# INTER-AGENCY EMERGENCY STANDARD OPERATING PROCEDURES FOR PREVENTION OF AND RESPONSE TO GENDER-BASED VIOLENCE and VIOLENCE, ABUSE, NEGLECT AND EXPLOITATION OF CHILDREN IN JORDAN

2014 Edition

## Section 2: Annexes

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## Section 2: Annexes

## Annex I: Key Sources

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

- 4Ws in Mental Health, Psychosocial and Protection Support in Jordan: Interventions Mapping Exercise. WHO; IMC; UNICEF, 2012
- Alternative Care in Emergencies Toolkit. Global Child Protection working Group. 2004
- CARE Jordan Baseline Assessment of Community Identified Vulnerabilities among Syrian Refugees Living in Amman: Rapid Participatory Community Assessment, CARE Jordan, 2012
- Caring for Child Survivors of Sexual Abuse in Humanitarian Settings. UNICEF; IRC; 2011
- Case Management Training Manual, Draft, Save the Children
- Children in Jordan: Situation Analysis. UNICEF and NCFA, 2006/2007
- Civil Servant Law No. 134 for the Year 2009
- Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and Internally Displaced Persons, Revised ed. Geneva, World Health Organization (WHO)/UNHCR, 2004
- Comprehensive Assessment on Syrian Refugees Residing in the Community in Northern Jordan. Un Ponte Per 2012
- Convention on the Rights of Persons with Disabilities, 2006
- Convention on the Rights of the Child: Jordan 4th and 5th Report. Child Rights Committee, 2011
- Displaced Syrians in Za'atri Camp: Rapid Mental Health and Psychosocial Support Assessment: Analysis and Interpretation of Findings. IMC; UNICEF; 2012
- Domestic and Family Violence Protection Action No. 6, 2008
- GBVIMS Classification Tool – www.gbvims.org
- GBV Resource Tool: Establishing GBV Standard Operating Procedures. IASC Sub-Working Group on Gender and Humanitarian Action. 2008
- Gender-Based Violence Resource Tools Supporting Implementation of the Guidelines for GBV Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. IASC, 2005
- GBV Emergency Response and Preparedness: Participants' Handbook, IRC
- Global CPWG Definitions – www.cpwg.net
- Global Initiative to End All Corporal Punishment of Children: Jordan Country Report, UNICEF, 2010
- Global Protection Cluster Working Group and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. 2010
- Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. Geneva, Inter-Agency Standing Committee (IASC), 2005
- Humanitarian Charter and Minimum Standards in Humanitarian Response, The Sphere Project, 2011

- IASC Guidelines in Mental Health and Psychosocial Support in Emergency Settings: Checklist for Field Use, IASC, 2008
- IASC Guidelines in Mental Health and Psychosocial Support in Emergency Settings, IASC 2007
- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva. IASC, WHO, 2003
- INEE Minimum Standards for Education in Emergencies, Chronic Crisis and Early Reconstruction, UNESCO 2004
- Interagency Guiding Principles on Unaccompanied and Separated Children, International Committee of the Red Cross, 2004
- Inter-Agency Guidance Note for Mental Health and Psychosocial Support: Jordan Response to Displaced Syrians - November2012
- Inter-Agency Guiding Principles on Unaccompanied and Separated Children.International Committee of the Red Cross. 2004
- Jordan Penal Code, 1960
- Jordan Ma'an Campaign – Together Towards Safe Schools, UNICEF, 2012
- JordanMinistry of Education Protection Procedures,2012
- Jordan MOH Health Care Procedures for Cases of Domestic Violence against Women. Trial Version, MOH/UNFPA/NCFA, 2012
- Law for Protection from Family Violence, 2008
- Law of the Rights of Disabled Persons, 2006
- Managing Gender-Based Violence Programs in Emergencies. UNFPA
- Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: Principles and Interventions. Geneva. WHO, IASC, 2007
- 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
- National Framework for Combating Child Labor in Jordan, 2011
- National Framework for Family Protection from Violence, NCFA, 2006
- Penal Code and Amendments for the Year 1960
- Prohibiting All Corporal Punishment in Schools: Global Report 2011. Global Initiative to End All Corporal Punishment in Schools, 2011
- Promoting the Rights of Children with Disabilities, UNICEF, Innocenti Research Institute 2007

- Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response. UNHCR 2003
- Standard Operating Procedures for Prevention of and Response to Gender-Based Violence in Dadaab Refugee Camp. Kenya, 2012
- Standard Operating Procedures for Prevention of and Response to SGBV for Jordan. UNHCR, 2009
- Syria Regional Response Plan 2012, UNHCR, 2012
- Syria Regional Response Plan 2013. UNHCR, 2012
- The Rights of Disabled People in Jordan as per the National Legislative System and International Standards. British Council; The National Centre for Human Rights, 2008
- UN Convention on the Rights of the Child (UNCRC), 1989
- UN Secretary General's Bulletin, Special Measures for Protection from Sexual Exploitation and Sexual Abuse, 2003
- UNFPA Strategy and Framework for Action to Addressing Gender-Based Violence, UNFPA 2008-2011
- Violence against Children Study in Jordan, UNICEF 2007
- Violence against Women: Assessing the Situation in Jordan. WHO
- WHO Disability and Health, 2012. Available at: http://www.who.int/medicacentre/factsheet/fs352/en/index.html
- WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. WHO 2007

# Annex II:
# 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.
- PFA[1] Article 214, 232.
- 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

1. Gender Training Kit on Refugee Protection. UNHCR. 2003 pp. 64-68

**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
- PFA 230m, 283b, d,
- 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

**The key international instrument for child protection is the Convention on the Rights of the Child which outlines child rights, including the rights to protection from violence, abuse, exploitation and neglect. Relevant articles of the CRC are quoted below, as well as other legislation. 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. 113, 100 5.b., 100. b.1, 43, 63.1. 114.1, 114.4, 134.2, 175.2, 221.2, 208, 209.
- 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:**

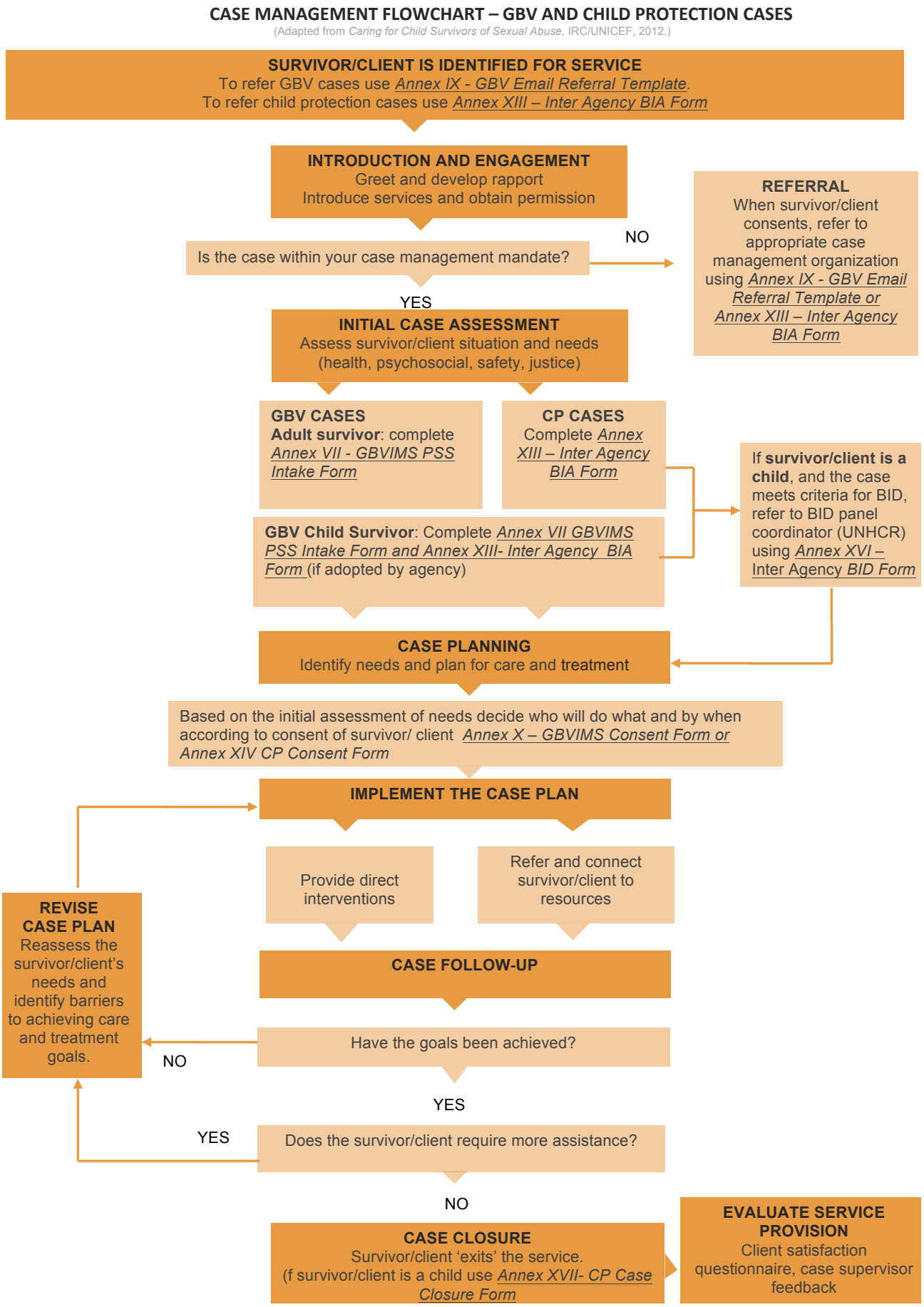
International policies and conventions:

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

National laws and legislation:

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

# Annex III: Case Management Flowchart



# Annex IV:
# Child Protection and GBV Case Prioritisation Table

This table has been developed to help case managers responding to child protection and GBV cases to prioritise cases. The table provides separate prioritisation for children and adults and should be used by case managers and their supervisors providing services to clients to prioritise cases and ensure that timely support is provided to clients. It can also be used by other service providers such as health workers or those providing cash assistance to ensure they provide timely services to cases[1].

**For Children[2]**

| Type of Risk/Harm | Level 1 EMERGENCY<br>In immediate danger (Recommended response before leaving the child or within 24-hours. Follow-up twice per week) | Level 2 URGENT<br>High risk of harm/danger follow-up required (Recommended response within three days & weekly follow-up) | Level 3 Moderate RISK<br>At-risk of harm. Monitoring required (Recommended response within 1-3 weeks & fortnightly to monthly follow-up) |
|---|---|---|---|
| **Physical Abuse** | Serious injury of child that requires medical attention<br>History of serious, repeated injury of the child where the perpetrator has access to the child.<br>Imminent threats to seriously injure or kill child<br>Threats to seriously injure or kill another person | Physical violence that results in injuries or pain where the perpetrator has access to the child.<br>Non-specific threats to hurt the child (not serious injury or killing)<br>Child deliberately physically injures themselves (cutting, burning)or has plans to do so. | Physical violence that does not result in injuries or cause the child pain<br>History of physical violence where the perpetrator no longer has access to the child |
| **Emotional /Psychological/Verbal Abuse** | Child attempted suicide or has plans to commit suicide<br>Acts of self-harm (cutting, burning)<br>Verbal sexual harassment involving imminent threat of sexual abuse<br>Child is confined without contact with persons other than the caregiver | Suicidal thoughts or thoughts of self-harm<br>Child is being persistently belittled, isolated, or humiliated by a significant caregiver or other person or child<br>Ongoing verbal violence of sexual nature[3]towards the child<br>Viewing of sexual images or activities | Child is occasionally belittled, isolated or humiliated by caregiver or other person or child<br>Child is treated differently than other children and caregiver is negative towards the child<br>Child is allowed limited contact with persons outside the home and limited engagement in activities outside the home |

[1]Other service providers should use the information disclosed to them by either the client themselves or the case management to prioritise cases. They should not attempt to elicit details of the case beyond what has already been provided to them. If a case is referred by case manager, it is sufficient for the other service provider to know it is an emergency case and thus should be dealt with within the given timeframes, without knowing the details of what type of case it is.

[2]Inter-agency Guidelines for Case Management and Child Protection. Child Protection Working Group, 2013 GBV IMS classification tool defines verbal or emotional violence as including "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."

