychosocial activities for adolescents <i>Sunday-Thursday</i> 9:00-17:00</p> <p><u>Focal Point:</u> Aiman Nazzal Mobile: 077 566 6610 Email: aiman.nazaal@kua.fi</p> <p>Handicap International: PSS groups for children with disability/injury and their family</p> <p>Mobile: 078 727 5399 Email: dvfp.intake.irbid@gmail.com</p>			
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Child Protection Referral Pathway – Cyber City

STEP 1: Identification of child protection cases

<p>General service providers, UNHCR/UNWRA registration services or community members identify child protection case. Immediate response includes:</p> <ul style="list-style-type: none"> Provide a safe, caring response Respect the confidentiality and wishes of the child/caregiver Provide information about available case management services Facilitate referral to relevant case management services (see below) when child/caregiver consents For child survivors of sexual violence, ensure immediate (within 72 hrs) access to medical care In case of immediate safety or security risk to the child, consult child protection case manager to determine child's best interest 	<p>Child or caregiver goes directly to case manager</p>
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STEP 2: Case management services

Violence against children in schools and children not enrolled in school	GBV against children including sexual violence and early marriage (see GBV referral pathway)	All other CP cases including violence against children in the home & community and child labour	Unaccompanied & separated children	Children with disabilities	Children in conflict with the law
<p>Save the Children Jordan - Outreach & support to register children in schools Saturday - Thursday 8:30- 15:30</p> <p><u>Focal point:</u> TaghreedFreij Mobile: 0775464973 Email: tfraj@savethechildr en.org.jo</p> <p>Hotline : 0776702426 0800 22766 080000111</p> <p><i>Mafraq</i> Tel: 0775464973</p>	<p>IRC Sunday - Thursday 08:30 - 17:00</p> <p><u>Focal Point:</u> Lubna Jarrar Mobile: 077 507 7793 Email: Lubna.Jarrar@rescu e.org</p> <p>SitNour Ali Mobile: 077 666 2200 Email: SitNour.Ali@rescue. org</p>	<p>UNHCR Sunday-Thursday 8:00 to 15:30</p> <p><u>Focal Point:</u> Iman Al Azab Mobile: 0779271985 Email: alazabe@unhcr.org</p> <p>Protection Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>For child labour cases, report employers using child labour to Ministry of Labour, Child Labour Unit</p>	<p>Refer first to: UNHCR Sunday-Thursday 8:00 - 15:30</p> <p><u>Focal Point:</u> Iman Al Azab Mobile: 0779271985 Email:alazabe@un hcr.org</p> <p>Protection Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>IRC Unaccompanied children <u>Focal Point:</u> Lubna Jarrar Mobile: 077 507 7793</p>	<p>HI Sunday- Thursday 8:30-17:00</p> <p>Mobile; 0787275399 Email:dvfp.intake.i rbid@gmail.com</p> <p>UNHCR <i>Two days per week</i> 8:00 - 15:30 RanaManna Mobile: 079 555 7447 Email: manna@unhcr.org</p> <p>UNHCR Help Desk: 06 550 2141</p>	<p>UNHCR Sunday-Thursday 8:00 to 15:30</p> <p><u>Focal Point:</u> Iman Al Azab Mobile:0779271985 Email: alazabe@unhcr.org</p> <p>Detention emergency line: 079 674 2200</p> <p><i>After working hours and weekends</i> Protection Hotline: 079 710 9194</p> <p><i>UNHCR will arrange legal representation by Jordanian Bar Association when needed</i></p>

		<p><u>Focal point:</u> Shereen Al-Taeib Mobile: 079 758 7583 Email: altaeib_shereen@hotmail.com/altaeib_shereen@yahoo.com</p>	<p>Email: Lubna.Jarrar@rescue.org</p> <p>SitNour Ali Mobile: 077 666 2200 Email:SitNour.Ali@rescue.org</p> <p>NHF - Separated children <u>Focal Point:</u> Qusai Saadeen</p> <p>Duty Phone: 078 803 1000</p>	<p>UNRWA <i>Open 24 hours</i></p> <p><u>Focal Point:</u> Sheerin Al-Araj Mobile: 079 654 7220 Email: s.al-araj2@unrwa.org</p>
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Refer to service below if:

