



The Government of Sierra Leone

NATIONAL REFERRAL PROTOCOL SUMMARY

This document is a short version of the 2022 National Referral Protocol (NRP)

Responding effectively to sexual and gender-based violence (SGBV) means delivering survivor-centred services. This requires a wide range of people being coordinated and collaborating effectively, and each fulfilling their roles and commitments with respect and confidentiality. The NRP ensures that the reporting system works by building trust, respecting confidentiality and ensuring non-discrimination without harming the survivor.

The 2022 NRP sets out how governmental and non-governmental entities support the process of reporting and responding to cases of SGBV experienced by women and girls, men and boys, and people with disabilities. It is implemented in accordance with existing laws, policies and the guiding principles of respect for confidentiality, dignity and rights of survivors.

The protocol guides the coordination of Ministries, Departments and Agencies (MDAs) and frontline service providers responding to SGBV by:

- 1 Outlining roles and responsibilities for delivering survivor-centred and trauma-informed response services.
- 2 Reinforcing the importance of providing survivors with consistent, confidential and professional case management support, enabling them to make informed choices.
- 3 Defining ways to coordinate and refer survivors to receive prompt, coordinated and effective services from the various agencies and providers involved in their care.
- 4 Prescribing standards of professional practice of response services, including case management and referrals, confidentiality, information sharing, recording of sensitive information and avoiding conflicts of interest.
- 5 Presenting a framework for monitoring and evaluation of the protocol.

The NRP also outlines roles and responsibilities for those involved, so that survivors are firmly at the centre of the response.

The following agencies play pivotal roles by committing to undertake the roles and responsibilities assigned to them:

- Ministry of Gender and Children's Affairs
- Office of the Vice President represented by the SGBV Advisor
- Ministry of Basic and Senior Secondary Education
- Teaching Service Commission
- Ministry of Health and Sanitation
- Ministry of Social Welfare
- Ministry of Finance
- Ministry of Justice
- Judiciary, represented by the Hon. Chief Justice
- Ministry of Internal Affairs
- Sierra Leone Police, Family Support Unit
- Ministry of Local Government and Rural Development
- Human Rights Commission of Sierra Leone
- Legal Aid Board Sierra Leone

It is critical that services collaborate and coordinate to take a survivor-centred and trauma-informed approach, and that effective case management supports a survivor to engage with, and navigate, the reporting system. Figure one gives an example of how services can coordinate to support survivors to access services.

Figure 1: A demonstration of how services can be coordinated to support survivors