[4] Marriage below 15 years with no RH services received becomes an emergency because of health problems, legal issues and birth registration complications.

| | | | |
|---|---|---|---|
| | | History of exposure to verbal violence of a sexual nature (including exposure to images) where child did not receive support<br>Ongoing exposure to violence against family members or other persons<br>Dangerous or risky behaviour by the child(drug or alcohol abuse, perpetrator of violence)<br>Child is confined to home | Verbal violence of a non-sexual nature to the child by non-family members (e.g. by other children, teachers etc). |
| Rape and Sexual Assault | Rape that occurred within last 3 months (if rape occurred in last 3days survivor needs PEP within 72 hours; if rape occurred in last five days survivor needs emergency contraceptives within 120 hours)<br>Any sexual contact between a child and another person where person who committed the abuse has access to the child<br>Child is at risk of honour killing<br>Injuries or bleeding from the abuse that require medical attention | The child has been sexually abused in the past (over 3 months ago), the person who committed the abuse does not have access to the child and the child has not received any support<br>Child is at risk from their own family of violence<br>Threats of sexual violence or rape against the child | |
| Early marriage | Child is engaged to be married within one week<br>Married child below age 15 who hasn't received reproductive health services[4] | Child is engaged to be married within next two months<br>Child is married and has not received reproductive health services | Child is engaged but no immediate plans to marry<br>Child is married and has received reproductive health services |
| **Neglect** | Serious injury or illness due to neglect (such as malnutrition with no apparent causal factors)<br>Young child (3 years or under) left alone without care of adult or competent adolescent 15 or above for any period of time | Inadequate basic care<br>Home contains physical dangers that could result in injury to child[5]<br>The child is often left to look after themselves, or is undertaking tasks beyond his/her developmental capacity<br>Child 4-6 left without adult supervision or competent adolescent | Caregivers are emotionally distant and child is often left to look after themselves or is undertaking tasks beyond his/her developmental capacity<br>Parents fail to take appropriate precautions to minimize risk to children to dangers outside the home such as traffic accidents, |

[4] Marriage below 15 years with no RH services received becomes an emergency because of health problems, legal issues and birth registration complications.
[5] Child Protection Minimum Standards Standard 7 describe these physical dangers including traffic accidents

| | | | |
|---|---|---|---|
| | | 15 or above regularly and for extended periods of time | Child 7-17 left without adequate adult supervision |
| **Exploitation and children in conflict with the law** | Children involved in work that includes criminalized such as prostitution, pornography and criminal activities.<br>Child who has experienced sexual abuse involving sexual contact) in their workplace<br>Child in need of immediate medical attention due to workplace accident | Child involved in Worst forms of child labour[6] that do not involve criminal activities. Child that has experienced physical violence or injury in their workplace | Parents are threatening to send the child to work<br>Other child labour cases including: - Working child who has been deprived of education to be able to work<br>-Child whose work exposes him/her to risks of abuse<br>- Child who has experienced verbal violence in their workplace<br>- Children who are experiencing emotional or behavioural problems<br>- Children whose working conditions are exploitative (e.g. being paid below minimum wage) |
| **Unaccompanied and separated children** | Unaccompanied children | Separated adolescent girl living with predominantly men<br>Separated child with urgent basic needs (food, shelter, cash, NFI) or specific vulnerabilities (e.g. disabilities) | Separated children who does not have any other identified risks of violence, abuse or exploitation and who do not have urgent basic needs |
| **Children Associated with Armed Groups or forces and other issues** | Children at risk of returning Syria to participate in the conflict<br>Children who have been arrested and have not received legal representation | Children who participated in the conflict in Syria but who are not at risk of returning to participate<br>Children planning to leave camps or return to Syria without appropriate documentation | |

[6]**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.According to Decision from Ministry of Labour, 2011 this includes hazardous, harmful or exhausting labour that affects the health of children and these forms of labour are forbidden under Jordanian Law. Examples include construction work, working very long hours or work in locations that are dangerous (e.g. on the streets).

**For Adults**

| Type of Risk/Violence | Level 1 EMERGENCY<br>Urgent response & frequent follow-up required (Recommended response within 72 hours & bi-weekly follow-up in coordination & agreement with the client | Level 2 URGENT<br>Response and follow-up required (Recommended response within 3 days & weekly follow-up) | Level 3ModerateRISK<br>At-risk of harm. (Response within 1-3 weeks and fortnightly to monthly follow up) |
|---|---|---|---|
| **Rape** | - Rape that took place within the last 3 months (if rape occurred in last 3 days survivor needs PEP within 72 hours; If rape occurred in last five days survivor needs emergency contraceptives within 120 hours).<br>- Rape that took place any time where perpetrator is threatening the survivor and/or in which the survivor feels threatened by the perpetrator<br>- Injuries or bleeding resulting from the incident that require medical attention<br>- Survivor needs protection from own family for fear of honour crimes. | - Threats of rape **Note: this can be assessed on case by case basis. Some threats of rape will require immediate action to ensure the safety of the survivor.**<br>- Survivor needs protection from own family for risk of violence<br>- Rape having occurred more than 3 months ago and the survivor has not received medical treatment but does not have injuries/bleeding requiring medical attention | - Rape having occurred more than 3 months ago in which the survivor does not feel threatened by perpetrator or others and has received medical services |
| **Sexual Assault** | - Resulting in injuries that require medical treatment<br>- Sexual assault having occurred in the last week<br>- Repeated incidents of sexual assault that have been getting worse recently or escalating over time | - Sexual assault occurring more than 1 week and less than 3 months ago<br>- Survivor needs protection from own family<br>- Client is threatened harm or injury or rape or feels threatened<br>(**Again, the urgency can be assessed on case by case basis and may require immediate action to ensure the safety of the survivor if she consents.)** | - Sexual assault that occurred more than 3 months ago and the survivor does not feel threatened by the perpetrator or others |
| **Physical Assault** | - Injuries caused by the assault that require medical attention.<br>- Physical assault having occurred in the last week in any setting<br>- Repeated incidents of domestic physical assault that have been getting worse recently or escalating over time | - Physical assault that occurred more than one week ago and less than 3 months ago- Threats to injure by family members or others with access to the survivor<br>- History of repeated physical assault where the perpetrator has access to the survivor (**Again, the urgency can be assessed on case by case basis and may require immediate** | - Threats to harm or injure by people who do not have access to the survivor (again assessed on case by case bases and where risk factors are alarming, immediate action is required if survivor consents)<br>- Physical assault having occurred more than 3 months ago where survivor does not feel threatened by perpetrator or others |

| | | | |
|---|---|---|---|
| | | **action to ensure the safety of the survivor if she consents.)** | |
| **Emotional/verbal violence** | - Attempted suicide or plans to commit suicide<br>- Acts of self-harm (e.g. cutting, burning)<br>- Specific plans to seriously harm or kill another person including children | Suicidal thoughts or thoughts of self-harm<br>Verbal violence[7] where the survivor is and/or feels threatened<br>- General thoughts to harm another person (without specific plans) | Verbal violence where the survivor does not feel threatened |
| **Denial of resources** | | - Person is confined without adequate basic needs and/or is unable to leave the house or their movement is restricted | Denial of resources[8] that does not involvement confinement to the house or restriction of movement |
| **Forced Marriage** | -Planned forced marriage to occur in next week | -Planned forced marriage that will occur in next three months<br>-Forced marriage that already occurred but 1) has not been documented and/or 2) woman is pregnant and has not received reproductive health services | Planned forced marriage that will occur in more than three months<br>Forced marriage that already occurred and is documented |

**Notes:**

1. Action in emergency cases should be reviewed by and agreed with case managers supervisor provided this does not delay response. Action taken in urgent cases should be reported to the supervisor.
2. The timeframes describe the **maximum** time period in which case managers should ensure the first response to the client – such as direct intervention by the case worker, referral to services etc. In emergency cases, action should be taken immediately wherever possible.
3. Survivors and children may have experienced multiple types of violence, abuse or exploitation – for instance, an Unaccompanied child may also be involved in child labour or an adult survivor of sexual violence often has also experienced physical violence. Whenever a client has any of the experiences listed under emergency case, they should be treated as emergency case. Similarly if they have experiences listed under both urgent and low risk, they should be treated as urgent.
4. In cases where both children and their parent are at risk, the most prioritisation is determined by the most severe risk faced by either the child or the parent
5. A case with multiple risk factors should be given higher priority

[7] GBV IMS classification tool defines verbal or emotional violence as including "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."

[8] **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 or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc.

# 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 principles[2] 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**

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

# Annex VI: GBV Case Management and Psychosocial Support Basics - Guiding Document[3]

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 statemen**t 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.

3..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 VII:
# GBV IMS PSS Medical Intake and Assessment Form

| Incident ID الرقم التعريفي للحادثة | Survivor Code رمز الناجي/الناجية |
|---|---|
| | |

## CONFIDENTIAL سري
## Psychosocial Intake & Assessment Form نموذج الإدخال

**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.**

**قبل البدء باجراء المقابلة، يرجى تذكير الناجي/الناجية أن كل المعلومات سيتم التعامل معها بسرية تامة، وأن باستطاعتهم اختيار عدم الاجابة عن أي سؤال من الأسئلة التالية.**

| Administrative Information المعلومات الإدارية | | | |
|---|---|---|---|
| **Staff Code*** رمز الموظف | **Report Date*** تاريخ المقابلة (يوم/شهر/سنة) | **Incident Date*** تاريخ الحادثة (يوم/شهر/سنة) | **Report by Survivor*?** تم التبليغ من قبل الناجي/ة؟ ☐ Yes نعم ☐ No لا |

| Survivor Information معلومات الناجي/ الناجية | | | |
|---|---|---|---|
| **Date of birth*** تاريخ الولادة | **Sex of Survivor*** جنس الناجي/ة<br>☐ Female أنثى<br>☐ Male ذكر | **Survivor's Country of Origin*O?** بلد الناجي/ة الأصلي<br>☐ Jordan الأردن<br>☐ Syria سوريا<br>☐ Iraq العراق<br>☐ Other:غير ذلك | **Current civil / marital status*:** الحالة المدنية/ الاجتماعية حاليا:<br>☐ Single أعزب<br>☐ Married / Cohabitating متزوج / له رفيق<br>☐ Divorced / Separated مطلق / منفصل<br>☐ Widowed أرمل |

| | | |
|---|---|---|
| **Displacement status at time of report*:** حالة التشرد وقت المقابلة:<br>☐ Refugee لاجئ<br>☐ Asylum Seeker طالب لجوء<br>☐ Resident مقيم<br>☐ Foreign National أجنبي<br>☐ IDPنازح<br>☐ Stateless Person عديم الجنسية<br>☐ Returnee عائد | **Is the Survivor a Person with Disabilities? *** هل الناجي/ة ذو إعاقة؟<br>☐ No لا<br>☐ Mental disability إعاقة ذهنية<br>☐ Physical disability إعاقة جسدية<br>☐ Both إعاقة ذهنية وجسدية | **Is the Survivor an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?** هل الناجي طفلٌ غير مصحوب أو منفصل أو طفل مستضعف على نحو آخر؟*<br>☐ No لا<br>☐ Unaccompanied Minor طفل غير مصحوب<br>☐ Separated Child طفل منفصل<br>☐Other Vulnerable Child طفل مستضعف على نحو آخر |

| Details of the Incident تفاصيل الحادثة | |
|---|---|
| **Stage of displacement at time of incident مرحلة التشرد وقت وقوع الحادثة *** | **Time of day that incident took place*: الوقت من اليوم الذي وقعت فيه الحادثة**<br>☐ Morning (sunrise to noon) صباحا (من طلوع الشمس وحتى الظهيرة)<br>☐ Afternoon (noon to sunset)عصرا (من الظهر وحتى الغروب)<br>☐ Evening/night (sunset to sunrise) مساءا/ليلا (من الغروب وحتى طلوع الشمس)<br>☐ Unknown/Not Applicable غير معروف/لا ينطبق |
| **Incident location / Where the incident took place*O: موقع الحادثة / أين وقعت الحادثة**<br>☐ Border الحدود<br>☐ Survivor's home منزل الناجي/ة<br>☐ Garden حديقة<br>☐ Health Center / Hospital المستشفى/ المركز الصحي<br>☐ Market / Shopping Center مركز تسوق/ السوق<br>☐ Perpetrator's home منزل الجاني<br>☐ Police / Prison سجن/ مركز الشرطة<br>☐ Religious Center (Mosque, Church) المركز الديني(المسجد، الكنيسة)<br>☐ School/Education institution المؤسسة التعليمية/ المدرسة | ☐ Security institution مؤسسة الأمن<br>☐ Shelter / Safe House بيت آمن/ المأوى<br>☐ Street شارع<br>☐ Transit Center مركز العبور<br>☐ Transportation وسيلة نقل<br>☐ WASH facilities مرافق المياه والصرف الصحي<br>☐ Work Place (factory, office) مكان العمل (مصنع، مكتب)<br>☐ Other أخرى: _____ |