- a. Child/caregiver wants to receive protection, legal or police services;
- b. There are immediate safety and security risks to others; or
- c. It is in the best interest of the child because of:
 - Immediate safety or security risks to the child that require protection/police services (UNHCR/FPD);
 - Risk of imminent forced/early marriage (UNHCR)
 - Risk of refoulement or voluntary return in cases of children associated with armed groups/forces (UNHCR)
 - Severe neglect (UNHCR/FPD)
 - Sexual exploitation and abuse by humanitarian personnel (UNHCR)
 - Children requiring BID (UNHCR)

Always assess the consequences this could have to minimize risks and ensure the best interest of the child.**UNHCR- Protection**Focal Point:

Sunday-Thursday 8:00 to 15:30

Iman Al Azab Mobile: 077 9271985, Email: alazabe@unhcr.org

Protection Duty Phone: 0795546383

After working hours and weekends

Protection Hotline: 079 710 9194

FPD - Cases of sexual violence, family violence and neglect (child/caregiver or community members can go directly to FPD; service providers should refer refugee cases through UNHCR when the refugee child/caregiver consents and when possible - Zeina Jadaan: jadaan@unhcr.org)

Open 24 hours

Hotline: 911. Ramtha branch Tel: 02 6235511. Email: familypd@accessme.com.jo

STEP 3: Referral to other services

Health Care	CP Psychosocial Services / Case Management	Protection, Security, and Justice	Other Basic Services	Education ¹
<p>JHAS Saturday - Thursday 09:00-16:00</p> <p><u>Focal Point:</u> FatheyaAyaad Mobile: 0788550625</p> <p>Dr. Ola Al Tebawi Mobile: 077 500 6027 Email: pc@jordanhealthaid.org</p> <p>MoH mobile team/UNICEF -- Vaccinations</p> <p><u>Focal point:</u> Mohammed Amiri Mobile: 0799493683</p> <p>Buthayna Al-Khatib Mobile: 0799060498</p> <p>Handicap International - Rehabilitation services for persons with disability and persons with injury , children and adults & provision of prosthesis, orthotics & mobility aids</p> <p>Cell: 0787275399 Email: dvfp.intake.irbid@gmail.com</p>	<p>IFH -CFSs,YFSs Sunday - Thursday 09:00 - 15:00</p> <p><u>Focal Point:</u> BilalMobile; 0788898778</p> <p>Handicap International- PSS groups for children with disability/injury and their family</p> <p><u>Focal point:</u> Cell: 0787275399 Email: dvfp.intake.irbid@gmail.com</p>	<p>UNHCR - Protection, Registration and legal services for refugees</p> <p><u>Sunday-Thursday</u> 8:00 to 15:30</p> <p><u>Focal point:</u> Iman Al Azab Mobile:077 927 1985 Email: alazabe@unhcr.org</p> <p>Protection Duty Phone: 0795546383</p> <p><i>After working hours and weekends</i> UNHCR Hotline: 079 710 9194</p> <p>UNRWA <i>Open 24 hours</i></p> <p><u>Focal Point:</u> Sheerin Al-Araj Mobile: 079 654 7220 Email: s.al-araj2@unrwa.org</p> <p>ARDD-Legal Aid <i>Sunday- Thursday</i> 9:00-18:00</p> <p><u>Focal Point:</u> Souzan Mohareb Tel: 06 4617277 Mobile: 0775777077 Email: somohareb@ardd-legalaid.org</p> <p>Emergency line: 077 738 7221</p>	<p>UNHCR - Registration, support to vulnerable children & families through NFI/cash assistance</p> <p><i>Sunday - Wednesday 08.30 - 15.30</i></p> <p><u>Focal Point:</u> Maher Ishaqat Mobile: 079 820 7039 Email: ishaqat@unhcr.org</p> <p>Geoffrey Carliez Mobile:079 948 4507 Email: carliez@unhcr.org</p> <p>UNHCR Infoline: 06 550 2141</p> <p><i>After working hours and weekends</i> Protection Duty phone: 079 554 6383</p> <p><u>Focal Point:</u> Maher Isahaqaat Mobile: 079 820 7039</p>	<p>Save the Children Jordan- <i>Saturday - Thursday 08:30-15:30</i></p> <p><u>Focal point:</u> Taghreed Freij Mobile:077 546 4973 Email: tfraj@savethechildren.org.jo</p> <p>Hotline : 0776702426 0800 22 766 080000111</p> <p><i>Mafrag</i> Tel: 077 546 4973</p>

