

MANUAL ON GBV CASE MANAGEMENT GUIDELINES AND PROTOCOLS

**GENDER BASED
VIOLENCE (GBV)**

**SEXUAL
EXPLOITATION AND
ABUSE (SEA)**

**SEXUAL
HARRASSMENT (SH)**

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Acronyms and Initialisms

CBO	Community Based Organization
CP	Child Protection
CPU	Child Protection Unit
GBV	Gender Based Violence
GBVSSF	Gender Based Violence Survivor Support Facilitator
GRC	Grievance Redressal Committees
KP RAP	Khyber Pakhtunkhwa Rural Accessibility Project
PIU	Project Implementation Unit
SCA	Survivor Centered Approach
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SOP	Standard Operating Procedures
SWD	Social Welfare Department
RSC	Referral Support Coordinator
GRM	Grievance Redressal Mechanism
MOU	Memorandum of Understanding

I. Introduction

1.1 Context of Manual

Gender-based violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) are critical issues in Khyber Pakhtunkhwa (KP), rooted in deep-seated cultural norms and practices. In many cases, culture and misinterpretations of religion are used to justify acts of violence, creating barriers to gender equality and justice. The region's vulnerability to conflict, natural disasters, and militarization exacerbates the prevalence of violence, as these situations disrupt social and support structures, leaving women and girls more exposed. This environment has a profound impact on girls' education. Fear of violence, harassment, or exploitation during their daily commute or within school settings often forces families to withdraw girls from school, particularly in rural and underserved areas. Early marriages, resulting from cultural pressures or as a way to "protect" girls from GBV, further limit their access to education and future opportunities. Consequently, GBV not only threatens the physical and emotional well-being of girls but also perpetuates cycles of poverty and gender inequality by denying them the right to education and personal development. Addressing these issues is vital for creating safe spaces for girls, ensuring their access to education, and enabling them to contribute meaningfully to their communities and society without fear of violence or discrimination.

1.2 Importance of a Coordinated Response

A coordinated response in Gender-Based Violence (GBV) case management is crucial for ensuring comprehensive survivor-centered support and safety. Under the mandate of the KP –RAP project the safety of girl students accessing their schools by using the transport facility is also important Here is a structured overview of its importance:

1. **Holistic Support:** The GBV survivors often require medical, legal, psychological, and social services. Coordination ensures seamless access to these services, addressing all aspects of recovery without siloed efforts.
2. **Efficiency and Avoidance of Traumatization:** Shared information (with consent) reduces redundant processes, such as repeated documentation of trauma. This minimizes survivor burnout and traumatization from recounting experiences multiple times.
3. **Safety Enhancement:** Coordinated safety planning among referral service providers (e.g., shelters, legal systems) ensures consistent protection measures, including aligned security protocols for protection orders.
4. **Survivor Empowerment:** Involving survivors in decision-making fosters autonomy, helping them to regain control over their lives and build trust in support systems.
5. **Accountability and Systemic Improvement:** Inter-stakeholders collaboration holds service providers accountable for timely, protocol-compliant responses. It also identifies systemic gaps to drive improvements in resources and policies.

6. **Cultural Competence:** Coordination enables the integration of culturally sensitive practices such as interpreters, cultural liaisons to ensure accessible and respectful care for diverse populations.
7. **Prevention of Service Gaps:** Collaboration helps identify and address resource shortages to prevent survivors from falling through the cracks due to fragmented systems.
8. **Training and Consistency:** Joint training across stakeholders promotes unified understanding of trauma-informed care, enhancing service quality and consistency.

In summary, a coordinated response in GBV case management optimizes resource use, prioritizes survivor needs, and strengthens systemic efficacy, ultimately fostering safer, more equitable recovery pathways.

The manual includes detailed case management formats and protocols, ensuring accurate and consistent documentation of services. These tools support case managers/GBVSSF (GBV Survivor Support Facilitators) in maintaining transparency, accountability, and continuity of care.

Beyond documentation, this manual serves a dual purpose: it acts as a training tool for new case managers, equipping them with the necessary knowledge and skills, and functions as a continuous reference guide for experienced practitioners. By using this manual, case managers/GBVSSF can deliver consistent, high-quality services that align with best practices and the specific needs of the communities they serve.

1.3. Purpose of the Manual

This manual is designed as a comprehensive resource for case management under the KP-RAP initiative, providing structured guidelines to ensure a standardized, efficient, and effective approach to service delivery. It outlines essential requirements that must be adhered to, along with recommended best practices that enhance the quality and responsiveness of case management.

1.4. Objective of the Manual

This manual ensures that all aspects of GBV case management that need attention under standard protocols with defined guidelines for the GBV Survivor Support Facilitator (GBVSSF) as case workers, referral managers, field monitors and GRCs at school and district levels.

- Understand approaches to GBV, SEA and SH.
- Improve the understanding of GBV and underpinning survivor-centered approach, guiding principles.
- Build understanding of, and capacity in, case management for survivors of GBV.
- Ensure timely referral of GBV survivors to the service providers by adopting the GBV referral reporting protocols.

1.5: Users of this manual

This manual will be used by the frontline responders of GBV case managers including the teams from field to district and provincial level under KP-RAP to support the prevention and response of Gender- Based Violence, Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) at the work place. It helps the users to understand the sensitivity of the GBV case management in terms of the principles and protocols required and adapted for GBV case management. It will also enhance the knowledge of all GBV survivor support facilitators (GBVSSF), referral support coordinators (RSC), GBV expert and Gender specialists to align the Grievance Redressal Mechanism (GRM) according to the standard protocols at field, district and provincial level. All stakeholders including referral partners and communities will abide by the survivor-centered approach at all stages of case management.

1.6 Definition of commonly used terms (GBV, SEA, SH, Referral pathways, Case Management)

- **Abuse:** A deliberate act of ill treatment that can harm or is likely to cause harm to a child.
- **Adolescent:** A young person who has undergone puberty but who has not reached full maturity; a teenager.
- **Advocacy** refers to efforts to promote respect for humanitarian principles, law and needs, with a view to influencing the relevant political authorities, international organizations, other stakeholders or international public opinion.
- **Child:** According to UNCRC, any person below the age of 18 years is a child.
- **Child Abuse:** Child abuse means any voluntary action of any person through which the life (physical, mental, moral, social development) of the child are harmed. The term child abuse includes physical, emotional, sexual abuse and neglect.
- **Child Protection:** UNICEF defines child protection as preventing and responding to violence, exploitation and abuse.
- **Child Participation:** Child participation involves encouraging and enabling children to make their views known on the issues that affect them. Child participation must be authentic and meaningful.
- **Child Sexual Abuse:** Child sexual abuse is termed as that activity wherein adult or adolescent engages a child for sexual satisfaction with or without his/her consent.
- **Emotional Abuse:** Emotional abuse can be defined as the rejection, ignoring, criticizing, isolation, all of which have the effect of eroding their self-esteem.
- **Gender-Based Violence (GBV)** is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations

of liberty. These acts occur in public or in private.

- **Sexual Abuse** is an actual or threatened physical intrusion of a sexual nature whether by force or under unequal or coercive conditions. This means it is not necessary for a sexual act to have occurred; it is sufficient if it has been threatened or an attempt has been made.
- **Sexual Exploitation** is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. It includes, for instance, the solicitation of a prostitute, and asking a beneficiary to have sex with you in exchange for the “promise” of a job in your organization. If someone attempted to sexually exploit others, it is a sexual exploitation even if an actual act didn’t happen.
- **Survivor** is the person who has been harmed, sexually exploited or abused.
- **Referral Pathways** are a safe way for people to find different kinds of help, e.g. medical care or help from the police,
- **Case Management** A structured method for providing help to a survivor. It involves one organization/ service provider, usually a psychosocial support or social services actor, taking responsibility for making sure that:
 - ✓ Issues and problems facing a survivor and her/his family are identified.
 - ✓ Survivors are informed of all the options available to them and that survivors’ needs are followed up in a coordinated way.
 - ✓ Survivors are provided with emotional support throughout the process

II. Introduction to Survivor Centered GBV Case Management

2.1 What is GBV Case Management?

GBV Case Management refers to the process of providing support and services to survivors of Gender-Based Violence (GBV). It involves a comprehensive and coordinated approach to address the physical, emotional, legal, medical and social needs of survivors.

2.2 Key Components of Gender Based Violence (GBV) Case Management:

- **Assessment:** Identifying the survivor's needs, risks, and goals.
- **Safety Planning:** Developing a plan to ensure the survivor's safety and well-being.
- **Counseling and Support:** Providing emotional support, counseling, and therapy.
- **Referral and Linkages:** Connecting survivors with other services, such as medical care, legal aid, and social services.
- **Follow-up and Monitoring:** Regularly reviewing and updating the case plan to ensure progress and effectiveness.

2.3 Goals of GBV Case Management:

The goal of GBV case management is comprised of different levels including the following,

- To ensure the GBV survivor's safety. It is important to protect the survivor from further harm and abuse.
- To promote healing and recovery support for the GBV survivors in their physical, emotional and social well-being.
- To enhance GBV survivors' autonomy, confidence and decision-making capacity.
- To link GBV survivors with essential services, support, and resources.

2.4 Principles of GBV Case Management:

The GBV case management support has evolved from the women's movement, both globally and locally, which has been instrumental in assisting survivors. Case management is a critical component of responding to Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH). Effective case management ensures survivors receive comprehensive support, protection, and justice. This guide outlines principles, steps, and considerations for case management.

A zero-tolerance policy is a basic requirement for addressing these violations, as it demands prompt reporting and response that enhance accountability and take action against perpetrators. It requires a survivor-centered, ethical, and rights-based approach.

Below are the key principles that guide case management in these areas:

2.4.1. Survivor-Centered Approach¹

- Prioritize the survivor's safety, dignity, and rights.
- Ensure the survivor's needs, preferences, and decisions guide all actions.
- Respect the survivor's autonomy and right to make informed choices.
- Avoid re-traumatization and ensure a non-judgmental, empathetic response.

2.4.2. Safety and Confidentiality

- Ensure the physical and emotional safety of the survivor.
- Maintain strict confidentiality of all case information.
- Share information only with the survivor's informed consent or when legally required.
- Conduct risk assessments and develop safety plans tailored to the survivor's situation.