| | | | |
|---|---|---|---|
| **Incident Country*O** البلد التي وقعت فيها الحادثة<br>☐ Syriaسوريا<br>☐ Jordan الأردن<br>☐ Iraq العراق<br>☐ Other: غير ذلك | **Governorate*O المحافظة**<br>☐ Amman عمان<br>☐ Irbid اربد<br>☐ Mafraq المفرق<br>☐ Jarash جرش<br>☐ Ajloon عجلون<br>☐Balka البلقاء<br>☐ Zarqa الزرقاء<br>☐Madaba مادبا<br>☐Karak الكرك | ☐ Tafilah الطفيلة<br>☐ Maan معان<br>☐ Aqabaالعقبة<br>☐ Al-Hasakahالحسكه<br>☐ Aleppoحلب<br>☐ Ar-Raqqahالرقة<br>☐ As-Suwayda سويداء<br>☐ Daraa درعا<br>☐ Deir ez-Zorدير الزور<br>☐ Hamaحماه | ☐ Homsحمص<br>☐ Idlibإدلب<br>☐ Latakiaاللاذقية<br>☐ Quneitra القنيطرة<br>☐ Rif Dimashqريف دمشق<br>☐ Damascusدمشق<br>☐ Tartusطرطوس<br>☐ Other: غير ذلك | **Town/Camp:*** المدينة / المخيم<br>Village/Town البلدة<br>_____<br>Camp/Site**الموقع/المخيم**<br>☐ Za'atari الزعتري<br>☐ Cyber City سايبر<br>☐ KAP الحدائق<br>☐ Azraq الأزرق<br>☐ Other Camp/Site: مواقع\ مخيمات أخرى |

Incident ID الرقم التعريفي للحادثة

Survivor Code رمز الناجي/الناجية

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

**Type of incident/violence*** نوع العنف في الحادثة
(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) يتضمن ولوجا
☐ **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 ولوج، وبتر/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) (يتضمن الزواج المبكر)
☐ **Denial of resources, opportunities or services**
حرمان من الموارد والفرص والخدمات
(includes denial of inheritance, earnings, access to school or contraceptives, etc) (يتضمن الحرمان من الميراث، الأجر المكتسب، الوصول الى المدرسة أو وسائل تنظيم الأسرة، وما إلى ذلك)
☐ **Psychological / Emotional Abuse**
إساءة المعاملة النفسية / العاطفية
(includes threats violence, forced isolation, harassment / intimidation, gestures, etc) (يتضمن التهديد بالعنف، العزلة القسرية، التحرش / التخويف، ايماءات، وما إلى ذلك)

1. هل تضمنت الحادثة المبلغ عنها ولوجًا؟
إذا كانت الإجابة بنعم ← صنِّف الحادثة على أنها "اغتصاب".
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.
2. هل تضمنت الحادثة المبلغ عنها اتصالاً جنسيًا غير مرغوب فيه؟
إذا كانت الإجابة بنعم ← صنِّف الحادثة على أنها "اعتداء جنسي".
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.
3. هل تضمنت الحادثة المبلغ عنها اعتداءً جسديًا؟
إذا كانت الإجابة بنعم ← صنِّف الحادثة على أنها "اعتداء جسدي".
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.
4. كل كانت الحادثة واقعة زواج قسري؟
إذا كانت الإجابة بنعم ← صنِّف الحادثة على أنها "زواج قسري".
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.
5. هل تضمنت الحادثة المبلغ عنها حرمانًا من الموارد أو الفرص أو الخدمات؟
إذا كانت الإجابة بنعم ← صنِّف الحادثة على أنها "حرمان من الموارد أو الفرص أو الخدمات".
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالية في القائمة.
6. هل تضمنت الحادثة المبلغ عنها إساءة المعاملة النفسية/العاطفية؟
إذا كانت الإجابة بنعم ← صنِّف الحادثة على أنها "إساءة معاملة نفسية/عاطفية".
إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالية في القائمة.
7. هل الحادثة المبلغ عنها حالة من حالات العنف القائم على النوع الاجتماعي؟
إذا كانت الإجابة بنعم ← ابدأ مرة ثانية عند الرقم 1 وحاول إعادة تصنيف الحادثة (إذا كنت حاولت تصنيف الحادثة عدة مرات، اطلب من المشرف عليك مساعدتك في تصنيف الحادثة).
إذا كانت الإجابة بلا ← صنِّف الحادثة على أنها "عنف غير قائم على النوع الاجتماعي".

**Penetration Involved? * هل تضمن الحادث إيلاج؟**
*(Mark all that apply)* (حدد كل الخيارات)

☐ No لا
☐ Yes-Penile Penetration-Vagina **نعم – ايلاج القضيب في المهبل**
☐ Yes-Penile Penetration-Anus **نعم – ايلاج القضيب في فتحة الشرج**
☐ Yes-Penile Penetration-Other Orifice **نعم – إيلاج القضيب في فوهات اخرى**
☐ Yes-Penile Penetration Vagina and Anus/Other Orifice **نعم – ايلاج القضيب في المهبل وفتحة الشرج وفوهات اخرى**
☐ Yes-Penile Penetration Anus & Other Orifice **نعم – ايلاج القضيب في فتحة الشرج وفوهات اخرى**
☐ Yes-Finger/Other Object Penetration **نعم- استخدام الإصبع/ أية اداة اخرى في الإيلاج**

**Was this incident a Harmful Traditional Practice*?**
هل كانت الحادثة ممارسة تقليدية ضارة ؟
☐ No لا
☐ Honor Violence[1] العنف بداعي الشرف

**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

[1] So called "Honor Based Violence" (HBV) is a term used to describe violence committed within the context of the extended family or community which are motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behavior of the survivors. Most survivors of so-called HBV are women or girls, although men may also be at risk. An 'honor' killing is the most extreme form of HBV; however HBV could include other forms of violence such as attempted murder, driving to suicide, rape, assault, forced marriage, harassment, threats, etc.

إن ما يسمى العنف المبني على قضايا الشرف هو مصطلح يصف العنف المرتكب ضمن سياق العائلة الممتدة أو المجتمع و الذي يكون مدفوعا بحاجة لاستعادة مكانة داخل المجتمع و التي افتراضيا فقدت من خلال سلوك الناجيين. معظم الناجيين من العنف المبني على قضايا الشرف هم من النساء و الفتيات، على الرغم من أن الرجال ايضا في خطر. جرائم القتل بداعي "الشرف" هي الأكثر تشددا بين اشكال العنف المبني على قضايا الشرف و لكن، ان العنف المبني على قضايا الشرف قد يتضمن أشكال اخرى من العنف مثل الشروع بالقتل، دفع إلى الانتحار، الاغتصاب، الاساءة، الاجبار على الزواج، التحرش، التهديد، الى اخره

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| | |
|---|---|
| ☐ Threat of Honor Violence تهديد بداعي شرف<br>☐ Forced Marriage زواج قسري<br>☐ Early Marriage زواج مبكر | ☐ Yes نعم |

**Type of abduction at time of the incident*** نوع الاختطاف عند وقوع الحادثة ؟
☐ None بدون ☐ Forced Conscription تجنيد إجباري ☐ Trafficked مُتَـجَر به ☐ Other Abduction / Kidnapping نوع آخر من الاختطاف

**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 **الناجي/ة** عن هذه الحادثة في أي / . إذا كان الجواب نعم، حدد نوع مقدم الخدمة وأكتب اسمه حيث قام الناجي بالتبليغ عن الحادثة) مكان آخر

☐ No لا
☐ Yes, other GBVIMS[2] organization, specify:حدد GBVIMS نعم، منظمة أخرى من المنظمات العاملة على
☐ Yes, non-GBVIMS organization, specify::حدد GBVIMS نعم، منظمة أخرى من المنظمات غير العاملة على
☐ Unknown غير معروف

**Has the survivor had any previous incidents of GBV perpetrated against them?***
**هل تعرض الناجي/ة لأي نوع من أنواع العنف المبني على النوع الاجتماعي مسبقا؟**
☐ No لا ☐ Yes نعم
If yes, include a brief description :إذا كانت الإجابة بنعم، أرفق وصفًا موجزًا

## Alleged Perpetrator Information (الجاني)معلومات عن مرتكب الحادثة

**Number of alleged perpetrator(s)*** عدد مرتكبي الحادثة المدعى عليهم
☐ 1
☐ 2
☐ 3
☐ More than 3 أكثر من 3
☐ Unknown غير معروف

**Alleged perpetrator(s) sex*** جنس مرتكب/مرتكبي الحادثة المدعى عليهم
☐ Male ذكر
☐ Female أنثى
☐ Both إناثًا وذكورًا

**Age of perpetrator** *عمرمرتكب الحادثة
☐ Adult راشد
☐ Minor قاصر
☐ Adult & Minor راشد وقاصر

**Alleged perpetrator relationship with survivor *** علاقة مرتكب الحادثة المدعى عليه بالناجي/ة
☐ Intimate partner / Former partner شريك حميم / شريك سابق
☐ Primary caregiver مقدم الرعاية الرئيسي
☐ Family other than spouse or caregiver من العائلة بخلاف الزوج أو مقدم الرعاية
☐ Supervisor / Employer مشرف / صاحب العمل
☐ Teacher / School official مدرّس / مسؤول بمدرسة
☐ Service Provider مقدم خدمة
☐ Cotenant / Housemate مشارك في الإيجار / زميل في السكن
☐ Schoolmate زميل دراسة
☐ Family Friend / Neighbor صديق للعائلة / جار
☐ Other refugee / IDP / returnee لاجئ / شخص نازح داخليًا / عائد آخر
☐ Other resident community member عضو آخر من المجتمع المقيم
☐ Other غير ذلك _____
☐ No relation لا توجد علاقة
☐ Unknown غير معروف

**Main occupation of alleged perpetrator *O** وظيفة أو عمل الجاني
☐ Police شرطة
☐ Incentive Worker متطوع مدفوع الأجر
☐ Armed Forces القوات المسلحة الحكومية
☐ Armed Group مسلح غير تابع للدولة/ميليشيا
☐ Teacherمدرّس
☐ UN Staff موظف بإحدى منظمات الأمم المتحدة
☐ NGO Staff موظف بمنظمة غير حكومية
☐ Community Leaderقائد مجتمع محلي
☐ Religious Leaderزعيم ديني
☐ Service Provider مقدم خدمة
☐ Civil Servant موظف دولة
☐ Faith Based Worker موظف بمنظمة غير حكومية دينية
☐ Unemployed عاطل عن العمل
☐ Unknown غير معروف
☐ Other غير ذلك _____

## Planned Action / Action Taken: Any action / activity regarding this report الإجراءات / الخطوات المتخذة والتي سيتم اتخاذها

**Who referred this survivor to you? * من قام بإحالة الناجي/ة إليك؟**
☐ Self-Referred إحالة ذاتية/ أول نقطة اتصال
☐ Health/Medical Services الخدمات الصحية/الطبية
☐ Community or Camp Leader قائد مجتمع محلي أو المخيم
☐ Legal Services خدمات المساعدة القانونية
☐ Police/Other Security Actor الشرطة/ جهة أمنية أخرى
☐ Psychosocial/Counseling Services الخدمات النفسية/ الإستشارة
☐ Teacher/School Official مدرّس/مسؤول بمدرسة
☐ Safe House/Shelter ملجأ آمن/مركز إيواء
☐ Livelihood Program برامج حرفية\ مهنية
☐ Other Humanitarian / Development Actor فاعل آخر في المجال الإنساني أو التنموي
☐ Other Government Service خدمة حكومية أخرى
☐ Other (specify): (حدّد) غير ذلك _____