¹Definitions

Formal education: Certified education services provided by the Ministry of Education public schools (grade 1-12).

Informal education: Educational activities that range from recreational activities to literacy numeracy, and life skills sessions. These educational activities are not certifiable by the Ministry of Education and not specifically bound to certain age or target group.

Non-formal education: Certified education services following MOE's NFE curricula (2 year course). The eligibility of students to NFE includes those who have missed more than 3 years of school or have never been enrolled in formal education in Jordan. When completed 2 years of NFE, the participant will receive a certificate which equals to a public school 10th grade completion.

[SUMMARIES]

SUMMARY VERSION: INTER-AGENCY EMERGENCY STANDARD OPERATING PROCEDURES FOR PREVENTION OF AND RESPONSE TO GENDER-BASED VIOLENCE IN JORDAN

This document is a **summary of the GBV components of the Inter-Agency Emergency Standing Operating Procedures (SOPs)** focusing only on procedures for GBV adults and child survivors affected by the refugee crisis in Jordan. The Inter-Agency Emergency Standing Operating Procedures (SOPs) address prevention of and response to gender-based violence (GBV) and child protection (CP) in Jordan. The SOPs focus on Syrian refugees but also include Iraqis and other affected populations living in urban contexts, camps and/ or other settlements/collective centres. This summary document should be used in conjunction with the full version of the SOPs. References used here correspond to the chapter headings in the full version.

1. Definitions and Terms (Please see CHAPTER 1: DEFINITIONS AND TERMS)

Gender-based violence (GBV): GBV is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially-ascribed (gender) differences between males and females. The nature and extent of specific types of GBV vary across cultures, countries, and regions.

2. Guiding Principles (Please see CHAPTER 2: GUIDING PRINCIPLES)

Guiding principles specific to working with **all** survivors:

- Ensure the safety of the survivor(s) and their families at all times.
- Respect the confidentiality of the affected person(s) and their families at all times.
- Respect the wishes, choices, rights, and dignity of the survivor.
- Ensure non-discrimination in all interactions with survivors and in all service provision.

Guiding principles specific to working with **child** survivors:

- Promote the child's best interest.
- Ensure the safety of the child.
- Comfort the child.
- Ensure appropriate confidentiality.
- Involve the child in decision-making.
- Treat every child fairly and equally (principle of non-discrimination and inclusiveness).
- Strengthen children's resiliencies.
- All actors who may interview or have direct contact with survivors will be familiar with the guiding principles and put them into practice. These actors will also be aware of their responsibility to listen carefully and give information and are trained on basic survivor-centered approaches.