2.4.3. Do No Harm

- Avoid actions that may inadvertently cause further harm or distress to the survivor.
- Be aware of power dynamics and avoid reinforcing inequalities or stereotypes.
- Ensure that interventions are culturally sensitive and context-appropriate.

2.4.4. Non-Discrimination

- Provide services equally to all survivors, regardless of age, gender, ethnicity, disability, sexual orientation, or other characteristics.
- Address barriers that may prevent certain groups from accessing services (e.g., language, stigma, or lack of awareness).

2.4.5. Informed Consent

- Ensure survivors understand their rights, available services, and potential consequences of their decisions.
- Obtain explicit, voluntary, and informed consent before taking any action or sharing information.
- Respect the survivor's right to refuse or withdraw consent at any time.

2.4.6. Accountability

- Hold perpetrators accountable through legal, administrative, or community-based mechanisms.
- Ensure that service providers and organizations are accountable to survivors and adhere to ethical standards.

¹ Age- appropriate considerations will be focused. In case of a minor girl, for better decision making, her choice will be vet through involvement of family members, guardians and friend whom the girl minor survivor is more comfortable. All the measure will be taken in best interest of child.

- Document cases accurately and securely, following data protection protocols.

2.4.7 Coordination and Referral

- Collaborate with other service providers (e.g., health, legal, psychosocial, and shelter services) to ensure comprehensive support.
- Establish clear referral pathways and ensure timely access to services.
- Follow up with survivors to ensure their needs are met and services are effective.

2.4.8. Empowerment

- Support survivors in regaining control over their lives and making informed decisions.
- Provide information, resources, and tools to help survivors rebuild their lives.
- Encourage survivors to participate in decision-making processes that affect them.

2.4.9. Ethical Data Management

- Collect and store data in a secure and confidential manner.
- Use data only for the purpose of improving services and protecting survivors.
- Ensure data collection and reporting do not compromise survivor safety or confidentiality.

2.4.10. Prevention and Awareness

- Work to prevent GBV, SEA, and SH through community education, awareness raising, and advocacy.
- Address root causes such as gender inequality, power imbalances, and harmful social norms.
- Promote a culture of respect, equality, and zero tolerance for violence and abuse.

2.4.11. Trauma-Informed Care

- Recognize the impact of trauma on survivors and tailor responses accordingly.
- Provide a supportive and empathetic environment that fosters healing and recovery.
- Train staff to understand and respond to trauma-related behaviors and needs.

2.4.12. Legal and Human Rights Framework

- Ensure all actions align with international human rights standards and local laws.
- Advocate for survivors' access to justice and legal remedies.
- Protect survivors' rights to privacy, dignity, and non-discrimination.

2.4.13. Self-Care for Caseworkers

- Recognize the emotional toll of working with GBV, SEA, and SH cases.
- Provide support and resources for caseworkers to manage stress and prevent burnout.

- Promote a supportive work environment and regular supervision.

2.4.14. Monitoring and Evaluation

- Regularly assess the effectiveness of case management services.
- Use survivor feedback to improve services and address gaps.
- Ensure accountability and transparency in service delivery.

These principles are essential for ensuring that survivors of GBV, SEA, and SH receive the support they need while upholding their rights and dignity. Case management should always be guided by empathy, professionalism, and a commitment to justice and equality.

III. Who are the Actors in the GBV Case Management

In Gender-Based Violence (GBV) case management, multiple actors play critical roles in ensuring the safety, well-being, and empowerment of survivors. These actors work collaboratively to provide comprehensive support, address the needs of survivors, and hold perpetrators accountable.

Below is a list of key actors involved in GBV case management:

3. 1. Survivors (Primary Actors):

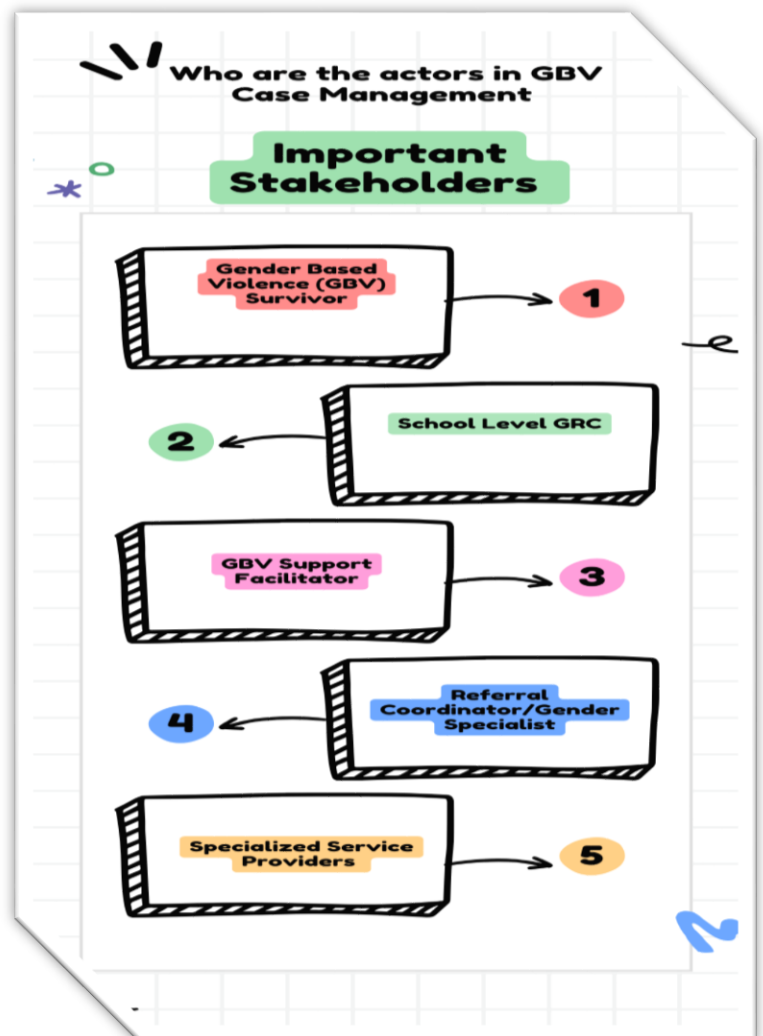
Survivors of Gender-Based Violence are at the heart of the case management approach. Their needs, choices, and rights drive all interventions. We empower survivors to make decisions about their care and recovery.

3.2. Grievance Redressal Committees (GRCs) Focal Person:

In KP-RAP sites school and district level GRCs are notified. They have a focal person nominated for the GBV case referrals. These actors will be trained to effectively contribute at schools and districts by using the referral pathways.

3.3. Referral Coordinator/Caseworkers:

Professionals trained in GBV case management who provide direct support to survivors. Responsibilities include:



- Conducting risk assessments and safety planning.
- Developing individualized care plans.
- Providing emotional support and counseling.
- Connecting survivors to essential services (e.g., healthcare, legal aid, shelter).
- Monitoring progress and ensuring follow-up till the case closure.

3.4. Gender based Violence Survivor Support Facilitator (GBVSSF):

- Focal person for GRCs at field School and district level who will be contacted in case GRC receive GBV case.
- GBVSSF will initiate the case process by using standard format and will assess the case for further action
- Provide psychosocial support and assist with accessing social services.
- Help survivors navigate systems such as housing, childcare, and financial assistance.
- Raise awareness on GBV support services through trainings, seminars and other events

3.4.1. Healthcare Providers:

Medical professionals, such as doctors and clinical psychologists, along with medico-legal officers, provide immediate medical care for injuries resulting from sexual assault and rape. They offer sexual and reproductive health services, including emergency contraception and STI testing, as well as mental health support and referrals. They also document evidence of abuse for legal purposes via forensic examinations.

3.4.2. Legal Actors:

This entails collaborating with specialized individuals to offer legal support through partnerships with pro bono lawyers and referral partners who are skilled in handling cases at KP-RAP sites. In situations necessitating protection and legal intervention, the participation of the police, medico-legal officers, and pro bono lawyers is essential for the effective management of GBV cases.

3.4.3. Shelter and Safe House Staff:

Ensuring the safety and protection of survivors of gender-based violence is crucial. It is essential to provide temporary housing and protection for those escaping violence. Creating a safe environment and ensuring access to basic needs such as food, clothing, and hygiene is imperative.

3.4.4 Psychologists/Counselors:

A psychologist or counselor can offer trauma-informed counseling and mental health support to survivors of gender-based violence (GBV). This support can help survivors to find comfort in their experiences and rebuild their lives.

3.4.5. Community-Based Organizations (CBOs):

They can provide localized support and resources that are essential in preventing Gender-Based Violence (GBV). Community involvement is crucial in raising awareness and campaigning on a larger scale through peer support groups, local youth, and influencers advocating for GBV reduction in selected districts of KP-RAP.

3.4.6. Government Agencies:

- **Social Welfare Department:** Provides financial assistance, childcare, and other support services through district Social Welfare offices.
- **GBV Units/Focal Points:** Coordinate GBV response efforts and ensure policy implementation.
- **Child Protection Services:** Intervene in cases involving child survivors or children exposed to GBV.

3.4.7. Non-Governmental Organizations (NGOs):

- Deliver specialized GBV services (e.g., helplines, counseling, and legal aid).
- Advocate for policy changes and survivor rights.
- Conduct training and capacity building for other actors.

3.4.8. Community Leaders and Elders:

- Plays a role in changing social norms and attitudes that perpetuate GBV.
- May mediate disputes in some contexts, though this must be done cautiously to avoid re-victimization.

3.4.9. Family and Friends:

- Provide emotional and practical support to survivors.
- Can act as allies in the survivor's journey to recovery and justice.

3.4.10. Coordinating Bodies:

- **GBV Sub-Clusters/Working Groups:** In humanitarian settings, these groups coordinate GBV response efforts among multiple actors.
- Provincial GBV Task Forces: Develop and implement national strategies to address GBV.
- National Commission on the Status of Women (NCSW)
- Provincial networks, including Elimination of Violence Against Women (EVAW) Alliance, Child Protection and Welfare Commission, KP Commission on the Status of Women (KPCSW)
- Bolo Helpline for GBV cases, Child Protection helpline, Rescue helpline, Gender Desk at Peshawar 05 Police stations initially, Ombudsperson on Anti-Harassment at work place.