[2] GBVIMS: نظام ادارة معلومات العنف القائم على النوع الاجتماعي

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| | |
|---|---|
| **Was survivor referred to a safe house/ shelter? ***<br>**هل أحيل الشخص إلى ملجأ آمن/مركز إيواء؟**<br>☐ Yes نعم<br>☐ No - Service provided by your agency لا/ الخدمة قدمتها وكالتك<br>☐ No - Service already received from another agency لا / الخدمات قدمتها وكالة أخرى<br>☐ No - Service not applicable لا/ الخدمة لا تنطبق<br>☐ No - Referral declined by survivor لا/ رفض الناجي الإحالة<br>☐ No - Service unavailable لا/ الخدمة غير متاحة | **Referral Details: تفاصيل الإحالة** |
| **Was survivor referred to medical services? ***<br>**هل أحيل الشخص إلى الخدمات الصحية/الطبية؟**<br>☐ Yes نعم<br>☐ No - Service provided by your agency لا/ الخدمة قدمتها وكالتك<br>☐ No - Service already received from another agency لا/الخدمات قدمتها وكالة أخرى<br>☐ No - Service not applicable لا/ الخدمة لا تنطبق<br>☐ No - Referral declined by survivor لا/ رفض الناجي الإحالة<br>☐ No - Service unavailable لا الخدمة غير متاحة | **Referral Details: تفاصيل الإحالة** |

| Incident ID الرقم التعريفي للحادثة | Survivor Code رمز الناجي/الناجية |
|---|---|
| | |

| | |
|---|---|
| **Was survivor referred to psychosocial services? ***<br>**هل أحيل الناجي/ة إلى الخدمات النفسية؟**<br>☐ Yes نعم<br>☐ No - Service provided by your agency لا/ الخدمة قدمتها وكالتك<br>☐ No - Service already received from another agency لا/الخدمات قدمتها وكالة أخرى<br>☐ No - Service not applicable لا/ الخدمة لا تنطبق<br>☐ No - Referral declined by survivor لا/ رفض الناجي/ة الإحالة<br>☐ No - Service unavailable لا/ الخدمة غير متاحة | **Referral Details: تفاصيل الإحالة** |
| **Does the survivor want to pursue legal action?* هل يرغب الناجي/ة في متابعة أية إجراءات قانونية؟**<br>☐ Yes نعم ☐ No لا ☐ Undecided at Time of Report **لم يقرر بعد في وقت الإبلاغ** | |
| **Did you refer the survivor to legal assistance services?***<br>**هل قمت بإحالة الناجي/ة إلى الخدمات القانونية؟**<br>☐ Yes نعم<br>☐ No - Service provided by your agency لا/ الخدمة مقدمة من منظمتك<br>☐ No - Service already received from another agency لا/ الخدمة تم تقديمها من منظمة أخرى<br>☐ No - Service not applicable لا/ الخدمة لا تنطبق<br>☐ No - Referral declined by survivor لا/ رفض الناجي/ة الإحالة<br>☐ No - Service unavailable لا/ الخدمة غير متاحة | **Referral Details: تفاصيل الإحالة** |
| **Was survivor referred to a security services? ***<br>**هل أحيل الناجي/ة إلى الشرطة أو إلى جهة أمنية أخرى؟**<br>☐ Yes نعم<br>☐ No - Service provided by your agency لا/ الخدمة مقدمة من منظمتك<br>☐ No - Service already received from another agency لا/ الخدمات قدمتها منظمات أخرى<br>☐ No - Service not applicable لا/ الخدمة لا تنطبق<br>☐ No - Referral declined by survivor لا/ رفض الناجي الإحالة<br>☐ No - Service unavailable لا/ الخدمة غير متاحة | **Referral Details: تفاصيل الإحالة** |
| **Was survivor referred to livelihoods services?**<br>**هل أحيل الناجي/ة إلى خدمات مهنية\ حرفية؟**<br>☐ Yes نعم<br>☐ No - Service provided by your agency لا/ الخدمة مقدمة من منظمتك<br>☐ No - Service already received from another agency لا/الخدمات قدمتها منظمات أخرى<br>☐ No - Service not applicable لا/ الخدمة لا تنطبق<br>☐ No - Referral declined by survivor لا/ رفض الناجي/ة الإحالة<br>☐ 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 للناجي/ة في بداية المقابلة:**<br>☐ Scared / Fearful خائف(ة)<br>☐ Sad / Depressed حزين(ة)/مكتئب(ة)<br>☐ Anxious / Nervous قلق(ة) ومتوتر(ة)<br>☐ Angry غاضب(ة)<br>☐ Calm هادئ(ة)<br>☐ Other: غير ذلك | **Describe the survivor's emotional state at the end of the interview: صف الحالة النفسية للناجي/ة في نهاية المقابلة**<br>☐ Calmer than at the start of interview أهدأ مما كانت عليه في البداية<br>☐ Similar to that at the start of interview تماما كما كانت عليه<br>☐ More upset than at the start of interview اكثر غضباً واضطرابا<br>☐ Other, specify: غير ذلك |
| **Will the survivor be safe when she or he leaves?**<br>**هل سيكون الشخص بأمان عند الانصراف؟**<br>☐ Yes نعم ☐ No لا If no, why not: إذا لا، لماذا لا؟ | **What actions were taken to ensure survivor's safety?**<br>**ما الإجراءات المتخذة لضمان سلامة الشخص ؟**<br>☐ Safety Plan Created تم تصميم خطة سلامة<br>☐ Referral to Community Based Support تمت الإحالة للحصول على دعم مجتمعي<br>☐ Referral to Safe House تمت الإحالة لملجأ آمن<br>☐ Service provider to follow-up سوف يقوم مقدم الخدمة بمتابعة الحالة<br>☐ 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 كانت الحادثة اغتصاب، هل تم شرح الآثار المترتبة من الاغتصاب للناجي/ة؟ وا أو للوصي إذا كان الناجي/ة تحت 18 عام.**<br>☐ Yes نعم ☐ No لا | |
| **Did the survivor give their consent to share her/his non-identifiable data in your reports? * هل أعطى الناجي/ة موافقته على مشاركة المعلومات غير المعرفة في تقريرك؟**<br>☐ Yes **نعم** ☐ No **لا** | |

## Annex VIII:
## GBV IMS Medical Intake and Assessment Form

Incident Number

Patient Code

***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 _____
(Print name of survivor) (Medical provider's name and title)

to perform the following (select one option for each, do not leave blank):

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

I understand that I can refuse any aspect of the examination I do not wish to undergo.

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? *** ☐Yes ☐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*** ☐ Male ☐ Female |

### 2. Incident Information

| | | |
|---|---|---|
| **Time of incident *** ☐Morning ☐Afternoon ☐Evening/Night ☐Unknown | **Area where incident occurred?°*** ☐Unknown | **Sub-area where incident occurred?°*** ☐Unknown |

**Type of GBV ***
*(Select the first option that applies)*
- ☐ Rape / Penetration
- ☐ Sexual Assault
- ☐ Physical Assault
- ☐ Forced Marriage
- ☐ Denial of Resources, Opportunities or Services
- ☐ Psychological / Emotional Abuse

**Did this incident involve a Harmful Traditional Practice? °***
☐ No ☐ *Type of practice # 1* ☐ *Type of practice #2*
☐ *Type of practice # 3* ☐ *Type of practice # 4* ☐ *Type of practice #5*

**Were money, goods, benefits, and / or services exchanged in relation to this incident? *** ☐ Yes ☐ No

**Type of abduction at time of the incident ***
☐ None ☐ Forced Conscription
☐ Trafficked ☐ Other Abduction / Kidnapping

**Patient has reported this incident anywhere else? ***
☐ No ☐ Unknown
☐ Yes (specify where & when):

**Has the client had any previous incidents of GBV perpetrated against them?*** **o No** **o Yes**
**If yes, include a brief description?***

### 3. Alleged Perpetrator Information

**No. of alleged perpetrators ***
☐1 ☐2 ☐3 ☐More than 3 ☐Unknown

**Alleged perpetrator(s) age °***
☐ Adulte ☐ Minor ☐ Adult and Minor

**Alleged perpetrator's relationship with survivor***
- ☐ Intimate partner /Former partner
- ☐ Primary caregiver
- ☐ Family other than spouse or caregiver
- ☐ Housemate / Cohabitant
- ☐ Supervisor/Employer
- ☐ Teacher /School official
- ☐ Service provider
- ☐ Classmate
- ☐ Friend of the family / Neighbour
- ☐ Other member of the host community
- ☐ Other refugee / IDP / Returnee
- ☐ Other
- ☐ No relationship
- ☐ Unknown

**Main occupation of alleged perpetrator °***
☐ UN Staff ☐ Soldier ☐ Teacher / School Official ☐ Security Official
☐ Police ☐ NGO Staff ☐ Religious / Community Leader ☐ Other /Unknown

### 4. Medical History & Examination

| | Yes | No |
|---|---|---|
| **Known allergies?** | | |
| **Chronic conditions?** | | |
| **Previous operation for gynaecological / obstetric reasons?** | | |
| **Previous operation for other reasons?** | | |

**Current contraception used?** ☐ None ☐Pill ☐IUD ☐ Condoms ☐Injectable contraceptive ☐Other

**Did this incident involve penile penetration?** ☐ Yes – Vaginal ☐ Yes – Other orifice ☐ No

**Loss of consciousness during incident?** ☐ No ☐ Yes

**Serious wound(s) present?** ☐ No ☐ Yes

**Suspicion of fistula?** ☐ No ☐ Yes

**Evidence of pregnancy?** ☐ No ☐ Yes (# of Weeks:___)

**HIV/AIDS status:** ☐Positive ☐Negative ☐Unknown

**Pubertal stage:** ☐ Pubertal ☐ Pre-pubertal ☐ Mature

**Genital examination done?** ☐ No - Patient Declined ☐ No - Not Available ☐ No - Not Applicable ☐ Yes - External Exam ☐ Yes - Speculum Exam

**Anal examination done ?** ☐ No - Patient Declined ☐ No - Not Available ☐ No - Not Applicable ☐ Yes - External Exam ☐ Yes - Speculum Exam

Incident Number

Patient Code

## 4. Medical History & Examination (Continued)

| If a genital or anal examination was done, were… | | |
|---|---|---|
| **Traumatic wounds present:** | ☐ No | ☐ Yes |
| **Foreign objects present:** | ☐ No | ☐ Yes |
| **Biological liquids present** (sperm, etc.) : | ☐ No | ☐ 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:** | ☐ Yes | ☐ No – Patient declined | ☐ No – Not applicable | ☐ No – Not Available |
| **Emergency Contraception:** | ☐ Yes | ☐ No – Patient declined | ☐ No – Not applicable | ☐ No – Not Available |
| **Wound Treatment:** | ☐ Yes | ☐ No – Patient declined | ☐ No – Not applicable | ☐ No – Not Available |
| **Tetanus Prophylaxis:** | ☐ Yes | ☐ No – Patient declined | ☐ No – Not applicable | ☐ No – Not Available |
| **Hepatitis B Vaccination:** | ☐ Yes | ☐ No – Patient declined | ☐ No – Not applicable | ☐ No – Not Available |
| **HIV Prophylaxis (PEP):** | ☐ Yes | ☐ No – Patient declined | ☐ No – Not applicable | ☐ No – Not Available |

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

**Who referred this patient to you?***

☐ Self-Referred ☐Legal Services ☐ Community or Camp Leader
☐Health/Medical Service ☐Livelihoods Program ☐ Other Humanitarian Actor
☐Psychosocial Service ☐Community Outreach ☐ Other Government Service
☐ Police/Other Security Actor ☐Teacher/School Official ☐ Other (specify):
☐Safe House/Shelter

**Did you refer patient to a safe house /shelter? ***
☐Yes ☐ No - You provided services ☐ No - Services already received
☐No - Patient declined ☐ No - Service not applicable ☐No - Service unavailable

**Did you refer patient for higher level medical services? ***
☐Yes (Indicate for which of the following reasons):
☐ Antenatal Care ☐ Vaccination ☐ Family Planning ☐ Closer Facility
☐ Surgery ☐ VCT ☐ Other Advanced Treatment
☐ No (Indicate for which of the following reasons):
☐ You provided services ☐ Services already received ☐ Patient declined
☐ Service not applicable ☐ Service unavailable

**Did you refer patient for psychosocial services?***
☐Yes ☐ No - You provided services ☐ No -Services already received
☐No-Patient declined ☐ No - Service not applicable ☐No - Service unavailable

**Did you refer patient for security services?***
☐Yes ☐ No - You provided services ☐ No -Services already received
☐No-Patient declined ☐ No - Service not applicable ☐No - Service unavailable

**Does the patient want to pursue legal action?** * ☐ Yes ☐ No ☐ Undecided at Time of Report

**Did you refer patient for legal assistance services?***
☐Yes ☐No - You provided services ☐No -Services already received
☐No - Patient declined ☐ No - Service not applicable ☐No - Service unavailable