3. Case Management, reporting and referrals

(Please see CHAPTER 3: CASE MANAGEMENT, REPORTING, AND REFERRAL MECHANISMS)

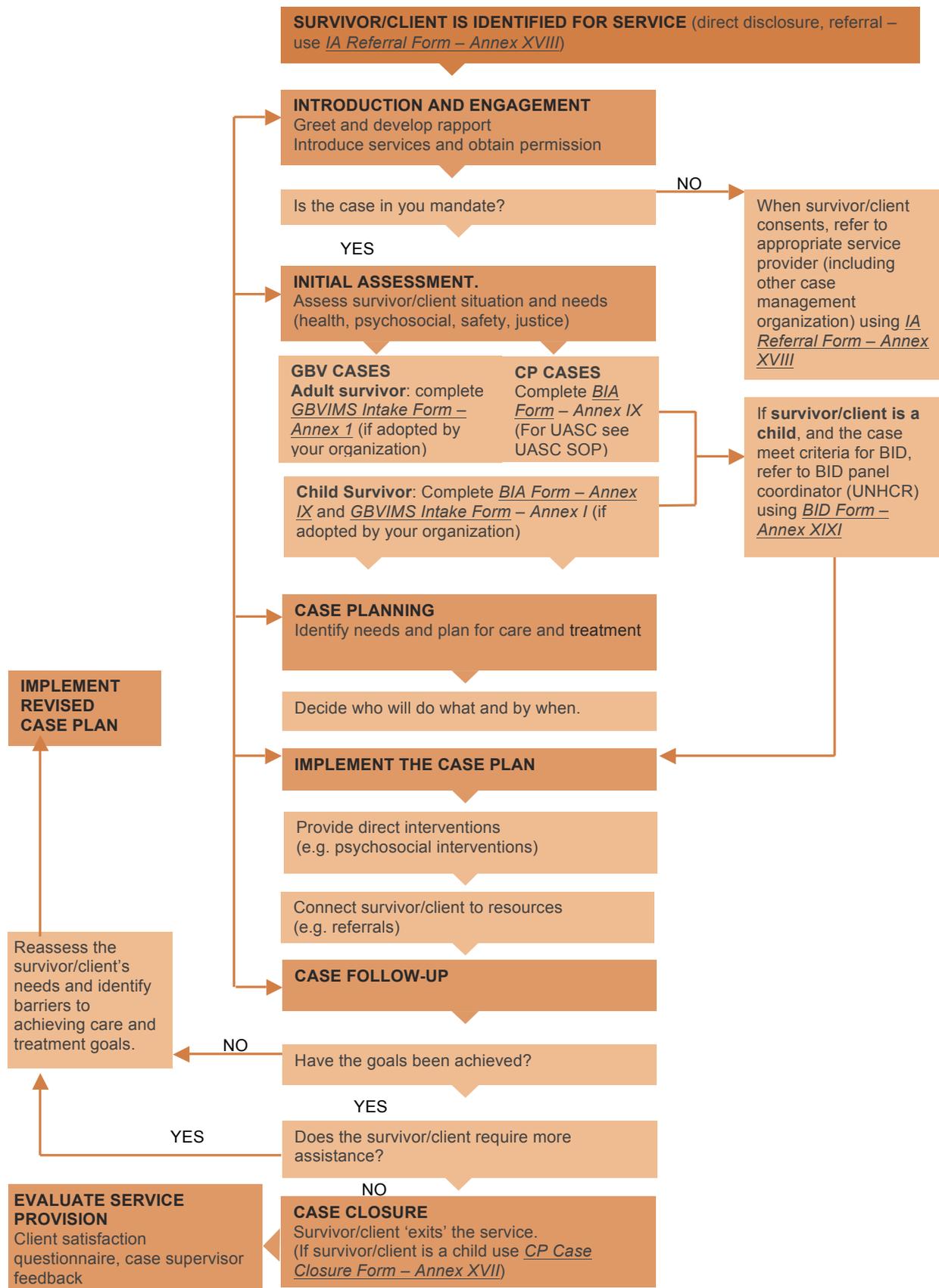
Case management is a collaborative, multi-disciplinary process promoting quality and effective outcomes through communication and the provision of appropriate resources to meet the GBV survivors' needs. The goal of case management is to empower the survivor and, where appropriate their caregiver, by giving her/him increased awareness of options available, and assisting her/him to make informed decisions to deal with their problem. The basic principles that underpin case management include:

- Ensuring the survivor is the primary actor in case management and ensuring that he/she is involved in all aspects of the planning and service delivery;
- Respecting the wishes, the rights, dignity needs and capacity of the survivor;
- Providing emotional support by demonstrating a caring attitude towards the survivor;
- Providing information to the survivor/child to allow him/her make informed choices;
- Listening and establishing rapport and a trusting relationship, which creates a supportive environment in which the survivor/child can begin to heal;
- Ensuring confidentiality which is critical to protecting the survivor's safety and security;
- Ensuring non-discrimination by treating every survivor in a dignified manner;
- Obtaining informed consent from the survivor prior to sharing any information;
- Case managers must have the skills to manage cases in line with the above principles, an understanding of their roles and responsibilities, and an ability to handle difficult situations professionally and with cultural sensitivity.

The case management flowchart below summarizes the basic steps of the process:

CASE MANAGEMENT FLOWCHART - GBV AND CHILD PROTECTION CASES

(Adapted from Caring for Child Survivors of Sexual Abuse, IRC/UNICEF, 2012.)



Organization	Case Management
IRC	Adult and child survivors
JWU/UPP	Adult survivors
IMC	Child survivors
JRF	Child survivors
IFH	Adult survivors
UNHCR	Adult and child survivors

4. GBV Response (Please see CHAPTER 4: GBV RESPONSE)

Effective GBV response requires a multi-sectoral approach. Specific responsibilities of each sector are described in the full version of the SOPs and the appropriate referral pathway for GBV response is illustrated in Annex VI.

Sector	Organizations	
Health/medical	IRC, JHAS, IFH, Aman Society, MOH	
Psychosocial	IMC, IRC, IFH/UNFPA, UPP/JWU, JRF, Centre for Victims of Torture, Khawla Bint Al Azwar	
Security/safety	FPD, UNHCR, MOSD, JWU	
Legal/justice	UNHCR, ARDD-Legal Aid, JWU/UPP, Khawla Bint Al Azwar	
Other basic services	NFI	UNHCR, IRC, Care International, ICMC
	Cash assistance	UNHCR, IRC, Care International
	Life skills, vocational training, income generation	UPP/JWU, Khawla Bint Al Azwar
	Education	SCI
	Non-formal education	Questscope, Khawla Bint Al Azwar

5. Prevention (Please see CHAPTER 6: PREVENTION)

All humanitarian actors are responsible for preventing GBV – this includes parties who are not signatories to these SOPs. Detailed information about preventive measures to be taken by each sector can be found in the GBV Guidelines (IASC 2005).

Although divided in the SOPs into two separate sections, prevention and response are inter-related activities. Many elements of GBV response are also preventive measures. Prevention entails working at different levels of society to achieve social change and implement targeted interventions with specific groups. Prevention also includes more generalized approaches for the population at large (e.g. campaigns, mass media messaging and other awareness-raising initiatives).

6. Documentation, Data, and Monitoring (Please see CHAPTER 8: DOCUMENTATION, DATA, AND MONITORING)

Sharing non-identifying data: The GBV IMS will be piloted in a number of locations in Jordan including in connection to other refugee data bases. A GBV IMS Information-Sharing Protocol will be developed in partnership with data collecting agencies to guide the safe, confidential and ethical collection, analysis and utilization of GBV IMS data (non-identifying statistical data).

Referrals and information sharing for service provision: Case management agencies are responsible for documenting GBV cases. These SOPs include a Consent and Intake form to be used by the lead agencies when a GBV case is reported (see Annexes I and IV). Medical personnel use the GBV IMS Medical Intake and Assessment Form (see Annex II). These forms are only to be used by specialized agencies. Intake forms contain extremely confidential and sensitive information and this information may only be shared with others under certain circumstances (see section on consent and information sharing in the full version of the SOPs). Forms must always be kept in locked files and should never be shared directly.