3.4.11. Donors and Funders:

- Provide financial resources to support GBV programs and services.
- Ensure sustainable funding for case management and prevention efforts.

3.4.12. Researchers and Academics:

- Conduct studies to improve understanding of GBV and evaluate the effectiveness of interventions.
- Provide evidence-based recommendations for policy and practice.

3.4.13. Collaboration among Actors:

Effective GBV case management requires strong coordination and communication among all actors. A survivor-centered approach ensures that the survivor’s needs and preferences are prioritized, and a multi-sectoral response addresses their complex and interconnected challenges survivors face. Each actor brings unique expertise and resources to the table, contributing to a holistic and comprehensive response to GBV.

IV. Who is an ideal Caseworker/GBV Support Facilitator?

An ideal Caseworker/GBVSSF possesses a combination of professional skills, personal qualities, and ethical standards that enable them to effectively support and advocate for their clients. Here are some key characteristics of an ideal caseworker:

Professional Skills:	Personal Qualities:	Ethical Standards:
Strong Communication Skills: <ul style="list-style-type: none">○ Ability to listen actively and empathetically.○ Clear and concise verbal and written communication.	Empathy and Compassion: <ul style="list-style-type: none">○ Genuine concern for the well-being of others.○ Ability to understand and share the feelings of	Client-Centered Approach: <ul style="list-style-type: none">○ Prioritizes the autonomy and dignity of clients.

<ul style="list-style-type: none"> ○ Skilled at explaining complex information in an accessible way. 	<p>clients without judgment.</p>	<ul style="list-style-type: none"> ○ Involves clients in decision-making and respects their choices.
<p>Assessment and Problem-Solving Abilities:</p> <ul style="list-style-type: none"> ○ In evaluating clients' needs, strengths, and challenges. ○ Able to develop and implement effective intervention plans. ○ Resourceful in finding solutions and connecting clients with appropriate services. 	<p>Patience and Resilience:</p> <ul style="list-style-type: none"> ○ Willingness to work through challenges and setbacks. ○ Ability to remain calm and composed in stressful situations. 	<p>Confidentiality:</p> <ul style="list-style-type: none"> ○ Maintains strict confidentiality of client information. ○ Shares information only with authorized parties and with client consent.
<p>Cultural Competence:</p> <ul style="list-style-type: none"> ○ Respectful and knowledgeable about diverse cultures, backgrounds, and experiences. ○ Able to work effectively with clients from different socioeconomic, racial, and ethnic groups. 	<p>Integrity and Ethical Behavior:</p> <ul style="list-style-type: none"> ○ Committed to maintaining confidentiality and professionalism. ○ Adheres to ethical guidelines and prioritizes clients' best interests. 	<p>Professional Boundaries:</p> <ul style="list-style-type: none"> ○ Maintains appropriate boundaries to ensure a professional relationship. ○ Avoids dual relationships that could compromise objectivity.
<p>Management Skills:</p> <ul style="list-style-type: none"> ○ Capable of managing multiple cases and deadlines efficiently. ○ Detail-oriented in maintaining accurate records and documentation. 	<p>Nonjudgmental Attitude:</p> <ul style="list-style-type: none"> ○ Open-minded and accepting of clients' choices and circumstances. ○ Avoids imposing personal beliefs or biases. 	
<p>Knowledge of Social Services and Resources:</p> <ul style="list-style-type: none"> ○ Familiar with community resources, programs, and policies. ○ Skilled at navigating systems (e.g., healthcare, housing, education) to advocate for clients. 	<p>Advocacy Skills:</p> <ul style="list-style-type: none"> ○ Passionate about advocating for clients' rights and needs. ○ Willing to challenge systemic barriers and injustices. 	

Additional Traits:

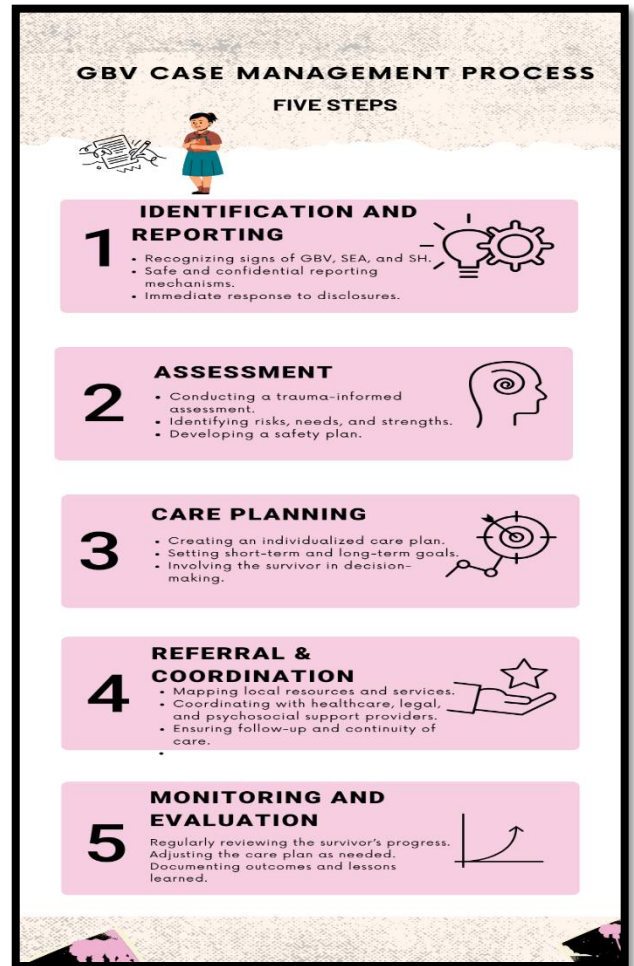
- **Collaborative Spirit:** Works well with other professionals, agencies, and community organizations.
- **Adaptability:** Able to adjust to changing circumstances and client needs.
- **Self-Awareness:** Recognizes personal limitations and seeks supervision or support when needed.

An ideal Caseworker/GBVSSF possess both the technical skills to perform their job but also embodies empathy, integrity, and commitment to social justice required for the role. They strive to empower clients, foster resilience, and create positive change in individuals' lives and communities.

V. GBV Case Management Process

GBV case management process is composed of standard steps that will be followed and implemented in all sites/districts of KP –RAP project. There are five important steps to manage the GBV case;

1. Identification and Reporting
2. Assessment
3. Care Planning
4. Referral and Coordination
5. Monitoring and Evaluation



5.1 Key Take-aways for GBVSSF involved in Case Management are:

Establish clear communication channels: Ensure open and effective communication between all parties involved in the case to facilitate coordination and collaboration.

- ✓ **Prioritize Survivor Needs:** Focus on the needs and well-being of the client by providing personalized and comprehensive support services.
- ✓ **Maintain Confidentiality:** Uphold strict confidentiality standards to protect the privacy and safety of the survivor.
- ✓ **Listen actively:** Give your full attention, gently nod your head, and use appropriate body language and tone of voice that shows that you are engage with what the survivor is saying. Always encourage free narrative.

- ✓ **Ask survivors only relevant questions:** Avoid probing into detailed specifics of the incident. When speaking with child survivors, keep questions short, simple, and age-appropriate. Speak clearly with proper understandable pronunciation.
- ✓ **Help the person feel comfortable.** Help the person feel at ease by inquiring about their needs and concerns. Avoid pressuring them to talk or expecting specific emotional reactions.
- ✓ **Comfort the survivor using healing statement such as:** Provide comfort to the survivor with healing statements such as: "It's not your fault," "I believe you," "I'm glad you shared this with me," "I'm sorry this happened to you," "You're brave for speaking up," "Thank you for confiding in me, and I'm sorry for what you've been through." Let them know there are limits to what you can do but offer to refer them to someone who can provide further assistance..."
- ✓ **No Judgmental attitude:** GBVSSF must ensure the non-judgmental behavior with the survivor.
- ✓ **Monitor Progress:** Regularly track and evaluate the progress of the case to identify any challenges or areas for improvement.
- ✓ **Advocate for Survivor:** Serve as a strong advocate for clients to ensure they receive the necessary resources and support to address their needs effectively.
- ✓ **Collaborate with Stakeholders:** Work closely with other service providers and community resources to enhance the quality and effectiveness of the services provided to clients.
- ✓ **Stay informed:** Stay up-to-date on relevant laws, policies, and best practices in the field of case management to ensure high-quality service delivery.

Ensure that any information gathered is properly documented using the organization's referral to intake sheets with GBVSSF services packages folder.

In some cases the girl will take the initiative and reveal that she has been a victim of GBV/SEA/SH. Keep in mind that disclosing SEA, is a big step for the girl and often carries an element of risk. Make sure to tell the girl and supportive parent/caregiver that you understand and share their feelings.

Consider the following pointers when in this situation:

- Be open and friendly and do not over react to what the girl tells you. Be sensitive to the emotional distress or fear that the girl may be experiencing. Be empathetic and gentle.
- Reassure the girl that you will ensure confidentiality. Affirm that the girl has made an important step by talking about SEA.
- Reinforce with the girl that SEA is not her fault and that there is no excuse for violence and the responsibility lies with the perpetrator, and SEA is not acceptable.
- Listen to what the girl is saying. Use active listening. Show the girl she is being heard. Demonstrate sincere concern and compassion and not horror.
- Determine the best way to communicate with the girl and adapt your language to the girl's age and level of maturity.

- Do not talk sitting behind a desk or table. Sit close to the girl but not too close, otherwise the girl will be uncomfortable. Sit at same eye level and maintain eye contact with the girl. You might need to sit on the floor if the girl is sitting on the floor.
- Praise the girl for talking with you, “It’s hard to talk about stuff like that”.
- Acknowledge what he/she told you. Statements that you can use are “That must have been frightening for you”, “You are a strong person to have survived that ...”, “This must be difficult; it’s not easy”.
- Reassure the girl that her reaction to the abuse is normal (e.g. physical, emotional, behavioral reactions).
- Be sensitive to the immediate needs of the girl and address them, for example first aid, food, water, need to use the toilet, and others.
- Provide the girl with as much information as you can about what will happen next.
- Ensure informed decision-making; provide the girl with information about the available options for case management services. Obtain her consent for referrals to these services, while also informing her that reporting Sexual Exploitation and Abuse (SEA) is mandatory. Then according to survivor’s choice obtain the consent of the girl for referrals to case management services.
- Report the SEA case to the Referral Coordinator/SEA Focal Person in KK in a confidential manner “password protected email “ with no body in copy .