**Did you refer patient for livelihoods services?***
☐Yes ☐No - You provided services ☐No -Services already received
☐No-Patient declined ☐ No-Service not applicable ☐No-Service unavailable

**Was medical evidence collected?**
☐Yes ☐No -Services already received ☐No-Patient declined
☐ No-Service not applicable ☐No-Service unavailable

| Did the patient request a medical certificate? | Was a medical certificate given to the patient? | Was a follow-up visit scheduled?* | Was the medical examination process explained prior to beginning the procedure? * | Did the patient give their consent for release of non identifiable information for reporting?* |
|---|---|---|---|---|
| ☐Yes ☐No | ☐ Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐ Yes ☐ No |

## Annex IX
## GBV Referral E-mail Template

For the safety and security of survivors of GBV, referrals are preferably to be made via email. This template serves as a template for referring GBV cases to appropriate referral agencies and is based on the following principles:

- The standard information should be shared after the survivor has agreed to access the specific service referred to and has signed the consent form
- The e-mail should only be sent to the specified email address provided in the referral pathway or otherwise confirmed prior with the service provider
- If multiple referrals are being made, the e-mail 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

| Subject: GBV Case Referral | | | |
|---|---|---|---|
| **Case Prioritization:** | ☐ Emergency (need response within 72 hours) | ☐ Urgent (need response within 3 days) | ☐ Moderate Risk |
| **Referring Agency:** | | | |
| **Client Information** | | | |
| **Sex :** | ☐ Male ☐ Female | | |
| **Nationality :** | | | |
| **Incident classification :** | If client is a minor, primary Caregiver relationship to child | Caregiver is informed of referral? ☐ Yes ; ☐ No (if no explain) | |
| **Case Summary:** | | | |
| **Summary of case:** | | | |
| **Known services already provided:** | | | |
| **Is there an Intake form already filled for case?** | | | |
| **Referral details:** | | | |
| **Service Requested:** | | | |
| **Client informed of referral?** | | | |
| **Client has signed consent to release information?** | | | |
| **Preferred way for survivor to be contacted or any restrictions?** | | | |

## Annex X:
## GBV Consent for Realease 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)***

2. 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:* _____

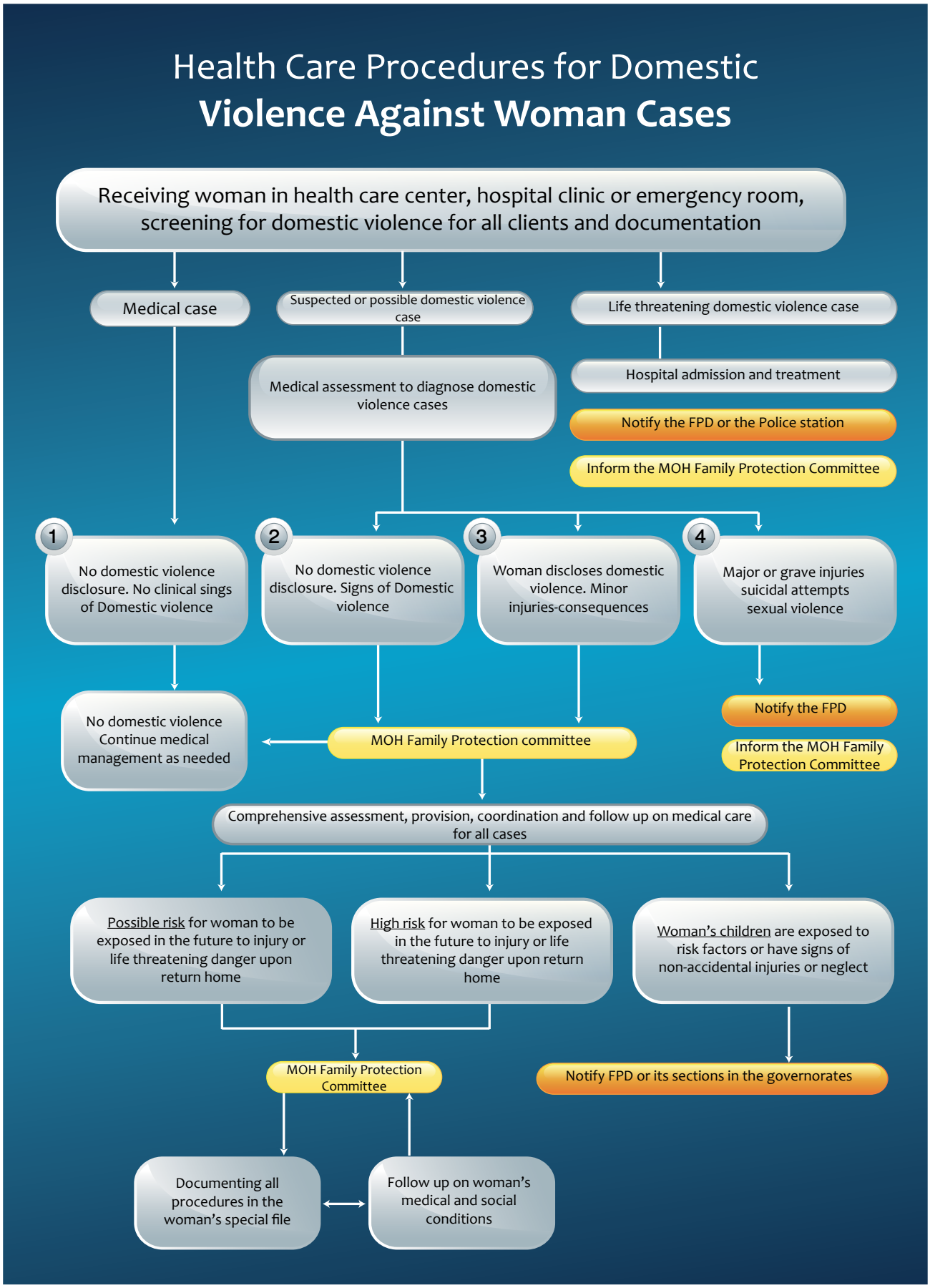
*Name of Caregiver (if client is a minor):*_____

*Contact Number:* _____

*Address:* _____

(Write questions for Survivor Code Here)

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



# 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)<br>**or**<br>zidovudine (ZDV/AZT) 300 mg tablet<br>**plus**<br>lamivudine (3TC) 150 mg tablet | 1 tablet twice a day<br>**or**<br>1 tablet twice a day<br>**plus**<br>1 tablet twice a day | 60 tablets<br>**or**<br>60 tablets<br>**plus**<br>60 tablets |

### 1.b. Children*

| Weight or age | Treatment | Prescribe | 28 days supply |
|---|---|---|---|
| < 2 years<br>or<br>5 – 9 kg | zidovudine (ZDV/AZT) syrup** 10 mg/ml<br>**plus**<br>lamivudine (3TC) syrup** 10 mg/ml | 7.5 ml twice a day<br>**plus**<br>2.5 ml twice a day | = 420 ml ( i.e.5 bottles of 100 ml or 3 bottles of 200 ml)<br>**plus**<br>= 140 ml (i.e. 2 bottles of 100 ml or 1bottle of 200 ml) |
| 10 - 19 kg | zidovudine (ZDV/AZT) 100 mg capsule<br>**plus**<br>lamivudine (3TC) 150 mg tablet | 1 capsule three times a day<br>**plus**<br>1/2 tablet twice a day | 90 capsules<br>**plus**<br>30 tablets |
| 20 - 39 kg | zidovudine (ZVD/AZT) 100 mg capsule<br>**plus**<br>lamivudine (3TC) 150 mg tablet | 2 capsules two times a day<br>**plus**<br>1 tablet twice a day | 120 capsules<br>**plus**<br>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 *(contraindicated in pregnancy)* |
| | | ***or*** |
| | **cefixime** | 400 mg orally, single dose |
| | | ***or*** |
| | **ceftriaxone** | 125 mg intramuscularly, single dose |
| **Chlamydial infection** | **azithromycin** | 1 g orally, in a single dose *(not recommended in pregnancy)* |
| | | ***or*** |
| | **doxycycline** | 100 mg orally, twice daily for 7 days *(contraindicated in pregnancy)* |
| ***Chlamydial infection in pregnant woman*** | **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 *(give as two injections in separate sites.)* |
| ***Syphilis, patient allergic to penicillin*** | **doxycycline** | 100 mg orally twice daily for 14 days *(contraindicated in pregnancy)* *(Note: this antibiotic is also active against chlamydia)* |
| ***Syphilis in pregnant women allergic to penicillin*** | **erythromycin** | 500 mg orally, 4 times daily for 14 days *(Note: this antibiotic is also active against chlamydia)* |
| **Trichomoniasis** | **metronidazole** | 2 g orally, in a single dose or as two divided doses at a 12-hour interval *(contraindicated in the first trimester of pregnancy)* |

## 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<br>***or*** |
| | | **spectinomycin** | 40 mg/kg of body weight, intramuscularly (up to a maximum of 2 g), single dose<br>***or*** *(if > 6 months)* |
| | | **cefixime** | 8 mg/kg of body weight orally, single dose |
| | ≥ 45 kg | | Treat according to adult protocol |
| **Chlamydial infection** | < 45 kg | **azithromycin** | 20 mg/kg orally, single dose<br>***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<br>***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 |
| *Syphilis, patient allergic to penicillin* | | *Erythromycin* 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, Ovran, 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 XIII:
# CP Inter-Agency Best Interests Assessment Form

الملحق الثالث عشر: نموذج تقييم المصلحة الفضلى

**ASSESSMENT FORM (for completion for all Child Protection cases including UASC)**
**نموذج تقييم (تقييم جميع الحالات المتعلقة بحماية الطفل بما فيها حالات الأطفال غير المصحوبين والمنفصلين عن ذويهم)**

| | | | |
|---|---|---|---|
| **STATUS*:** وضع الحالة | **Urgent** ☐ تدخل عاجل | **Follow-Up** ☐ بحاجة لمتابعة إجراءات أخرى | **Monitoring** ☐ للمتابعة |
| *For completion at end of assessment للإكمال بعد الانتهاء من التقييم* | | | |

| | | |
|---|---|---|
| **Has the child been previously interviewed and registered by a Child Protection Agency?*** هل تم مقابلة أو تسجيل الطفل مسبقاً من قبل أي من المنظمات المعنية بحماية الطفل؟ | **Yes** نعم ☐ | **No** لا ☐ |
| If yes, note any information given on the provider and services they gave. إذا نعم، أذكر أية معلومات ذكرها الطفل عن مقدم | | |

**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 ☐ | **No** 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** نعم ☐ | **No** لا ☐ |

| | | | | |
|---|---|---|---|---|
| **Have you taken a photo of the child?** هل تم أخذ صورة للطفل؟ | **Yes** نعم ☐ | **No** لا ☐ | **If not, give reasons:** إذا لا، أذكر الأسباب: | |

**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 و/أو مقدم الرعاية بأنك ستقوم بطرح أسئلة حول بعض المعلومات الأساسية المتعلقة بالطفل ومقدم الرعاية*

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

| | | | |
|---|---|---|---|
| **Address*** العنوان | Admin Level 1 | Admin Level 2 | Admin Level 3 |
| | Admin Level 4 | Admin Level 5 | Admin Level 6 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Sex*** الجنس | **Male** ذكر ☐ | **Female** أنثى ☐ | **Age given by child*** السن بحسب إفادة الطفل | | **Date of Birth (DD/MM/YY)*** تاريخ الميلاد | | |

| | | | | | |
|---|---|---|---|---|---|
| **UNHCR ID Number** رقم بطاقة المفوضية | | **Jordan ID Number** رقم الهوية الأردنية | | **Ration Card Number** رقم البطاقة التموينية | |
| **Other ID Number** رقم أي بطاقة شخصية أخرى | | **Telephone Number 1** رقم الهاتف 1 | | **Telephone Number 2** رقم الهاتف 2 | |

| | | | | |
|---|---|---|---|---|
| **Nationality*** الجنسية | Syrian سورية ☐ | Palestinian فلسطينية ☐ | Iraqi عراقية ☐ | **Telephone Number 3** رقم الهاتف 3 |
| | Jordanian mother ☐ | Other (specify) أخرى - حدد | ☐ | |

| | | | | | |
|---|---|---|---|---|---|
| **Father / Primary Caregiver's Name*** اسم الأب/ مقدم الرعاية الرئيسي | Name الاسم | Father Name إسم الأب | Grandfather Name إسم الجد | Family Name إسم العائلة | Nickname/Alias اللقب/ اسم آخر مستخدم |
| **Mother / Primary Caregiver's Name*** اسم الأم/ مقدمة الرعاية الرئيسية | Name الاسم | Father Name إسم الأب | Grandfather Name إسم الجد | Family Name إسم العائلة | Nickname/Alias اللقب/ اسم آخر مستخدم |

| | |
|---|---|
| **Briefly describe the child's major concern/issue*** اشرح بشكل مختصر أهم المخاوف والقضايا الرئيسية المتعلقة بالطفل | |