7. Coordination (Please see CHAPTER 9: COORDINATION)

In Jordan, the Gender Based Violence Sub-Working Group (GBV Sub-WG) is the coordinating body with the objective to strengthen GBV prevention and response in emergency settings, with a focus on Syrian refugees in camps and in host communities, including host population and others (e.g. Iraqis) affected by the crisis.

SUMMARY VERSION: INTER-AGENCY EMERGENCY STANDARD OPERATING PROCEDURES FOR PREVENTION OF AND RESPONSE TO CHILD PROTECTION IN JORDAN

This document is a **summary of the child protection components of the Inter-Agency Emergency Standing Operating Procedures (SOPs)** focusing only on procedures for child protection for those affected by the refugee crisis in Jordan. The Inter-Agency Emergency Standing Operating Procedures (SOPs) address prevention of and response to gender-based violence (GBV) and child protection (CP) in Jordan. The SOPs focus on Syrian refugees but also include Iraqis and other affected populations living in urban contexts, camps and/or other settlements/collective centers. This summary document should be used in conjunction with the full version of the SOPs. References used here correspond to the chapter headings and page numbers in the full version.

1. Definitions and Terms (Please see CHAPTER 1: DEFINITIONS AND TERMS)

Child protection: the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies.¹

2. Guiding Principles (Please see CHAPTER 2: GUIDING PRINCIPLES)

Child protection guiding principles for all actions²

- Avoid exposing people to further harm as a result of your actions:
- Ensure people's access to impartial assistance:
- Protect people from physical and psychological harm arising from violence and coercion:
- Assist people to claim their rights, access available remedies and recover from the effects of abuse/violence
- Strengthen child protection systems
- Strengthen children's resilience in humanitarian action

3. Case Management, reporting and referrals

(Please see CHAPTER 3: CASE MANAGEMENT, REPORTING, AND REFERRAL MECHANISMS)

Case management is a collaborative, multi-disciplinary process promoting quality and effective outcomes through communication and the provision of appropriate resources to meet the child's needs. The goal of case management is to empower the child and, where appropriate their caregiver, by giving her/him increased awareness of options available, and assisting her/him to make informed decisions to deal with their problem. The principles that underpin case management include:

Guiding principles specific to working with **child protection cases:**

- Promote the child's best interest;
- Ensure the safety of the child;
- Provide emotion support to the child;
- Ensure appropriate confidentiality;
- Involve the child/caregiver in decision-making;
- Treat every child fairly, with dignity and equally (principle of non-discrimination and inclusiveness);
- Strengthen children's resiliencies.

In addition, child protection case managers should:

- Listen and establish rapport and a trusting relationship, which creates a supportive environment in which the child can begin to recover;
- Ensure the child/caregiver is the primary actor in case management and ensuring that they are involved in all aspects of the planning and service delivery;
- Provide information to the child/caregiver to allow him/her make informed choices;
- Obtain informed consent from the child/caregiver prior to sharing any information.