The girl with disabilities

Some disabilities affect the way that girls and adolescents communicate. It can be difficult to understand them, and difficult for them to understand others, which can also lead to misunderstandings that further, impede comprehension.

- ✓ Never assume that the girl who has some form of disability is not capable of communication.
- ✓ Communicate with the girl with disability in the manner in which he/she is most comfortable if you are not able to communicate with him/her, ask for the assistance of a speech language therapist.
- ✓ Always consider the best interest of the girl and do not use force when a girl with disabilities is not able to communicate on her own.

5.1.1. Provide information

1. Explain to the complainant that GBV/SEA/SH is strictly prohibited under WBG/Government codes of conduct and that you are under an obligation to report all allegations of sexual exploitation and abuse via the established reporting mechanisms. GBVSSF should seek informed consent/ascent for a girl, to report on the incident, particularly identifying information about the complainant, the survivor and the name of the alleged perpetrator

2. Explain that for the purpose of an investigation, the name and contact details of the complainant, survivor or incident reporter will be necessary and that recording and reporting information regarding the incident is important for follow up and an investigation to be able to take place. Explain that reporting the incident will not affect their right to services and assistance.
3. Inform the survivor about the support she can get through the case management services: briefly explain that case management service providers have specialized staff that assist persons who faced the same problem as her. The staff will listen to them and help her in reaching the different type of assistance they want; including psycho-social assistance, medical assistance, legal assistance, and assistance to find safe shelter if needed. All these services are free of charge and it is the right of any survivor to receive or decline services and support.
4. If relevant, explain that specialized medical assistance is available for survivors of sexual violence and can be provided after the incident notwithstanding how long time elapsed. All are assisted without any discrimination; information is confidential and nothing will be done without the express consent of the complainant.
5. You shouldn't advice/encourage the survivor to seek a certain type of services. Limit your interaction to providing information and not advising the survivor on your preferred option. Providing assistance to a survivor is about empowering survivors to make their own decisions about their own lives. It is up to the survivor to decide the best way to solve her/his problems.
6. Do not raise expectations – be honest and accurate (e.g.do not says: they will give you money; they will solve all your problems).
7. For GBVF Focal Points it is important to know how to complete the SEA complaint intake and referral forms.

5.1.2. Ask for informed consent

Ask the survivor/complainant the consent to contact a specialized GBV or Girl Protection service provider for referral and explain what the referral entails (which information will be shared and the possibility for the survivor to change idea about receiving specialized services). This can be done verbally, a written document is not advisable, if confidentiality procedures are not known or cannot be followed. Protecting a survivor's right to confidentiality is a key guiding principle; as such the survivor needs a clear explanation of situations in which confidentiality will be broken. If these situations are not clearly explained than there is the risk that consent will not be informed, the survivor's rights and wishes will not be taken into consideration, and further harm could be caused.

1. **If the person is unwilling to be referred for assistance**, you need to respect her wishes and can provide her with KK complaints numbers; cell number +92-333-4968158 and compliant registration email ID, complaint@khwendokor.org so they'll be able to seek help from Khwendo Kor and KP –RAP referral services whenever they feel ready.

2. **The following are limits to confidentiality and informed consent principle** that could apply:

- When a survivor threatens her own life, threatens to harm another person
- When person is non- responsive (i.e. unconscious) or a person without capacity of discernment
- When it is a school girl that is a GBV/SEA survivor then it should be always in the best interest of the girl²

5.1.3 Timely Referrals

5.1.3.1 Refer the complainant to a GBV or Child Protection actor according to the referral pathway. While doing the referral, by phone or email or in person, remind the importance of data protection.

5.1.3.2 If referral forms are used, the hard copy of the forms should be kept in locked cabinet, soft copy should be kept password protected on computers. To help ensure confidentiality, the survivor’s name should not be used in any correspondence. Instead, a code (e.g. case code, numbers or other letters) should be used.

If there is any reason to believe that following the GBV or Child Protection referral pathways would be unsafe, the referral coordinator will refer to the GBV or Child Protection actor in the relevant district/province if required, according to the best interests and the informed consent of the survivor.

As GBVSSF and case manager, one must be aware of the important considerations like, power dynamics and vulnerability, cultural and linguistic diversity, age and disability sensitivity, confidentiality, data protection and effective coordination with service providers / authorities and stakeholders in existing districts.

5.1.4. Do’s and Don’ts of survivor’s assessment for the GBVSSF:

#	Do	Don’t
1	Be aware of your body language: How you stand and hold your arms and head, your expression, and your	Use body language that conveys a message of irritation, judgment, accusation, boredom, shock, dislike or anger towards the survivor.

According to UNCRC, any person below the age of 18 years is a child. In case of school girl, she will be a minor so considered her a child the informed decision making should be in best interest of a child.

	<p>toe of voice all send a clear message about how you preceive the situation.</p>	<p>Judge a survivor’s behavior based on their age, appearance, clothing, culture, religion, type of work, or relationship to the perpetrator. There are no reasons for gender-based violence.</p>
2	<p>Explains who your are; your role and responsibilities and that you are there to support the survivor.</p>	<p>Pressure the survivor to disclose.</p>
3	<p>Ask what would make the survivor feel safe right now and ehether they have any immediate needs they would like your help in fulfilling.</p>	<p>Make any promises you cannot keep.</p>
4	<p>Use a survivor centered approach and seek permission from the survivor to ask questions about their experience. Remind the survivor that they do not have to answer a questions if they choose not. Explain why you rae interested and how you will use the information to support them. Emphasize that nothing they say will be used against them, and that they can choose to participate in the conversatipn or not.</p>	<p>Suggest or force couples counseling or mediation between a survivor and the perpetrator. This can be traumatizing and is known to be an in effective method.</p>
5	<p>Reassure the survivor, If they choose not to disclose that is their right and they have full choice over their participation, Ask whether there is anything they would like to ask or tell you. This helps take the pressure off the survivor and empowers them to take the lead in the conversation.</p>	<p>Ask about violence in the presence of a partner, family member, friend and or anyone else unless the survivor suggests. The survivor’s safety is the key.</p>
6	<p>Tell the survivor that they can take break whenever they want and can</p>	<p>Rely on passive listening and non-commenting. This could make the survivor thank you do not believe them. Or that they are wearing and the perpetrator is right.</p>

	refuse to answer a question note something down.	
7	Use eye contact and focus your attention on the individual. If you write something down, at the beginning explain what you have to write notes from time to time. Why this important and how written information will be used and ensure the survivor gets best services possible. You can also remind them of whatever you are writing as notes it is important and will help the GBVSSF to recall the important data for documentation purpose.	Interrupt the survivor (for any reason) when the survivor is talking
8	Show a non-Judgmental and supportive attitude and validate what the survivor is saying	Accuse the survivor of making contradictory statements. Trauma can make it difficult to remember all the facts to timeline, and they could feel one way about the experiences one day and completely differently another day. Your job is to listen and try piece together the puzzle; you might never know all the details. Gather only as much as much as you need to provide services or support. Only ask questions that will help you assess that services and support the survivor needs and deserves.
9	Use an emphatic voice to reassure the survivor.	Blame the survivor or ask questions like why do you stay with your partner, if you collaborate is perpetrator, or did you have an argument before it happened. Or what were you doing out alone. Or what you were wearing, instead reinforce that gender-based violence is a violation of their rights and is never acceptable,
10	Listen carefully to the survivor's experience and assure their feeling is justified.	Ask the same questions multiple times, if you do not get an answer, keep the conversation going. You can try to rephrase later, once you have built more rapport with the survivor.