## الملحق الثالث عشر: نموذج تقييم المصلحة الفضلى

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*Note: If child is separated or unaccompanied, complete all sections. If child is not separated or unaccompanied, go directly to section 3.*
*ملاحظة: أكمل كافة الأقسام في حال كان الطفل غير مصحوباً أو منفصلاً عن ذويه. إذا لا، انتقل مباشرة إلى القسم 3*

| | | |
|---|---|---|
| **Source of Identification***<br>**مصدر التعرف على الطفل** | | Options: Self-Referral, Identification by CP Community Worker (eg. CBCPN), CFS, UNHCR-Registration, UNHCR-Protection, Medical Agencies, Education Provider, Govt SW, Police, Community Leaders, Other Agency, Other - specify)<br>الخيارات: تحويل ذاتي ، تحديد من قبل شبكة حماية الطفل، المساحات الصديقة للطفل، قسم التسجيل بالمفوضية، قسم الحماية بالمفوضية، المؤسسات الطبية، مزودو الخدمات التعليمية، الباحثون الاجتماعيون من الجهات الحكومية، الشرطة، قادة المجتمع، أخرى - حدد |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Date of Identification (DD/MM/YY)***<br>**تاريخ التعرف على الطفل** | | | | **Date of Arrival in Jordan (DD/MM/YY)***<br>**تاريخ الوصول إلى الأردن** | | | |
| **Date of Arrival in Current Location (DD/MM/YY)***<br>**تاريخ الوصول للموقع الحالي** | | | | | | | |

## SECTION 2 - Separated and Unaccompanied Children القسم 2 - الأطفال غير المصحوبين والمنفصلين عن ذويهم

### Section 2.1: Details of separation and plans for placement and care القسم 2.1 - تفاصيل حول انفصال الطفل عن ذويه وخطط الرعاية

*Inform the child "I will now ask you some questions about how you were separated from your parents/the adult who usually cared for you"*
*أعلم الطفل بأنك ستقوم بطرح بعض الأسئلة المتعلقة بكيفية الإنفصال عن ذويه أو مقدم الرعاية السابق*

| | | | | |
|---|---|---|---|---|
| **Separation Status***<br>**تصنيف الحالة** | **Unaccompanied**<br>**طفل غير مصحوب** | ☐ | **Separated**<br>**طفل منفصل عن ذويه** | ☐ |

| | | | |
|---|---|---|---|
| **Any name/s given to the child after separation? If yes, mention:**<br>**هل تم اعطاء الطفل اي اسماء اخرى بعد الانفصال؟ اذا نعم، اذكر:** | | | |
| **Where did the child used to live in Syria?**<br>**عنوان الطفل السابق في سوريا** | House No<br>رقم المنزل | Street Name<br>اسم الشارع | Village / City<br>القرية / المدينة |
| | District<br>المنطقة | Province<br>المحافظة | Landmark<br>معلم |

| | | | |
|---|---|---|---|
| **Who has the child been living with before the war / during childhood?**<br>**مع من كان الطفل يعيش قبل الحرب؟** | | **If not the parents explain why and for how long.**<br>**إذا لم يكن مع والديه، وضح لماذا ومنذ متى** | |
| **If father or mother believed dead, give details including whether information has been verified**<br>**في حال الشك اوالاشتباه بوفاة الأم أو الأب، اذكر التفاصيل، بما في ذلك اذا تم التأكد من صحة المعلومات** | | | |

### History and reasons for separation from parents / previous caregiver تاريخ وأسباب الانفصال عن الوالدين/ مقدمو الرعاية السابقين

| | |
|---|---|
| **How the child was separated from their parents / previous primary caregiver**<br>**كيف تم انفصال الطفل عن والديه/ أو مقدم الرعاية؟** | |
| | |
| **List any movements between place of separation and current location**<br>**اذكر التنقلات التي تمت ما بين مكان الانفصال والموقع الحالي** | |
| | |

## الملحق الثالث عشر: نموذج تقييم المصلحة الفضلى

| | |
|---|---|
| How and why the child entered Jordan<br>كيف ولماذا دخل الطفل إلى الأردن؟ | |
| Information on any other caregivers the child had in between parents/ guardian and the current caregiver<br>معلومات عن أي مقدمي رعاية آخرين للطفل في الفترة ما بين الانفصال والوقت الحالي | |

| | | | | |
|---|---|---|---|---|
| Does the child know where their parents are?<br>هل يعرف الطفل مكان والديه الحالي؟ | Yes نعم ☐ | No لا ☐ | Is the child in contact with their parents?<br>هل الطفل على اتصال بوالديه؟ | Yes نعم ☐ No لا ☐ |
| How frequent is the contact?<br>يتم الاتصال على شكل؟ | Daily يومي ☐ | Weekly أسبوعي ☐ | Infrequently نادراً ☐ | Does the child need their parents or other primary relatives to be traced?<br>هل يحتاج الطفل إلى تتبع أثر والديه أو أي من أقاربه الرئيسيين؟ Yes نعم ☐ No لا ☐ |

## Section 2.2 - Current Care Arrangements القسم 2.2 ترتيبات الرعاية الحالية

*Inform the child "I will now ask you some questions about where you are currently living and who is living with you"*
*أعلم الطفل بأنك ستقوم بطرح أسئلة حول مكان سكنه ومع من يعيش حاليا*

| | | | | |
|---|---|---|---|---|
| Child is currently living*<br>الطفل يقيم حالياً في\ مع: | Known relatives أقرباء معروفين ☐ | Child Headed Household أسرة يرأسها طفل ☐ | Street الشارع ☐ | Previously unknown relatives أقرباء غير معروفين للطفل سابقاً ☐ |
| | Informal Foster Care رعاية بديلة غير رسمية ☐ | Formal Foster Care رعاية بديلة رسمية ☐ | Residential Care رعاية مؤسسية ☐ | Tribe mates أشخاص من نفس العشيرة ☐ |

| | | | | | |
|---|---|---|---|---|---|
| Date this care / living arrangement started:<br>متى بدأت ترتيبات الرعاية هذه؟ | | | | Are there siblings in the same care arrangement?<br>هل يوجد للطفل أخوة في نفس مكان الرعاية؟ | Yes نعم ☐ No لا ☐ |

*If yes, complete separate forms for each sibling if information differs*
*إذا نعم، إملأ نموذج لكل أخ في حال اختلاف المعلومات*

| | | | | | |
|---|---|---|---|---|---|
| ***If child is in adult care complete this section:***<br>***أكمل القسم التالي إذا كان الطفل تحت رعاية شخص بالغ*** | | | Telephone number of caregiver<br>رقم هاتف مقدم الرعاية | | |
| Male Caregiver's Name<br>اسم مقدم الرعاية(اذا كان رجل) | Name الاسم | Father Name إسم الأب | Grandfather Name إسم الجد | Family Name إسم العائلة | Nickname/Alias اللقب/اسم آخر مستخدم |
| UNHCR ID Number<br>رقم بطاقة المفوضية | | Jordan ID Number<br>رقم الهوية الأردنية | | Ration Card Number<br>رقم البطاقة التموينية | |
| Other ID Number<br>رقم اي بطاقة هوية أخرى | | Telephone Number<br>رقم الهاتف | | Relationship to Child<br>علاقة مقدم الرعاية بالطفل | |
| Female Caregiver's Name<br>اسم مقدمة الرعاية | Name الاسم | Father Name إسم الأب | Grandfather Name إسم الجد | Family Name إسم العائلة | Nickname/Alias اللقب/اسم آخر مستخدم |
| UNHCR ID Number<br>رقم بطاقة المفوضية | | Jordan ID Number<br>رقم الهوية الأردنية | | Ration Card Number<br>رقم البطاقة التموينية | |
| Other ID Number<br>رقم اي بطاقة هوية أخرى | | Telephone Number<br>رقم الهاتف | | Relationship to Child<br>علاقة مقدمة الرعاية بالطفل | |
| Caregiver Occupation in Country of Origin<br>مهنة مقدم الرعاية في بلد الأصل | | | Caregiver Livelihood Options in Jordan<br>مصادر كسب عيش مقدم الرعاية في الأردن | | |

## الملحق الثالث عشر: نموذج تقييم المصلحة الفضلى

| | | | |
|---|---|---|---|
| **If the current address is temporary, where do the child / caregiver plan to move to?**<br>**في حال كون العنوان الحالي مؤقتا، إلى أين ينوي الطفل/ مقدم الرعاية الانتقال؟** | Admin Level 1 | Admin Level 2 | Admin Level 3 |
| | Admin Level 4 | Admin Level 5 | Admin Level 6 |

| | | | | | |
|---|---|---|---|---|---|
| **Does child have any other relatives/friends in Jordan?**<br>**هل يوجد للطفل أقارب أو معارف آخرين في الأردن؟** | **Yes**<br>**نعم** ☐ | **No**<br>**لا** ☐ | **Does the child plan to join these people at any time?**<br>**هل ينوي الطفل الانضمام لأي منهم؟** | **Yes**<br>**نعم** ☐ | **No**<br>**لا** ☐ |

| | |
|---|---|
| **If yes to either of the above questions, give details of the persons(s) including name, address and contact number.**<br>**إذا كان الجواب نعم على أي من الأسئلة المذكورة أعلاه، اذكر تفاصيل الشخص او الأشخاص بما في ذلك الاسم والعنوان ورقم الاتصال** | |

## SECTION 3 - ASSESSMENT OF CHILD'S CURRENT SITUATION القسم 3 - تقييم الوضع الحالي للطفل

***For each of the below sections, consider the opinions of the child, their family, teachers, etc and your own observations. Find out what is already being provided in the community and what child and community strategies can be strengthened.***

***في كل من الأجزاء التالية، يجب الأخذ بعين بالاعتبار آراء الطفل الشخصية وعائلته ومدرسيه ... الخ، اضافة ملاحظاتك الشخصية ايضا. حاول التعرف على أية حلول أو تدخلات مجتمعية موجودة وكيفية تعزيزها***

### 3.1 Daily Activities, Social Relations and Emotional Wellbeing
### 3.1 الأنشطة اليومية والعلاقات الإجتماعية والحالة النفسية

*When interviewing the child, inform them: I am now going to ask you questions about your daily activities and how you deal with any problems*

*عند مقابلة الطفل قم بإعلامه بأنك ستقوم بطرح أسئلة متعلقة بأنشطته اليومية وكيفية تعامله مع أية مشاكل قد يعاني منها*

Apart from school or work, how does the child spend their day? Do they spend time with other children? Does the child mix with his/her peers and take part in the usual recreational and other activities? Does the child feel different or feel they are treated differently to their peers? What are the child's main concerns or worries? Does the child appear to have any emotional problems or behavioural problems e.g. frightened, withdrawn, unhappy, difficulties sleeping, aggressiveness, difficulties concentrating? How do they cope with their problems? Do they have support from people around them to deal with their problems, and if so from whom ? Do Not Ask But Record if Mentioned: Has the child witnessed or experienced violence? Does the child appear to be extremely distressed and/or have difficulty functioning in their daily life?