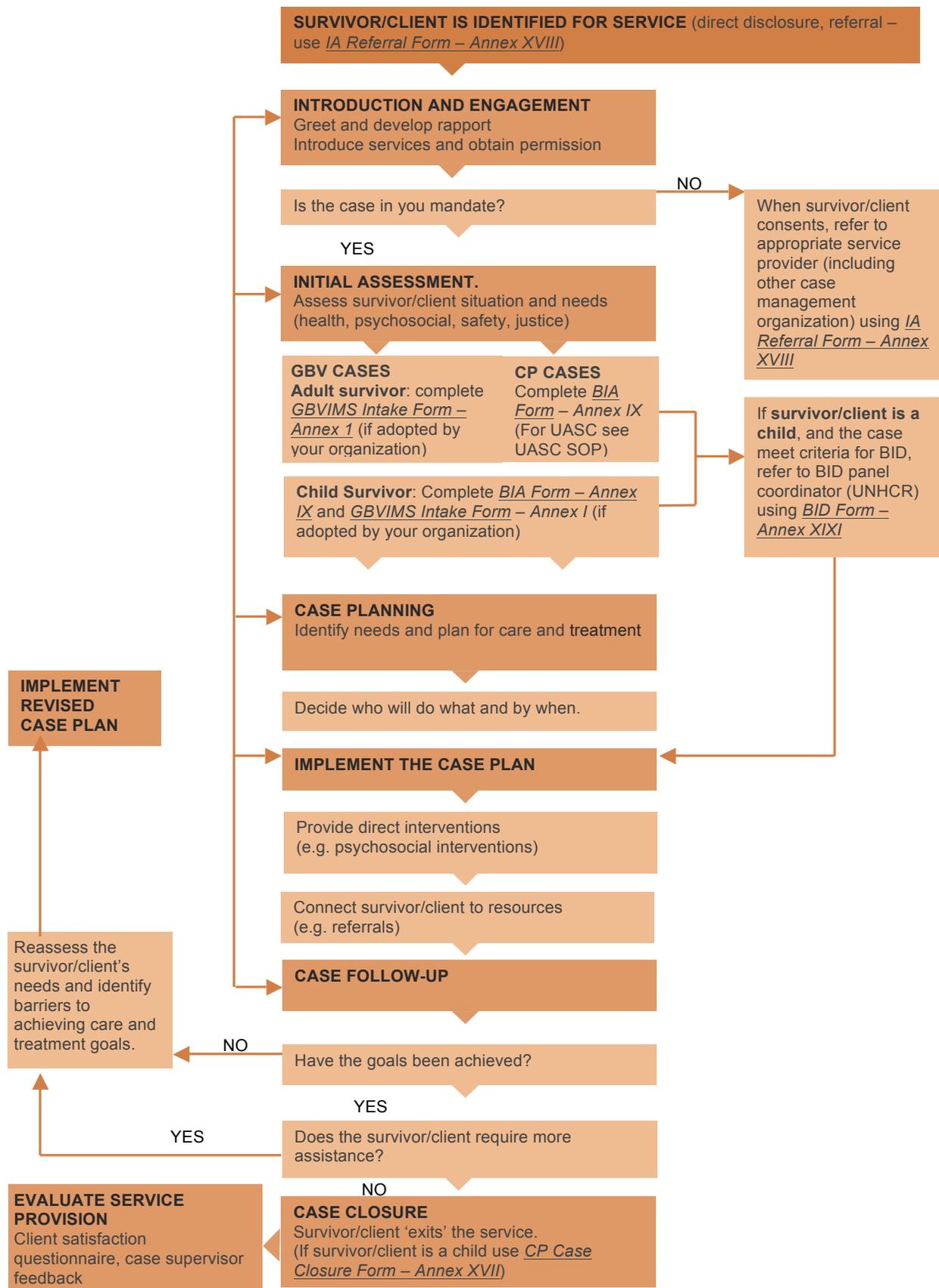
Case managers must have the skills to manage cases in line with the above principles, an understanding of their roles and responsibilities, and an ability to handle difficult situations professionally .

1. Global CPWG definition: www.cpwg.net

2. Minimum Standards for Child Protection in Humanitarian Settings. Global Child Protection Working Group. 2012.

CASE MANAGEMENT FLOWCHART - GBV AND CHILD PROTECTION CASES

(Adapted from Caring for Child Survivors of Sexual Abuse, IRC/UNICEF, 2012.)



Organization	Case Management
IMC	Child protection case management including child survivors of GBV
IRC	Child protection case management including child survivors
JRF	Child protection case management including child survivors
UNHCR	Child protection including child survivors of GBV
Tdh	Child protection including child survivors of GBV
NHF	Separated children

4. Child Protection Response (Please see CHAPTER 5: CHILD PROTECTION RESPONSE)

Key services for child protection by organization are listed below:

4.1 Community-based child protection, psychosocial support, and mental health services

Services	Organization
Child protection committees	SCI, UNICEF
CFS and community-based psychosocial/child-protection services for children ¹	SCI, SCJ, Tdh, IMC, ICS, JWU, JRF, JRC, Mercy Corps, IRD, Family Guidance and Awareness Center, NHF, Zenid, Care International, Princes Salma Centre, Khawla Bint Al Azwar, Al Shua'a for Women & Child Development
Counselling/support group services ²	IRC, Family Guidance and Awareness Center, JRF, JCR, NHF, CVT, FPD, Zenid, JRS, IMC, HI
Clinical mental health services	IMC, CVT, MOH/WHO

4.2. Safety, legal, police and judicial services for child survivors of violence and children in conflict with the law

Service	Organization
Protection hotlines	UNHCR, FPD
Legal aid	ARDD-Legal Aid (refugees) Al Mazen (non-refugees)
Legal representation	UNHCR/Jordanian Bar Association - Legal Aid for refugees (referral must first go to UNHCR)
Police and multi-sectorial services for family violence and sexual violence	Family Protection Department (FPD)
Police for children in conflict with the law	Juvenile Police Department (North Amman and Zaatri) Regular Police (other locations)
Shelters	Dar Al Aman / JRF (for children under 13; admission through FPD) MOSD (for adolescent girls and women)
Judicial proceedings	Criminal Court (criminal cases) Juvenile Court/judge (children in conflict with the law and in need of special protection) Shariah court (custody, divorce, guardianship etc.)

1. This corresponds to level 2 of the IASC psychosocial pyramid in IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.

2. This corresponds to level 3 of the IASC psychosocial pyramid in IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.

4.3 Birth registration and other basic services

Services	Organization
Information about services	UN agencies
Issuance of birth certificates	Personal Status Department

For details of service providers for health, education, NFI, shelter, livelihoods and cash assistance, food items, fuel and water see CHAPTER 5: OTHER BASIC SERVICES).

4.4. Specific procedures for child protection issues

Specific procedures for physical violence, violence in schools, child labour, children associated with armed groups and forces and child trafficking are described in SECTION 5.2: CHILD PROTECTION PROCEDURES. Specific procedures for gender-based violence against children, including early marriage are described in CHAPTER 4: GBV RESPONSE. Procedures for separated and unaccompanied children are described in the STANDARD OPERATING PROCEDURES FOR SEPARATED AND UNACCOMPANIED CHILDREN.

5. Prevention (Please see CHAPTER 6: PREVENTION)

All humanitarian actors are responsible for preventing violence, abuse, exploitation and neglect of children – this includes parties who are not signatories to these SOPs.

Although divided in the SOPs into two separate sections, prevention and response are inter-related activities. Many elements of child protection response are also preventive measures. Prevention entails working at different levels of society to achieve social change and implement targeted interventions with specific groups. Prevention includes actions taken by other sectors and mobilising communities to prevent violence against children. Preventive services can also include early intervention in situations where children are at risk of violence, abuse and exploitation.

6. Documentation, Data, and Monitoring (Please see CHAPTER 8: DOCUMENTATION, DATA, AND MONITORING)

Child Protection Documentation: The following interagency forms are in use for child protection cases:

- Inter-Agency Best Interest Assessment (BIA) Form to be used when a CP case is being identified (see Annex IX)
- GBV IMS Intake and assessment form to be used in child GBV cases (Annex I)
- Interagency referral form (Annex XVIII) for referral of child protection (non-GBV cases) to and from general services
- Interagency GBV referral form for referral of child GBV cases to and from general service providers (Annex III)

The child protection IMS is being rolled out by NGOs working in child protection. Other child protection information systems in use for child protection cases include UNHCR ProGress and the Jordanian National Case Tracking System.

7. Coordination (Please see CHAPTER 9: COORDINATION)

In Jordan, the Child Protection Sub-Working Group (CP Sub-WG) is the coordinating body with the objective to strengthen the prevention and response to child protection in emergency settings, with a focus on Syrian refugees in camps and in host communities, including host population and others (e.g. Iraqis) affected by the crisis.