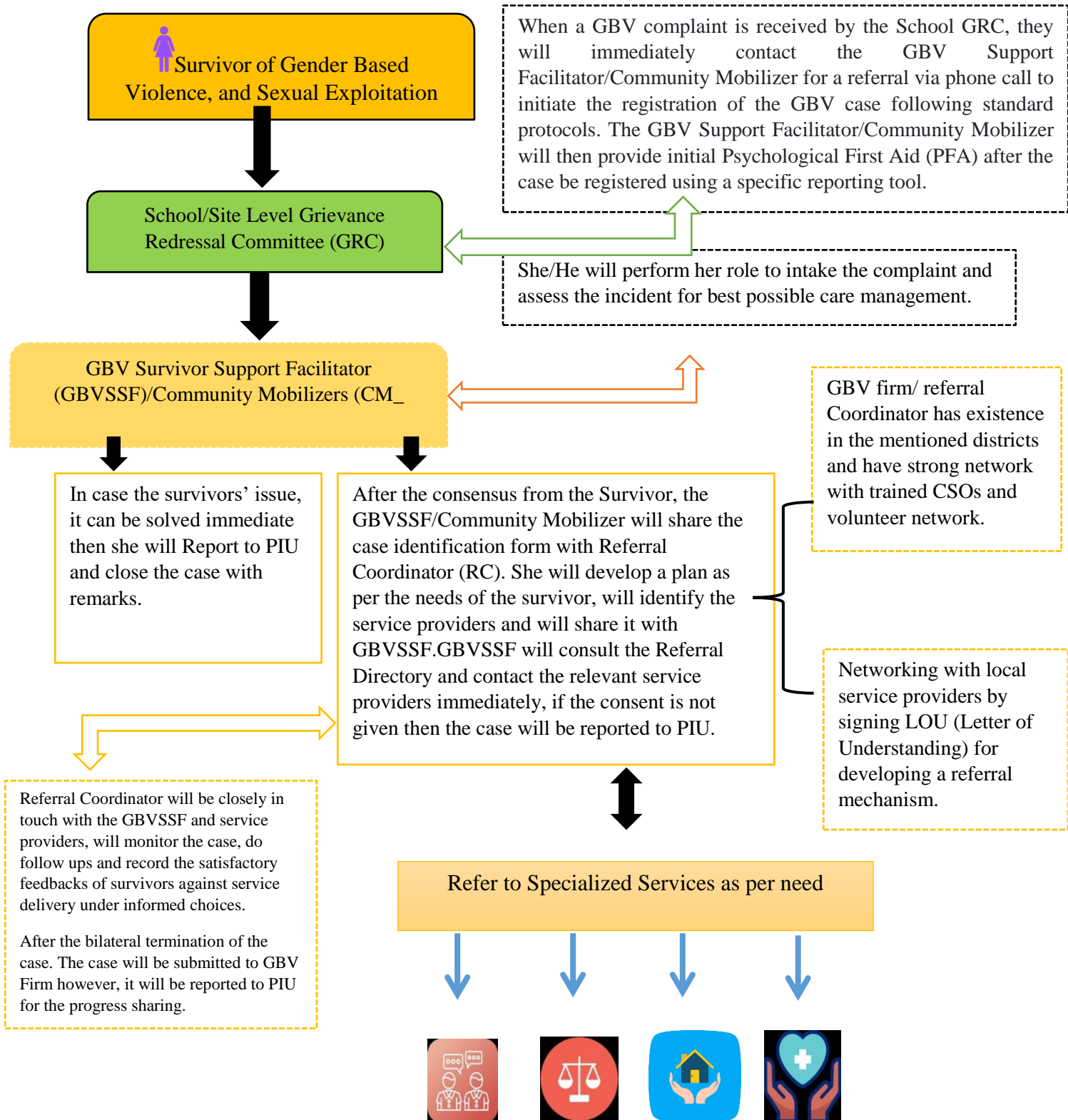
11	Show survivor you believe their story, commend them for doing what they needed to do to survivor and recognize their courage and resiliency	
12	Be Patient, keeping in mind that the survivor is in a state of crisis and could have contradictory feelings. The survivor also might not be able to remember some things such an accurate timeline of events.	
13	Emphasize that Violence is not their fault and that the perpetrator is responsible for their own behavior.	
14	Use supportive statements such as I am sorry this happened to you, or you have really bears through a lot, or we are going to try and get you some help.	
15	Highlight that options and resources are available to the survivor. Emphasize that they can choose which services they want to receive and can change their mind at any point.	
16	Try to find adequate services together with survivor, leave an open door for survivor to come back to you.	

<p>17</p>	<p>Create a safety plan so the survivor can continue accessing services without jeopardizing their safety. If the survivor lives with the perpetrator, you might need to help the survivor think through times they can access services. Ask whatever, it is safe to text or call or you should wait for them to contact you. Do not give material to take home unless you talk through the impact for example if the perpetrator could get upset it might be best to create time in the office for the survivor to read through the material.</p>	
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GBV/SEA/SH Case Handling Flow Chart³

The GBV/SEA/SH Case Handling Flow Chart is a critical tool that outlines the step-by-step process for managing cases of Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH). The flow chart ensures that all cases are handled in a timely, sensitive, and confidential manner, prioritizing the safety and well-being of the survivor. It guides responders through the initial reporting, assessment, and referral processes, as well as the provision of medical, psychological, and social support services. The flow chart also emphasizes the importance of documentation, follow-up, and feedback mechanisms to ensure that cases are managed effectively and efficiently.

³ Under Grievance Redressal Mechanism (GRM) , the same flow chart will be used by GBV Survivor support facilitator under component 2 and by Community Mobilizer who have been hired under 14 districts in component 1. Both the GBVSSF and Community Mobilizer have the



5.3: Specialized Interventions

5.3.1 Gender-Based Violence (GBV) Case Management

- Raising the voices of community to addressing GBV sexual violence, and harmful practices.
- Providing psychosocial support, legal aid, and economic empowerment.

5.3.2 Sexual Exploitation & Abuse (SEA) Case Management

- Responding to exploitation and abuse by drivers/contractor workers or authority figures.
- Ensuring accountability and survivor protection.

5.3.3 Sexual Harassment Case Management

- Handling workplace or institutional sexual harassment.
- Supporting survivors in reporting and accessing justice.

5.4. GBV Incident Reporting Guidelines for Documentation of Cases:

GBV firm KK will ensure the safety and confidentiality of all reported cases through using hard and soft form data stored with KK in head office through specific Google drive/cloud space during the KP –RAP project. However, it is mandatory for KP –RAP team to use the designed tools in properly after training. **Here are some guidelines and protocols for GBV incident reporting:**

1. Prioritize survivor safety and confidentiality.
2. Ensure trained staff/personnel collect information.
3. Use a standardized reporting form (like the one I provided earlier).
4. Document incidents thoroughly, including dates, times, locations, and details.
5. Record survivor's consent for reporting and follow-up actions.
6. Maintain accurate and secure records.
7. Report incidents to relevant authorities (e.g., law enforcement, healthcare providers).
8. Collaborate with support services (e.g., counseling, shelter).

All GBVF and Referral Coordinator will use the GBV Incident Reporting Protocols as mentioned below;

Initial Response (within 24 hours):

1. Ensure survivor safety and provide immediate support.
2. Conduct initial assessment and provide basic care.
3. Inform survivor of reporting options and Rights.
4. Document incident and survivor's statement.

Reporting (within Immediate and 24 hours):

1. Complete standardized reporting form.
2. Submit report to designated authority (e.g. referral coordinator, Referral Partners, KP-RAP Gender Specialist, GBV coordinator).
3. Inform relevant stakeholders (e.g., healthcare providers, social services, legal).

Follow-up (after initial report):

1. Conduct regular check-ins with survivor.
2. Monitor progress and provide updates; GBVSSF and
3. Ensure access to support services, Referral Coordinators will close coordination with relevant stakeholders at district level for expedite the process.
4. Review and update incident report as necessary.

Confidentiality and Data Protection:

1. Maintain confidentiality throughout reporting process.
2. Use secure storage for reports and documentation.
3. Limit access to authorized personnel including KP-RAP GBV specialist, Project Manager and GBV Referral Coordinator of KK.

Training and Capacity Building:

1. Provide regular training on GBV incident reporting.
2. Ensure staff/personnel understand reporting protocols.
3. Build capacity for supportive services (e.g., counseling, shelter management).

To protect the identity of GBV survivors and ensure confidential communication, the following measures and protocols will be implemented:

5.5. Process of GBV Case Incident Registration and Investigation for GBVSSF

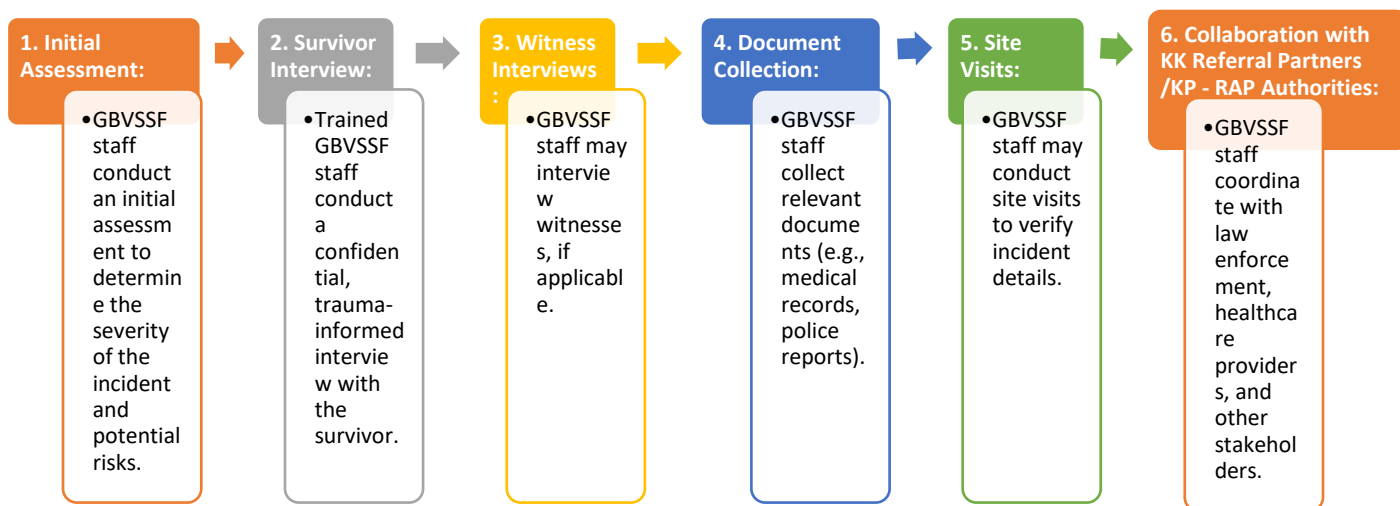
The KK GBVSSF and KK community mobilizers, along with the field monitors of KP-RAP, are the core teams responsible for working closely with the GRC members in each KP-RAP district. Technical support from the Project Manager, GRC Focal Person, and Gender specialist of KP-RAP will provide valuable advice and facilitate timely decision-making in the best interest of girls affected by GBV, SEA, and SH. A survivor-centered approach will be adopted, and all interventions will be carried out according to established protocols.

5.5.1 Investigation and Verification Process:

1. Initial Assessment: GBVSSF staff conducts an initial assessment to determine the severity of the incident and potential risks.
2. Survivor Interview: Trained GBVSSF staff conducts a confidential, trauma-informed interview with the survivor.
3. Witness Interviews: GBVSSF staff may interview witnesses, if applicable.

4. Document Collection: GBVSSF staff collects relevant documents (e.g., medical records, police reports).
5. Site Visits: GBVSSF staff may conduct site visits to verify incident details.
6. Collaboration with Authorities: GBVSSF staff coordinates with law enforcement, healthcare providers, and other stakeholders.