**بعيدا عن المدرسة أو العمل، كيف يقوم الطفل بتمضية يومه؟ هل يمضي يومه برفقة أطفال اخرين؟ هل يختلط مع اقرانه ويشارك بالأنشطة المختلفة؟ هل يشعر بأنه مختلف عن الأطفال الاخرين او بأنه تتم معاملته بطريقة مختلفة عن الاخرين؟ ما هي أبرز مخاوفه؟ هل يبدو لك بأن الطفل يعاني من أية مشاكل نفسية او عاطفية؟ (خوف، انعزال، حزن، عدوانية، صعوبات نوم، صعوبة بالتركيز.. الخ)؟ كيف يقوم الطفل بالتكيف مع مشاكله؟ هل هناك اشخاص داعمين حول الطفل يساعدوه على التعامل مع المشاكل؟ من هم؟**

**لا تسأل الاسئلة التالية لكن قم بتسجيل الاجوبة اذا تم ذكرها: هل شهد الطفل أوعاش تجربة عنف؟هل يبدو الطفل مجهد نفسيا او يعاني من صعوبة في ممارسة يومه بشكل طبيعي؟**

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### 3.2 Education, Skills and Livelihoods Assessment
### 3.2 تقييم سبل العيش والمهارات ومستوى التعليم

| | | | | |
|---|---|---|---|---|
| **What did the child do in Syria?**<br>**ماذا كان يعمل الطفل في سوريا؟** | School<br>بالمدرسة ☐ | Unpaid work<br>العمل بدون أجر ☐ | Paid work<br>العمل بأجر ☐ | Recreational activities<br>أنشطة ترفيهية ☐ |
| | Activities for the household (chores, other)<br>أعمال منزلية(تنظيف، رعي، الخ) ☐ | | Other (specify)<br>نشاطات أخرى - حدد | |
| **What does the child do in Jordan?**<br>**ماذا يعمل الطفل في الأردن؟** | School<br>بالمدرسة ☐ | Unpaid work<br>العمل بدون أجر ☐ | Paid work<br>العمل بأجر ☐ | Recreational activities<br>أنشطة ترفيهية ☐ |
| | Activities for the household (chores, other)<br>أعمال منزلية(تنظيف، رعي، الخ) ☐ | | Other (specify)<br>نشاطات أخرى - حدد | |
| **If the child is working, tick all that applies:**<br>**اذا كان الطفل يعمل، ضع علامة على الخيارات المناسبة:** | Paid work under 16<br>عمل مدفوع - الأجر تحت سن 16 ☐ | Work is harmful for child's development<br>العمل يعوق ويؤذي عملية تتطور الطفل ☐ | Worst forms of child labour<br>اسوء انواع عمالة الأطفال ☐ | Family or child depend on child's income<br>العائلة معتمدة على مدخول الطفل\ الطفل يعيش من مدخوله ☐ |

## الملحق الثالث عشر: نموذج تقييم المصلحة الفضلى

Briefly describe child's situation for education (including alternative education or vocational training) including whether they go to school / training and if so which school, grade, regularity. Briefly describe child's attitude toward school and if they have any problems at school. If the child is not in school, explain why not, and if would s/he like to go to school?. If the child is working: Describe kind of work, how many hours per day and how many days per week the child works, the impact on the child and the main reason for the child working?

**اشرح بشكل موجز وضع الطفل التعليمي بما في ذلك التعليم البديل والتدريب المهني. اذكر فيما اذا كان الطفل يذهب للمدرسة\مركز التدريب وحدد اسم المدرسة والصف ومدى الالتزام بالذهاب بالحضور. اشرح بشكل موجز موقف وسلوك الطفل اتجاه المدرسة واذا ما كان هناك أية مشاكل. اذا كان الطفل لا يذهب للمدرسة اذكر لماذا، وهل يود الطفل الذهاب للمدرسة؟ اذا كان الطفل يعمل، صف طبيعة العمل وعدد الساعات وعدد الأيام. اشرح تأثير العمل على الطفل والسبب الذي دفعه للعمل.**

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Give details of family economy/ livelihoods (including for child-headed households): Is anyone working? Do they run any businesses? Do they receive any income support? Do they have any assets? Can they provide their basic needs?

**اذكر تفاصيل حول وضع العائلة الإقتصادي ووسائل كسب الرزق (بما في ذلك العائلة المرؤوسة من قبل طفل)، هل من أحد يعمل بالعائلة؟ هل يديرون عمل خاص؟ هل يصلهم دخل من مكان؟ هل لديهم ممتلكات؟ هل يقومون بتأمين حاجياتهم الأساسية؟**

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### 3.3 Basic Health and Survival Needs
### 3.3 الاحتياجات الصحية والأساسية

Has the child been unwell? If yes, is the child frequently unwell and does the child have any immediate medical needs or long-term health concerns? Does the child have access to medical care - if not, why not? If the child is married: are they pregnant? How many meals a day does the child have? What kind of food does the child eat and where do they get it? (If in the camp - is the family receiving food rations?) (If in the host communities - is the family receiving cash assistance?) Does the child have enough to eat - if not why not? Does the child have sufficient clothing? Does the child have acces to clean water, and are they able to access safe, clean toilets and showers? If not, explain

**هل يبدو الطفل مريضا؟ اذا نعم، هل هذه حالة متكررة وهل يحتاج الطفل الى اي مساعدة طبية فورية او على شكل طويل الامد؟ هل يستطيع الطفل الحصول على العناية الطبية، اذا لا، لماذا؟ هل الطفل\ة متزوج\ة؟ هل هناك حالة حمل؟ على كم وجبة يحصل الطفل باليوم؟ ما نوع الطعام الذي يحصل عليه ومن اين؟ اذا كان يعيش بالمخيم، هل تحصل العائلة على معونة تموينية؟ اذا كان يعيش خارج المخيم، هل تحصل العائلة على مساعدة مادية؟ هل يحصل الطفل على طعام كافي، اذا لا، لماذا؟ هل لدى الطفل ملابس كافية؟ هل يحصل على ماء نظيف؟ هل من السهل الوصول للماء والدورات الصحية والحمامات؟ اشرح التفاصيل:**

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### 3.4 Family Assessment (family relationships and home setting)
### 3.4 تقييم وضع الأسرة(العلاقات العائلية ووضع المنزل)

*When interviewing the child, inform the child "I am now going to ask you some question about your family life"*

*عند مقابلة الطفل، قم بإعلامه بأنك ستقوم بطرح اسئلة متعلقة بعائلته*

Guidance for family assessment: does the child appear happy in the home? Does the child have problems with children or other family members? Is the child treated any differently from the other children in the family (e.g. sleeping and eating arrangements)? Does the child experience any anger or aggression in the home? How is the child disciplined? How is the child supported if upset or having problems? Are parents/carers interested in child's well-being? Is the relationship stable for the longer-term? Is the family getting support from any of the agencies? For separated and unaccompanied children: How well did the family and the child know each other before?

**هل يبدو لك الطفل سعيدا بالمنزل؟ هل يواجه الطفل اي مشاكل مع اطفال اخرين أو مع اي من أفراد الاسرة؟ هل تتم معاملة الطفل بشكل مختلف عن باقي الاطفال في الأسرة (ترتيبات النوم والطعام الخ)؟ هل يعاني الطفل من حالات غضب أو عدوانية؟ كيف تتم عملية ضبط سلوك الطفل؟ كيف تتم عملية الدعم النفسي للطفل في حال واجه مشاكل؟ هل يهتم الوالدين\ مقدمو الرعاية بحالة الطفل النفسية؟ هل هناك استعداد من قبل مقدمي الرعاية لتقديم الدعم على المدى الطويل؟ هل تتلقى العائلة اي مساعدة من أي مؤسسة أو جهة؟ سؤال للأطفال غير المصحوبين والمنفصلين عن ذويهم ما مدى معرفة العائلة والطفل ببعضهم البعض من قبل؟**

**الملحق الثالث عشر: نموذج تقييم المصلحة الفضلى**

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## 3.5 Protection Concerns
## 3.5 مخاوف متعلقة بالحماية

*When interviewing the child inform them "I am now going to ask you questions about how safe you are in your daily life"*
*عند مقابلة الطفل، قم بإعلامه بأنك ستقوم بطرح أسئلة حول مدى شعوره بالأمان في حياته اليومية*

Does the child feel safe in their daily life? Have they had any worries about their safety since coming to Jordan? With whom and where do they feel safe? Have any other parts of the assessment implied abuse, exploitation, neglect or violence? If so, note them here. Are there any immediate safety concerns with the child? If so, describe them here, list required actions below and tick 'urgent' at the top of the form.

**هل يشعر الطفل بالأمان في حياته اليومية؟ هل عند الطفل أي مخاوف متعلقة بالشعور بالأمان منذ وصوله للأردن؟ مع من وأين يشعر الطفل بالأمان؟ هل بينت أي من أقسام التقييم السابقة أي إشارة الى إساءة في المعاملة، او استغلال، اوإهمال، أو عنف؟ اذا نعم، اذكر هنا. هل هناك أي مخاوف ب متعلقة بأمن الطفل بحاجة لتدخل فوري؟ اذا نعم، اذكر. وقم بذكر الإجراءات التي يجب اتخذاها، مع وضع اشارة على كلمة "عاجل" في صفحة التقييم الأولى**

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| **Summary of Protection Concerns** **ملخص للمخاوف المتعلقة بالحماية** | GBVR | ☐ | GBVSA | ☐ | GBVSE | ☐ | GBVEM | ☐ | GBVD | ☐ | GBVDV | ☐ |
| | CPPV | ☐ | CPFG | ☐ | CPL | ☐ | CPT | ☐ | CPN | ☐ | CPCL | ☐ |
| | CPP | ☐ | MHPSS | ☐ | CPD/CI | ☐ | CPVHH | ☐ | CPO | ☐ | CPA | ☐ |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **If GBVEM:** **في حالة الزواج المبكر:** | Date of Marriage تاريخ الزواج | | | | Tick if have marriage certificate available: ضع علامة اذا كان هناك شهادة زواج | ☐ | Tick where married ضع علامة عند مكان الزواج | Syria ☐ سوريا | Jordan ☐ الأردن |
| **Child was forced/coerced into marriage** **هل تم إجبار الطفل\ة على الزواج؟** | Agreed to marriage موافقة على الزواج | ☐ | Don't know ☐ لا يعرف\ لا يستطيع التحديد | **Does the child seem content with marriage now?** **هل الطفل\ة مرتاح\ة بالزواج** | Yes نعم | ☐ | No لا | ☐ | Don't know ☐ لا يعرف\ لا يستطيع التحديد |

Describe age of the spouse and relationship of child with the spouse, their's spouse's family and the child's own family, including any concerns (conflict or tension with spouse or family, lack of contact with child's own family). If the married child has children of their own, describe number of children, their care and situation. Note if child or child's spouse is pregnant and if yes, what stage of pregnancy and if they have reproductive health care.

**اذكر عمر الزوج\ة وصف علاقة الطفل بالزوج\ة وعلاقة الطفل مع عائلة الزوج\ة وعلاقة الطفل بعائلته واذكر أية مخاوف متعلقة ب(مشاكل أو توتر مع الزوج\ة وعائلة الزوج\ة، قلة اتصال الطفل بعائلته). اذا كان للطفل ابناء، اذكر عددهم ووضع رعايتهم. اذا كانت الطفلة او زوجة الطفل حامل، اذكر في اي مرحلة واذا هناك رعاية صحة إنجابية**

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## SECTION 4 - WISHES OF THE CHILD القسم 4 - رغبات وأراء الطفل

| | | | | |
|---|---|---|---|---|
| **Does the child wish for intervention or particular support in relation to any of the above areas?** **هل يرغب الطفل في تدخل أو في أي دعم خاص بخصوص أي من الأمور المذكورة أعلاه؟** | **Yes** **نعم** | ☐ | **No** **لا** | ☐ |

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| **If yes, give details.** **إذا كان الجواب نعم، اذكر التفاصيل** | **1** |
| | **2** |

**If the assessment shows the need for intervention that is in addition or in conflict with the wishes of the child, has this been discussed with the child? If not, why not? If this has been discussed what is the outcome? If the child is at risk, outline what steps are needed to ensure their safety and well-being.**

**إذا اظهر التقييم الحاجة إلى تدخل يتعارض مع رغبة الطفل أو يضيف إليها، هل قمت بمناقشة هذا الأمر مع الطفل؟ إن لم تتم المناقشة، لماذا؟ وإذا تمت المناقشة، ماذا كانت النتيجة؟ إذا كان الطفل معرض للخطر، ما هي الخطوات المطلوب اتخاذها لضمان سلامته وحسن حاله؟**

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## الملحق الثالث عشر: نموذج تقييم المصلحة الفضلى

| SECTION 5 - Views of the caregiver or others interviewed as part of the assessment<br>القسم 5 - أراء مقدم الرعاية واخرين تمت مقابلتهم خلال التقييم | |
|---|---|
| **Person interviewed**<br>اسم الشخص | **What they said**<br>الملاحظات المذكورة |
| | |
| | |
| | |

| SECTION 6 - PROPOSED INTERVENTION (to be determined with Supervisors)<br>القسم 6 - التدخل المقترح - يتم إقراره مع المشرف |
|---|