The process for investigating and verifying GBV incidents has been outlined in form of flow chart for training and display purposes:



5.5.1. Verification Criteria:

1. Credibility of survivor's account
2. Consistency of witness statements
3. Corroborating evidence (e.g., medical records, photographs)
4. Physical evidence (e.g., injuries, damage)

5.5.2 Investigation Timeline:

1. Initial assessment: Within 24 hours
2. Survivor interview: immediate in case of rape and within 48 hours
3. Witness interviews and document collection: Within 1 week
4. Site visits and authority collaboration: As needed

5.5.3 Confidentiality and Safety:

1. Survivor confidentiality maintained throughout
2. Safety planning and support provided
3. Secure storage of investigation documents

5.5.4: Investigation Report

This section will be based on true fact-finding substance, which will be consisting of mentioned below;

1. Summary of findings
2. Verification conclusion (substantiated, unsubstantiated, or inconclusive)
3. Recommendations for support and action

5.5.5 Quality Control of Case Management and Referrals:

KK will assure all field's teams are well equipped on knowledge of case referral services

1. Regular review of investigation processes
2. Peer review of investigation reports
3. Continuous staff training and capacity building

GBVSSF Training on Investigation and verification procedures, Trauma-informed interviewing, and Confidentiality and safety protocols.

By following this structured process, GBVSSF staff ensures thorough investigations, maintain survivor confidentiality and safety, and provide accurate verification conclusions.

5.6 Protocols for safety of GBV Survivors:

GBV survivor's safety is very crucial aspect of GBV case management. It is necessary to prepare the safety plan for a survivor to keep her safe and confidential throughout the management of case. Her identity can be replaced with a unique code and number so that her name and personal credentials be safe and limited access will be given to the relevant personnel once the process of facilitation and referral started. While dealing the GBV case in the community/school following key principles will be adhering by KK KP-RAP team;

5.6.1 Survivor's Safety and Confidentiality Need:

Following measures will be allowed to take up by the GBVSSF and Referral Coordinators;

1. Confidentiality agreements for KP – RAP GBV firm staff and volunteers.
2. Prepare a safety plan for a survivor to keep her identity and data confidential by using a pseudonyms or codes instead of names. Limited access to survivor information. It is also necessary to use emergency numbers. and complaint email ID for all information sharing related to the complaint. KK has separate cell number +92-0334-9068158 and compliant registration email ID, complaint@khwendokor.org so they'll be able to seek help from Khwendo Kor in a very confidential way.
3. Online Psychosocial First Aid (PFA) through support platforms (e.g., video conferencing), SMS or What's App for check-ins and updates.
4. In case of travel by survivor, GBVSSF and relevant PM will provide the facilitation for transportation if necessary, keeping in view the need of in-person visit and assessment. However, the access to survivor will also be decided according to the nature of case with consent of survivor, if willing to meet the GBVSSF or any relevant person in KK KP-RAP.

5. Use a safe place for in- person meeting, if the survivor comes under girl category, she will be then consulted in presence of her trust worthy person.
6. For any safety issue, in case of life-threatening situations, GBVSSF and Referral Coordinators will align the need with law and enforcement agencies, including local police station, SHO, Pro-bono Lawyers and attorney of Social welfare department in the district.

5.6.2 Protocols for Safe Communication Channels:

1. KK GBVSSF contact details has been provided to each targeted School GRC and district GRC as primary contact. As Secondary contact a dedicated email ID (complaint@khwendokor.org) and cell number (+92-334-9068158) is allocated and displayed in KK GBV services project structures such as KP-RAP targeted schools, GRCs venues and District Circle Education Offices. A dedicated staff at KK head office looks after the complaint ID email and contact number and bring to the relevant forum of the organization to deal with such complaints as described in KK's policies. (PSEA, HR etc).
2. It will also be printed on documents and IEC material deliver to communities. The communities oriented on how to register their complaint on it.
3. Complaint boxes are installed and displayed at visible places in project structures, Schools and District Circle Education Offices. Head Teacher and Secretary of GRC will be designated as KK staff who used to open these boxes on daily basis and bring complaints, feedback if any to the relevant forums such as KK GBVSSF, field monitors and Grievance and anti-harassment committee accordingly.
4. Verify survivor identity before sharing information.
5. Avoid asking sensitive questions via text/email.
6. Set Clear boundaries and expectations

5.6.3 Protocols for Contact and Support:

1. Initial contact: Survivor-centered, trauma-informed approach.
2. Risk assessment and safety planning.
3. Provision of information on services and support.
4. Regular check-ins and follow-ups.
5. Collaboration with local organizations for additional support.

5.6.4 Monitoring and Evaluation:

1. KK will ensure the regular review of confidentiality measure.
2. Establish the feedback mechanisms for survivors through online survey and random calls.
3. Project manager and Gender Specialist KP-RAP will observe the communication channels and protocols strictly.

5.6.5 Partnerships and Referrals:

1. Referral coordination will closely be initiated at district level with local organizations for additional support.
2. Meeting will be set by referral coordinators and community mobilizers for specialized referral services (e.g., counseling, legal aid).
3. Signing of Memoranda of Understanding (MOUs) with partner organizations.

By implementing these measures and protocols, the organization ensures the protection of survivor identities and provides safe, confidential support and communication channels.

VI. Training and Capacity Building

Training and capacity building are essential components of effective GBV/SEA/SH case management and prevention programs. They ensure that KP-RAP staff, partners, and community leaders have the knowledge, skills, and resources to respond appropriately to GBV incidents and support survivors. Below is a detailed breakdown of training and capacity-building activities:

6.1 Training Requirements for KP – RAP partners staff and concerned stakeholders

6.1.1 Target Audience:

- GRC members, PTC, Contractors, Caseworkers, other frontline staff.
- Partner organizations and stakeholders involved in SEA/SH response and prevention.

6.1.2 Key Training Topics:

- **Understanding GBV/Sexual Harassment/SEA:**
 - Definitions, forms, and dynamics of SEA/SH.
 - Legal frameworks and policies related to SEA/SH.
- **Trauma-Informed Care:**
 - Principles of trauma-informed practice.
 - Recognizing and responding to trauma symptoms.
- **Case Management Skills:**
 - Identification, assessment, and documentation of SEA/SH cases.
 - Developing and implementing individualized care plans.
- **Confidentiality and Ethics:**
 - Maintaining confidentiality and ethical standards.
 - Handling sensitive information responsibly.
- **Referral Pathways:**
 - Knowledge of local resources and services.
 - Effective coordination with other service providers.
- **Self-Care and Burnout Prevention:**
 - Strategies for managing stress and avoiding burnout.
 - Importance of self-care for frontline workers.

6.1.3 Training Methods:

- Workshops, 16 days of GBV campaign/seminars, and sensitization sessions.
- Role-playing and case studies to practice skills at schools and communities.
- Mock Exercises for GBV case management
- Ongoing refresher trainings with component 1 and component 2 relevant GRCs, teachers, students, staff, contractors and drivers.

6.2 Capacity Building for Students and Community Leaders via GBV firm and PTCs:

6.2.1 Target Audience:

- Girls Students, Community leaders, elders, religious figures, and influencers.

6.2.2 Key Objectives:

- Increase awareness of SEA/SH and its impact on individuals and communities.
- Equip leaders with tools to challenge harmful norms and promote gender equality.
- Enable leaders to support survivors and advocate for their rights.

6.2.3 Key Training Topics:

- **Gender and Power Dynamics:**
 - Understanding gender roles and inequalities.
 - Addressing patriarchal norms that perpetuate SH.
- **Community Mobilization:**
 - Strategies for engaging communities in SH prevention.
 - Promoting positive social norms and behaviors.
- **Survivor Support:**
 - How to respond empathetically and refer survivors to appropriate services.
 - Avoiding victim blaming and stigmatization.
- **Advocacy and Policy Change:**
 - Advocating for stronger SH policies and enforcement.
 - Collaborating with local authorities and organizations.

6.2.4 Training Methods:

- Interactive workshops and discussions.
- Community dialogues and awareness campaigns.
- Mentorship and peer learning opportunities.

6.3 Orientation for new GBV firm staff and Partners:

6.3.1 Purpose:

- Ensure new staff and partners understand the approach to SEA/SH case management.
- Familiarize them with policies, procedures, and available resources.

6.3.2 Key Components:

- **Introduction to SEA/SH:**
 - Overview of SEA/SH, its forms, and its impact.
- **Organizational Policies:**
 - Explanation of the organization's SEA/SH response protocols.
 - Code of conduct and ethical guidelines.
- **Roles and Responsibilities:**
 - Clarification of roles within the SEA/SH response team.

- Expectations for collaboration and communication.
- **Resource Mapping:**
 - Introduction to local referral pathways and support services.
- **Case Management Tools:**
 - Training on documentation, reporting, and data management systems.
- **Survivor-Centered Approach:**
 - Emphasizing the importance of prioritizing survivors' needs and choices.

6.3.3 Orientation Methods:

- Formal orientation sessions.
- Shadowing experienced staff members.
- Provision of manuals, guides, and other resources.

Additional Considerations:

- **Monitoring and Evaluation:**
 - Regularly assess the effectiveness of training programs.
 - Gather feedback from participants to improve future training.
- **Sustainability:**
 - Develop a training-of-trainers (ToT) model to build local capacity.
 - Integrate training into organizational policies and budgets.
 - Develop GBV TOT manual and institutionalize in Government department via KP-RAP
- **Cultural Sensitivity:**
 - Tailor training content to the cultural context of the community.
 - Address local barriers to reporting and responding to SH.

By investing in training and capacity building, organizations can ensure that their staff, partners, and community leaders are equipped to provide high-quality, survivor-centered support and contribute to the prevention of sexual harassment. This holistic approach fosters a safer and more supportive environment for survivors and promotes long-term systemic change.

VII. Case Scenario with Survivor Centered Case Management

7.1 Case Scenario # 1 : Harassment at Work Place

Ayesha has always been a pillar of strength, both at home and in the classroom. As a dedicated school teacher in Lakki Marwat, she juggled multiple responsibilities, not only as an educator but also as a mother, daughter, and caretaker. At home, she managed a household with aging parents who depended on her, as well as her young children who needed her constant support. Balancing work and family was never easy, but Ayesha persevered with resilience.

Her role as a chaperone for the school transport under the KP-RAP project was an additional responsibility, which she embraced with the same dedication she showed in all aspects of her life. She ensured the safety of the girls, monitored the driver's performance, and regularly reported to the School's Grievance Redress Committee (GRC) as per the Code of Conduct. However, over the past few days, Ayesha found herself withdrawing from the Chaperone duty. She avoided taking the school van and appeared noticeably disturbed. Her once vibrant presence in the classroom had dimmed, her lessons lacked energy, and she often seemed lost in thought. Sensing something was wrong, the Head teacher called her in for a private discussion.

Initially hesitant, Ayesha eventually opened up to the Head teacher. With a trembling voice, she revealed that the driver had been harassing her during pick-up and drop-off times. The unwanted comments, stares, and threatening gestures had left her feeling vulnerable and scared. She had tried to ignore it at first, believing she could handle it like she had handled every other hardship in her life. But this was different; this was a violation of her dignity, and the fear of retaliation made her feel trapped. Caught between her responsibilities and her own safety, Ayesha was struggling to cope. The emotional burden was overwhelming. She had spent her life fighting battles against financial struggles, societal expectations, and the challenges of being a worker in a conservative community. However, this situation was too much for her to bear. The Head teacher listened intently, her expression shifting from concern to determination. This was not just Ayesha's fight; it was a fight for safety, dignity, and justice. Ayesha would not have to face it alone.

Key Issues:



1: Workplace Harassment: Ayesha is experiencing harassment by the driver, which is affecting her well-being and performance in many aspects of her life.

2: Impact on Work: The situation is impacting Ayesha's teaching performance and her ability to fulfill her chaperone role.

3: Disclosure and Support: Ayesha has disclosed the issue to the head teacher, who needs to provide support and take appropriate action by using the protocols under Harassment at Workplace Act 2010¹

Case Management Process under KP-RAP

Following the established **Case Management protocols**, the incident was addressed as follows:

Step 1: Case Identification

The School Grievance Redress Committee (GRC) documented Ayesha's complaint and referred it to the **GBV Survivors Support Facilitator (GBVSSF)** for further processing.

Step 2: Case Documentation & Review

- 2.1 After the referral of the case from school GRC, the **GBVSSF** conducted a detailed inquiry (within 24 hours), collecting all necessary information about the incident from Ayesha, school driver, and witnesses (Her friends).
- 2.2 A **Case Identification Form** (Incident details, Perpetrator's information, Type of GBV issue etc) was filled out after the signing the consent form (ensuring the Confidentiality, Survivor Centered Approach and Do not Harm Policy, Data Protection Policies etc.) from Ayesha to record the incident officially.

Step 3: GBV Survivor Need Assessment / Prioritize for a need-based Referral

- 3.1 The Case Identification Form was shared by GBVSSF with the **Service Referral Coordinator** to ensure compliance with project protocols and ethical standards.
- 3.2 The **Service Referral Coordinator** reviewed the case and based on the nature & type of the case and as per the informed choices by victim the case was shared in sealed envelope with the Gender Specialist of the **Project Implementation Unit (PIU)** for information and record purpose.

Step 4: Support and Counselling

- 4.1 KK conducted a provincial-level meeting with the Child Protection and Welfare Commission, resulting in the signing of an MOU. According to the MOU, under the KP-RAP initiative, counseling services from a clinical psychologist will be provided by CPWU at the district level.
- 4.2 Ayesha was referred to the psychologist deployed at the district level under the Child Protection Unit (CPWU) for psychological support and counseling to address the emotional distress caused by harassment.

Step 5: Investigation and Action:

A thorough investigation was conducted upon the allegations of Ayesha and the case investigation was shared with School GRC who took the disciplinary measures against the driver. On the basis of the case recommendation, the Driver will be issued a Verbal Notice (On the First attempt of Harassment the Perpetrator will be issued a Verbal Notice, Upon the Second attempt the

Perpetrator will be issued a Show Cause Notice/ Written Notice, Upon the Third attempt the Perpetrator will be Terminated from the duty/Job. If these Warnings are not taken seriously then then the case will be referred to the Provincial Ombudsperson along with all the previous case proceeding details for further disciplinary actions against the perpetrator. (In case of severe and continuous Harassment the Perpetrator will be charged 5 Lac PKR as compensation to the Victim and in some cases imprisonment for 3 years or both can be proposed.

Step 6 : Policy Review and Update:

School's anti-harassment policy was revisited to ensure it is robust and effective in preventing and addressing workplace harassment. Code of Conduct was reshared with the Drivers and a reorientation session was conducted with them

Step 7: Re- Integration/ Re - Orientation:

GBVSSFs were directed to conduct re-orientation and awareness sessions with School teachers and GRC / PTC members, including drivers and chaperons on GBV/Sexual Harassment at Workplace, its impact, Legal consequences, Case Management Protocols, Code of Conduct (COC) and the importance of maintaining a respectful and safe work environment in order to prevent such incidents in future.

Step 8: Follow-Up & Case Resolution

8.1 The **Service Referral Coordinator** followed up with the GRC (within two days) to confirm that the issue was resolved. (Time frame for different GBV issues varies upon the nature and severity of the incident, i.e for Medical services (in case of Rape) the follow up time frame will be one day for test reports and for prolong treatment follow up can be taken within 4-5 days, For Psychological services the time frame will be one day for Psychological First Aid which is given within 24 hours and for therapeutic sessions weekly follow up can be taken, for GBV and Harassment issues follow up can be taken within 5-7 days as the committee respond to the case within 7 days, for legal issues the follow up can be taken within 3 days and in case of case proceedings weekly and monthly follow up will be taken).

8.2 The GBVSSF took follow up from Ayesha and upon her satisfactory note the case was closed after her re-integration. Follow up was taken from her after the termination of the case to help her integrate her well into the environment.

8.3: Once it was ensured that Ayesha and other Chaperones would no longer face such Harassment, the case was formally **terminated** as resolved.

The updated report on case will be submitted to PIU for official record.

7.2 Case Scenario # 2: Financial Abuse

Sara, a determined and hardworking student, comes from a low-income family that struggles to afford even necessities. Despite her financial hardships, she excels academically, believing that education is her only path to a better future. As a beneficiary of the free transportation service provided under the **Khyber Pakhtunkhwa Rural Accessibility Project (KP-RAP)**, Sara depends on this facility to attend school daily.

However, during her final examination period, Sara faced an unexpected challenge. On the morning of her exam, as she boarded the school transport to reach her designated examination center, the driver demanded payment for the ride. He tried to manipulate Sara that since this location was different from her regular school; she was no longer eligible free transport under the existing contract. With no money to spare, Sara found herself in a distressing situation, risking her ability to appear for her exams, which could compromise her entire academic year.

Instead of negotiating with the school administration, the driver placed the burden of payment directly on Sara. Feeling helpless but determined to seek justice, Sara reported the incident to her school's **Grievance Redress Committee (GRC)**.

Key Issues:



1: Financial Exploitation: Sara is experiencing Financial Exploitation by the driver, which is causing her anxiety of not being able to pay the fare and would cause her parents financial burden.

2: Worse impact on Studies: The sudden demand for payment put Sara at risk of missing her crucial final exam, which could have had long-term consequences on her academic progress and future opportunities. The situation is impacting Sara's exam attendance which could cause her compromise her entire year.

Case Management Process under KP-RAP

Following the established **Case Management Protocols**, the incident was addressed as follows:

Step 1: Case Identification

The School **Grievance Redress Committee (GRC)** documented Sara's complaint and referred it to the **GBV Survivor Support Facilitator (GBVSSF)** for further actions.

Step 2: Case Documentation & Review

2.1 After the referral of the case from GRC, The **GBVSSF** conducted a detailed inquiry (within 24 hours), collecting all necessary information about the incident from Sara, school staff, and witnesses.

2.2 A **Case Identification Form** (Incident details, Perpetrator's information, Type of GBV issue etc) was filled out after the signing the consent form (ensuring the Confidentiality, Survivor Centered Approach and Do not Harm Policy, Data Protection Policies etc) from Sara and her parents to record the incident officially.

Step 3: GBV Survivor Need Assessment / Prioritize for a Need Base Referral

3.1 The Case Identification Form was shared by GBVSSF to the **Service Referral Coordinator** to ensure compliance with project protocols and ethical standards.

3.2 The **Service Referral Coordinator** reviewed the case and based on the nature & type of the case and as per the informed choices by victim, the case was referred to the **Project Implementation Unit (PIU)** to look into the administrative issue and to address the transportation mismanagement.

Step 4: Field Investigations and Corrective Actions

4.1 The **Project Implementation Unit (PIU)**'s **Field Monitors** visited the school, interviewed the driver, and assessed the contractual obligations of the transportation service provider.

4.2 Necessary corrective actions were taken to ensure that such financial exploitation of students does not occur again.

Step 5: Policy Review and Update:

School's harassment policy was reviewed and updated to ensure it is robust and effective in preventing and addressing workplace harassment.

Step 6: Re- Integration/ Re - Orientation:

GBVSSFs were directed to take re-orientation and awareness sessions with School teachers and GRC / PTC members, including drivers and chaperons on Harassment at Workplace, its impact, Legal consequences, Case Management Protocols, Code of Conduct (COC) and the importance of maintaining a respectful and safe work environment in order to prevent such incidents in future.

Step 7: Follow-Up & Case Resolution

7.1 The **Service Referral Coordinator** followed up with the **PIU** (within two days as the prompt response was requested from them) to confirm that the issue was resolved. (Time frame for different GBV issues varies upon the nature and severity of the incident, i.e for Medical services

(in case of Rape) the follow up time frame will be one day for test reports and for prolong treatment follow up can be taken within 4-5 days, For Psychological services the time frame will be one day for Psychological First Aid which is given within 24 hours and for therapeutic sessions weekly follow up can be taken, for GBV and Harassment issues follow up can be taken within 5-7 days as the committee respond to the case within 7 days, for legal issues the follow up can be taken within 3 days and in case of case proceedings weekly and monthly follow up will be taken).

7.2 The GBVSSF took follow up from Sara and upon her satisfactory note, the case was closed after her re-integration. Follow up was taken from her after the termination of the case to help her integrate her well into the environment.

87.3 Once it was ensured that Sara and other students would no longer face such financial demands, the case was formally terminated as resolved.

7.3 Case Scenario # 3: A Case of Sexual Abuse

Maria is a bright student who belongs to a financially struggling family. Her father works as a laborer in Karachi to support the household. Due to the family's financial constraints, Maria was enrolled in the free transport service provided by the KP-RAP project to facilitate her daily commute to school.