**Referral to other Services (Provide information to beneficiary on all available services and complete the Interagency Referral - ensure consent has been given before referral - see Consent Form)**
التحويل لخدمات أخرى ، تأكد بأنك قمت بالحصول على موافقة المستفيد قبل التحويل - الرجاء الاطلاع على استمارة الموافقة (زود المستفيد بجميع المعلومات المتعلقة بالخدمات المتوفرة، وقم باكمال استمارة الخاصة بالتحويل)

| Service Required<br>الخدمة المطلوبة | Briefly Describe Required Intervention<br>اشرح بشكل موجز التدخل المطلوب | Name of Organisation Referring To<br>اسم المنظمة المحول اليها |
|---|---|---|
| Emergency Medical Care ☐<br>رعاية صحية طارئة<br>General Medical Care ☐<br>رعاية صحية عامة | | |
| Legal Assistance ☐<br>مساعدة قانونية | | |
| Registration ☐<br>تسجيل | | |
| Education ☐<br>تعليم | | |
| Community Activities (e.g. CFS) ☐<br>أنشطة مجتمعية | | |
| MHPSS ☐<br>صحة نفسية ودعم نفسي اجتماعي | | |
| Shelter / NFI ☐<br>مأوى\ مساعدات عينية | | |
| Family Tracing ☐<br>تتبع العائلة | | |
| Livelihoods / Cash ☐<br>برامج لكسب العيش\ مساعدات مادية | | |

**Direct Actions to be Taken by the Case Worker (in order of priority)**
الإجراءات المباشرة التي يجب اتخاذها من قبل الباحث الاجتماعي(الترتيب حسب الاولوية)

| Action Taken During the Interview / Visit<br>الاجراءات المتخذة خلال المقابلة\ الزيارة | Next Planned / Needed Actions<br>الاجراءات المنوي اتخاذها مستقبلا | Urgency<br>سرعة التدخل |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| | | | | | |
|---|---|---|---|---|---|
| **Date for next follow up visit***<br>تاريخ زيارة المتابعة التالية | | **DD/MM/YY**<br>اليوم/ الشهر/ السنة | | | |
| **Case transferred to another agency**<br>هل تم تحويل الحالة لمنظمة أخرى؟ | ☐ | **If yes, name of organisation:**<br>اذا نعم، اذكر الاسم: | | | |

الملحق الثالث عشر: نموذج تقييم المصلحة الفضلى

| SECTION 7 - FORM COMPLETED / APPROVED BY | القسم 7 - إتمام النموذج/ تمت الموافقة عليه من قبل |
|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| **Completed By: Case Worker Name / Code*** تم اعداده من قبل: اسم\ رمز الباحث الاجتماعي المشرف على الحالة | | **Date of Interview** (DD/MM/YY)* تاريخ المقابلة | | | | |
| **Approved By: Supervisor Name / Code*** موافق عليه من قبل: اسم\ رمز المشرف | | **Date of Review / Approval by Supervisor** (DD/MM/YY)* تاريخ مراجعة التقييم/موافقة المشرف | | | | |
| **Signature of Approving Supervisor*** توقيع المشرف | | **Organisation*** المنظمة | UNHCR | NHF | IMC | IRC | JRF |

# Annex XIV:
# CP Consent for Release of Information – Confidential

*This form should be read to the child/ guardian in their own language. It should be clearly explained so that she/he can fully unerstand. For any services that you wish to refer the child to consent should be noted in the BIA - if the child / caregiver (or case worker - see point 3 below) wishes to withold information from any service provider this should be clearly documented below.*

**Authorization to be marked by either the parent / guardian or the child (see standard guidance on when a child can consent for themselves in SOPs). Please circle either 'child' or 'parent / caregiver to indicate who is giving consent'.**

**١. I, _____, give my permission for _____(name of agency) to:**

**Store my personal details in their case management system (paper and electronic).**

**٢. I give _____ (name of agency) permission to intervene on / manage my case**

**٣. It has been explained to me that _____ (name of agency) will only share information about my case with a service provider I have consented to them sharing information with. (This will be discussed as part of the care planning process in the BIA). Information can witheld in all or part.**
**I understand that releasing this information would mean that a person from the agency / service may come to talk to me. At any point, I have the right to change my mind about sharing information.**

**٤. I understand that some information about my situation that cannot identify me in any way may be shared as part of a report.**

**If the client wants to withhold all / part of the information they have given from individuals/agencies (as documented in the referrals section of the BIA) make note of which information should be witheld from which agencies here.**

**Reasons for withholding information (can select multiple):**

**Fear of harm to themselves or others**

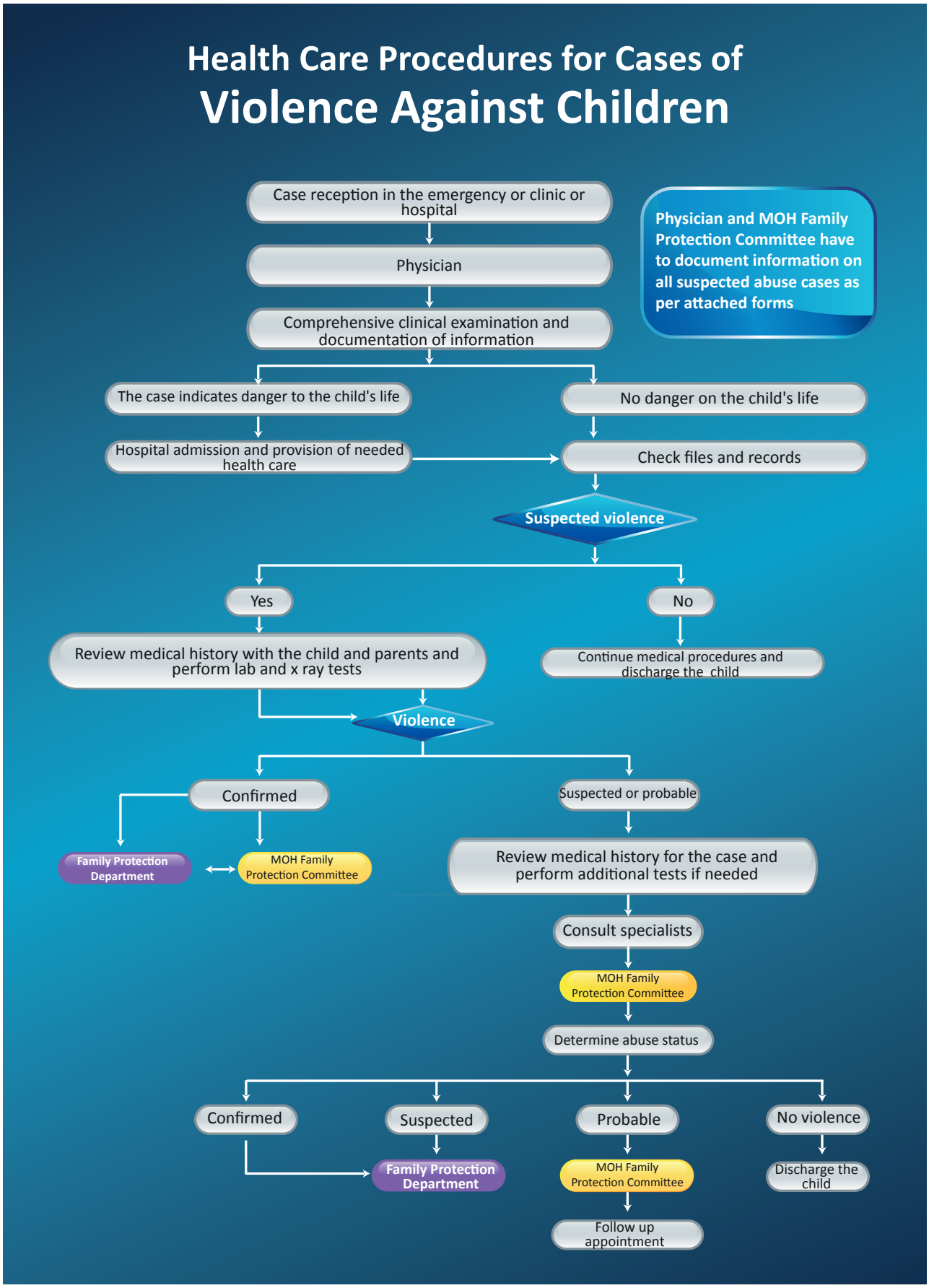
**Want to communicate information themselves** ☐ **Other (Specify)**

**Client's Signature*** **Date (DD/MM/YY)**

**If the case manger is required to document the child's confidential information without a child or caregiver's consent this must be marked here and the case manager must sign above.**

*Such situations are either when they are without their parents / previous primary caregiver and in cases where the child is in imminent danger (including sexual violence or severe neglect). In such situations the case manager in consultation with their supervisor may reveal the information to other service providers without the child / caregiver's consent if this is seen to be in the child's best interests.*

## Annex XV:
## MOH Health Care Procedural Diagram for Cases of Family Violence against Children



## Annex XVI: 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 | | PURPOSE OF BID | |
|---|---|---|---|
| UNACCOMPANIED | ☐ | DURABLE SOLUTION | ☐ |
| SEPARATED | ☐ | TEMPORARY CARE ARRANGEMENTS | ☐ |
| ORPHAN | ☐ | SEPARATION | ☐ |
| NONE OF ABOVE | ☐ | 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 | |
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## 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
- Safe environment
- Family and close relationships
- 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 XVII:
## Case Closure Form

| | | | | | |
|---|---|---|---|---|---|
| **SECTION 1 - IDENTITY OF THE CHILD**<br>القسم 1 هوية الطفل | | | | | |
| **Registration / CP IMS Number**<br>التسجيل / رقم نظام إدارة معلومات حماية الطفل | | | | | |
| **SECTION 2 - CLOSURE DETAILS**<br>القسم 2 تفاصيل الإغلاق | | | | | |
| **What is the reason for closing the child's file?**<br>ما هو السبب وراء إغلاق ملف الطفل؟ | **Protection needs resolved / care plan completed and child & family able to cope alone**<br>تم تلبية احتياجات الحماية / تم الانتهاء من خطة الرعاية كما أصبح الطفل وأسرته قادرين على التعامل مع الوضع بنفسهم | ☐ | **Transferred**<br>نقل إلى مكان آخر | ☐ | |
| | **Death of Child**<br>وفاة الطفل | ☐ | **Other (specify)**<br>غيرها (حدد) | | |
| **Give further details on the reasons for closure**<br>أعط المزيد من التفاصيل حول أسباب الإغلاق | | | | | |
| **Type of care arrangement at closing**<br>نوع ترتيبات الرعاية عند الإغلاق | **Family reunification**<br>لم شمل الأسرة | ☐ | **Long-Term Foster Care**<br>الاحتضان طويل الأمد | ☐ | ☐ |
| | **Independent living**<br>العيش المستقل | ☐ | **Other (specify)**<br>غيرها (حدد) | | |

| |
|---|
| **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).**<br>**تفاصيل حول المعلومات المقدمة للطفل ومقدم الرعاية عند إغلاق الحالة (مثال: أسباب الإغلاق وكيفية الاتصال بالمنظمة في حال واجهتهم أية مشكلة, الخ)** |
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| **Details of the caregiver (if not family reunification or alternative care arranged by the agency which will be documented on the standard forms)**<br>**تفاصيل عن مقدم الرعاية (إذا لم تكن الحالة تتعلق بلم شمل الأسرة أو ترتيبات الرعاية البديلة التي قامت بها المنظمة والتي يتم توثيقها في نموذج منفصل)** |
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**SECTION 3 - FORM COMPLETED / APPROVED BY**
**القسم 3 استكمال النموذج / اعتماده من قبل**

| | | | |
|---|---|---|---|
| **Completed By: Case Worker Name / Code***<br>**تم تعبئة النموذج من قبل:**<br>**الاسم / الرمز*** | | **DATE OF REUNIFICATION***<br>**تاريخ لم الشمل** | |
| **Approved By: Case Worker Name / Code***<br>**تم اعتماده من قبل:**<br>**الاسم / الرمز*** | | **Date of Review / Approval by Officer***<br>**تاريخ المراجعة / الاعتماد من قبل الموظف المسئول** | |

| | | | | | |
|---|---|---|---|---|---|
| **Signature of Approving Officer**<br>**توقيع الموظف المسئول** | | **Organisation*** | UNHCR المفوضية | NHF مؤسسة نور الحسين | JRF مؤسسة نهر الأردن |
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