However, the transport driver reported to the head teacher that Maria had not been availing the transport service for the past one week. The driver expressed his concern, explaining that he had to travel extra miles to reach Maria's home, but her uncle consistently refused to board her onto the vehicle. The driver suggested that if Maria was not using the service, her name should be removed from the list to optimize the transport route, and the driver doubted her uncle as the driver knew the Code of Conduct, so he sensed some danger.

The head teacher surprised by the report, as Maria had been attending school every day without any absence. The teacher was curious to know how Maria was managing to come to school without using the free transport service, especially given her family's limited financial means.

To understand the situation, the head teacher reported the case to GRC who called Maria to the office for an inquiry. Upon being questioned, Maria initially became anxious and started crying. Sensing her distress, the head teacher adopted a compassionate approach, offering comfort and shifting the conversation to a more confidential environment to help Maria feel safe.

With gentle encouragement, Maria disclosed that for the past week, her uncle, who was temporarily acting as their guardian in the absence of her father, had been taking her to school on his motorcycle. Further probing revealed that Maria's uncle had been subjecting her to sexual abuse and inappropriately touching her during these commutes. Maria was depressed and felt helpless, as her father was away, and her mother feared taking any action due to their dependency on the uncle for support.

The head teacher immediately contacted Maria's mother and invited her to the school for a discussion. After sensitively explaining the situation to the mother, the head teacher engaged the GBVSSF (Gender-Based Violence Survivor Support Facilitator) of the KP-RAP project. The GBVSSF visited the school, filled out the Case Incident Form and Consent Form after obtaining Maria's and her mother's consent to proceed with the case.

Key Issues:



1: Trauma Concerns: Maria was being sexually abused by her uncle, causing her trauma and guilt, devastating her psychological well-being.

2: Injuries / Medical Issues: Maria might be gone through some medical issue having physical injury / rashes, and or cuts on her body due to which her health could be at risk.

Following the established **case management protocols**, the incident was addressed as follows:

Step 1: Case Identification

The School Grievance Redress Committee (**GRC**) documented Maria's complaint and referred it to the **GBV Survivor Support Facilitator (GBVSSF)** for further actions.

Step 2: Case Documentation & Review

- 2.3 After the referral of the case from school GRC, the GBVSSF conducted a detailed inquiry (within 24 hours), collecting all necessary information about the incident from Maria, school driver, and witnesses (Her friends).
- 2.4 A Case Identification Form (Incident details, Perpetrator's information, Type of GBV issue etc.) was filled out after the signing the consent form (ensuring the Confidentiality, Survivor Centered Approach and Do not Harm Policy, Data Protection Policies etc.) from Maria and her mother to record the incident officially.

Step 3: GBV Survivor Need Assessment / Prioritize for a Need Base Referral

- 3.1 The Case Identification Form was shared by GBVSSF to the Service Referral Coordinator to ensure compliance with project protocols and ethical standards.
- 3.2 The Service Referral Coordinator reviewed the case and based on the nature & type of the case and as per the informed choices by victim the case was referred to the Project Implementation Unit (PIU) for the record, and the case was then referred to the Child Protection Unit (CPU) by calling on the CPU Helpline No 1121 for further proceedings, As the Victim was a minor and she would get all the services under one umbrella.

Step 4: Referral made to the Child Protection Unit (CPU) on the Maria's case

4.1 Transport Facility: After reporting the Maria's case to CPU, Maria was taken to the CPU by team in the free transport.

4.2 Medical Services: Maria was taken for a medical examination to assess her health condition and collect forensic evidence.

4.3 Psycho-social Support: A trained counselor provided psychological first aid and ongoing therapy to support Maria's emotional well-being.

4.4 Legal Services: Based on the consent of survivor⁴ The CPU referred the case to legal aid society (Pro Bono Lawyer) to initiate legal action against the perpetrator. The Court took serious actions against the perpetrator under Pakistan Penal Code (PPC) 1860 (Amendments) Section

⁴ In this case, the survivor is minor so her mother will be taken on boarded for decision in the best interest of child.

377B (Sexual Abuse - Physical or Sexual Touching without Consent) Minimum 7 years and up to 10 years imprisonment + Fine (up to PKR 500,000).

4.5 Child Protection Services: Maria was placed under protective care to ensure her safety at all the Steps.

4.6 Case Management: The CPU followed up on all services, regularly updating Maria's family and ensuring she received necessary support.

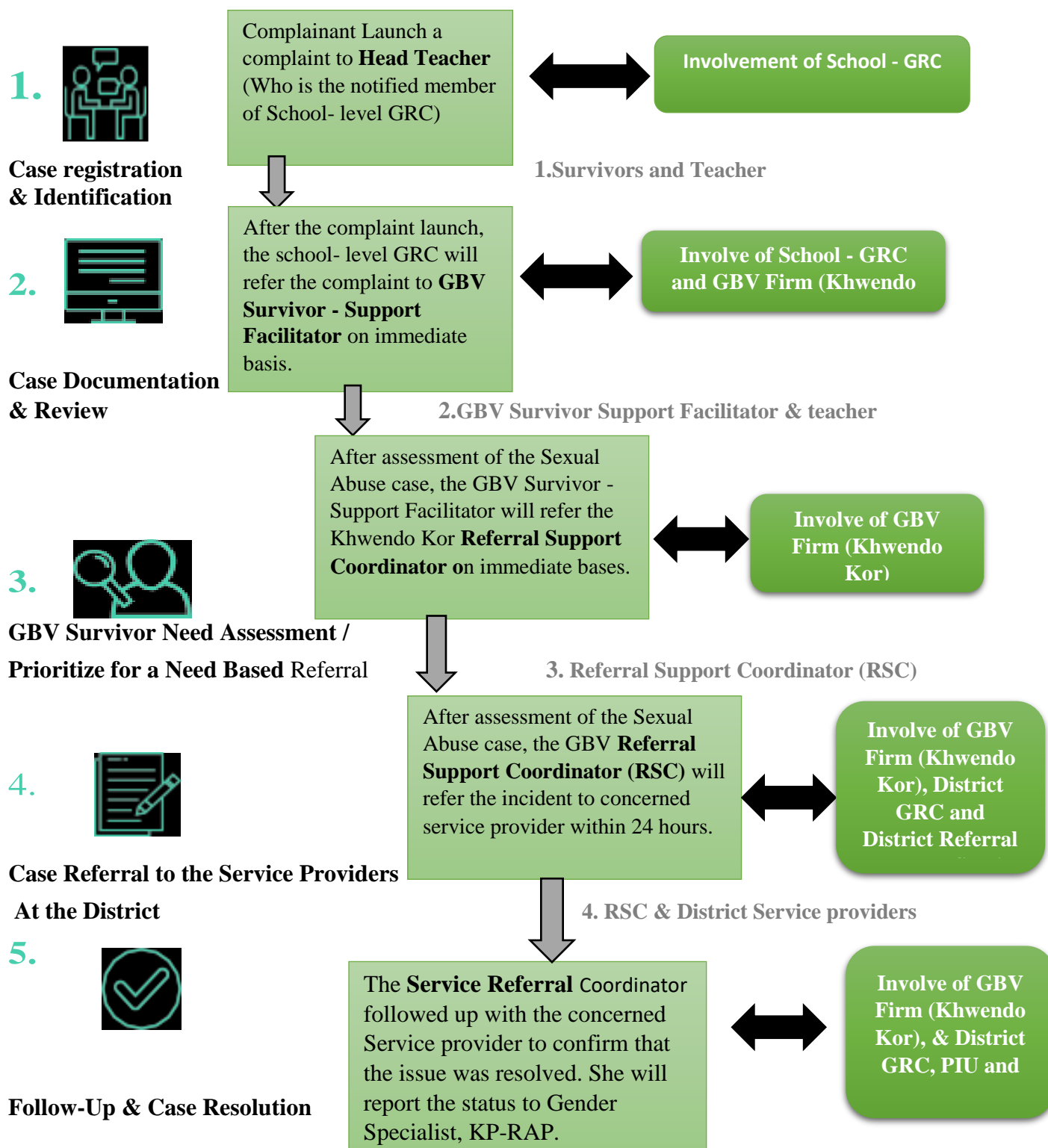
4.7 Social Inclusion: Social inclusion of a sexually abused child is a critical part of the recovery and healing process. So the focus was to restore Maria's dignity, confidence, and sense of belonging within the family, Friends, school teachers, and community without stigma or discrimination. GBVSSF Support Facilitators helped Maria to reintegrate into the environment by ensuring survivor-centered, trauma-informed, and child-friendly approach.

Step 5: Follow-Up & Case Resolution

The **Service Referral Coordinator** followed up with the CPU to confirm that the issue was resolved. *(Time frame for different GBV issues varies upon the nature and severity of the incident, i.e for Medical services (in case of Sexual Abuse / Rape) the follow up time frame will be one day for test reports and for prolong treatment follow up can be taken within 4-5 days, For Psychological services the time frame will be one day for Psychological First Aid which is given within 24 hours and for therapeutic sessions weekly follow up can be taken, For legal issues the follow up can be taken within 3 days and in case of case proceedings weekly and monthly follow up will be taken).*

5.1 The GBVSSF took follow up from Maria and her mother and upon her satisfactory feedback about the referral services, the case will be closed. At this stage, the re-integration of survivor will also be considered practically and sessions with family will possible organized with help of psychologist available at Social Welfare and Child protection Office at district level. Once it was ensured that Maria was safe and sound, the case was formally terminated as resolved.

7.4 Stakeholders Diagram for Case Management under Component 2



VIII. Annexes

8.1 GRCs Notifications



GBV Incident format
final, 11102024.docx

8.2 GBV, SEA and SH incident report forms

8.3 Referral Directory (Link will be added once directory is finalized)



GBV CASE REFERRAL
FORMATE.docx

8.4 Referral Format



GBV Case Follow up
Form.docx

8.6 GBV Case Follow up Form

This framework can serve as a foundation for developing a simple manual. Support has been taken from **World Bank Group Good Practice Note (Environmental & Social Framework for IPF Operations, Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing involving Major Civil Works)**, International Rescue Committee (IRC), Rozan, Save the Children, UNHCR, UNFPA and UN Women,