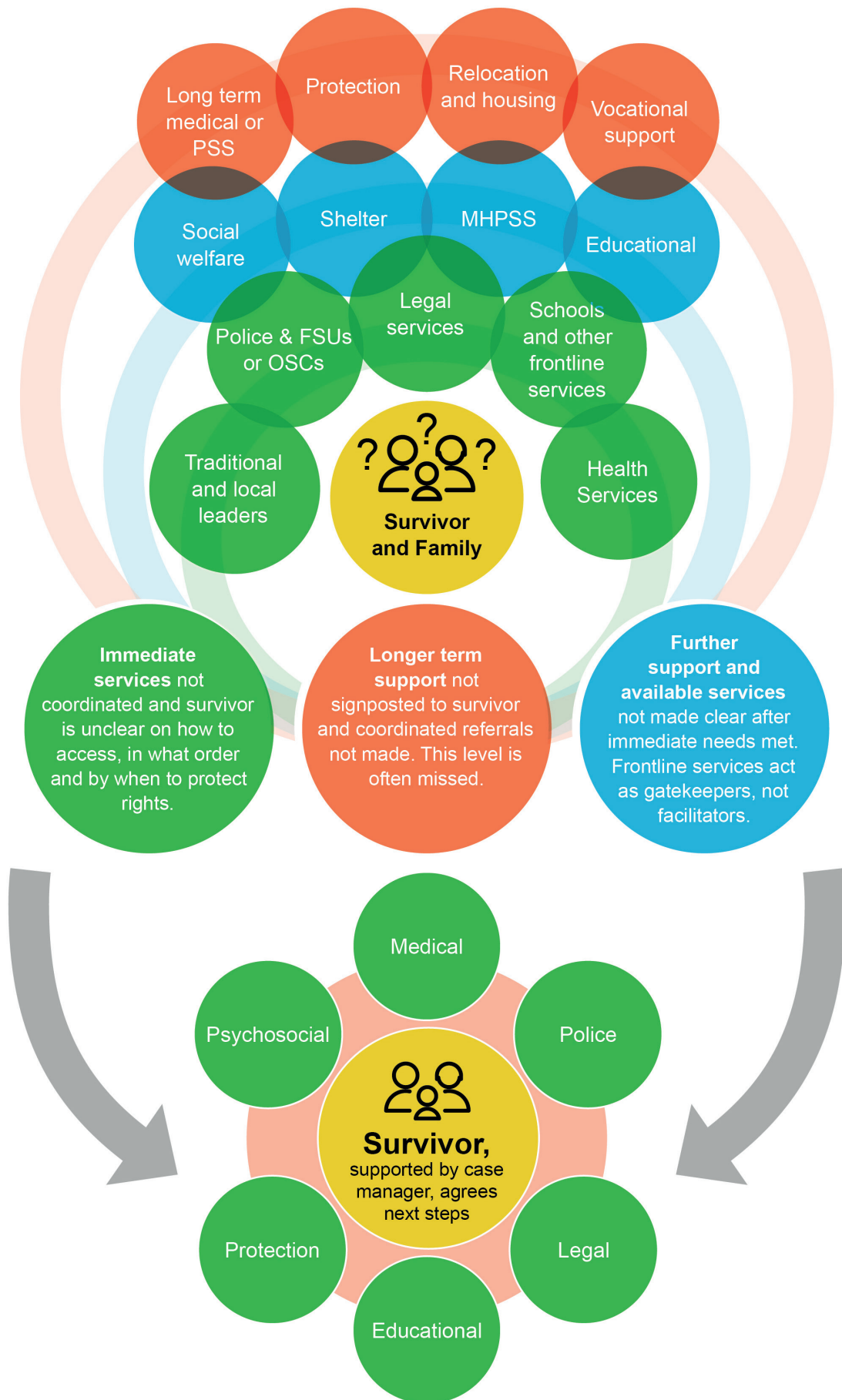


Figure two explains the referral pathway that should be followed once a report of SGBV is made and figure three outlines specific considerations for people with disabilities and child survivors.

Figure 2: Four phases of the referral pathway













<p>1. A report is made</p>	 
<p>Reports can be made to any person, official or not, e.g. teachers, head teachers, health workers, police officers, hotlines, etc.</p>	
<p>Goal: Ensure reporting is accessible, safe and confidential. Any report is referred immediately to the appropriate next service to take timely action.</p>	
<p><i>Existing reporting mechanisms: hotlines (e.g. 112, 116, 8060), FSO, OSC, schools, health centres, police. Survivors could use these or other safe option.</i></p>	
<p>2. Referrals are made to ensure immediate needs are met</p>	 
<p>The immediate services accessed, and in what order, depends on the incident and needs of the survivor. Services must include medical or health care, psychosocial support, case management, legal aid, and police.</p>	
<p>Goal: Ensure that (i) immediate care and needs of the survivor are met; (ii) evidence can be collected; and (iii) appropriate referrals to, or signposting of, other services can be made.</p>	
<p><i>Survivors need professional support and case management for immediate referrals, safe access to services, evidence collection and coordination of services.</i></p>	
<p>3. Referrals are made for further support</p>	 
<p>After meeting the immediate safety and care needs of the survivor, further support will be needed, e.g. housing / shelter, social services, educational, financial, legal, medical, psychosocial.</p>	
<p>Goal: Support the survivor's recovery and ensure services are in place for the case to proceed safely.</p>	
<p><i>Case management support should enable survivor to continue to engage with relevant services, identify their needs, access other services, and support case progress.</i></p>	
<p>4. Long term support & healing needs addressed</p>	 
<p>Survivors of sexual and gender-based violence, or other violence, may need long term support for their recovery and healing. Services may be accessed at this time or signposted as needed.</p>	
<p>Goal: Support the long-term recovery and healing of the survivor and their family.</p>	

Figure 3: Considerations for people with disabilities and child survivors

1. A report is made 		
Considerations for survivors and services	Considerations for survivors with a disability	Considerations for child survivors
<p>Reports can be made to any person, e.g. teachers, head teachers, health worker, police officer, hotline, etc.</p> <p>Relevant services: Rainbo Centres, OSC, FSU, Police, Hotlines (e.g. 116, 8060)</p>	<p>May face challenges depending on the nature of their disability, particularly if they are children. They and their carers may be need support.</p> <p>Additional services: e.g. sign language or braille; trained disability specialists; additional support for carers</p>	<p>May face challenges with reporting depending on age. They and their carers may be need support.</p> <p>Additional services: e.g. child specialists; trained individuals; additional support for family or carers.</p>

2. Referrals made to ensure immediate needs are understood and met by specialists 		
Registration of survivor and case.		
Medical examination...	...with a disability specialist.	...with a child health specialist.
Survivor's statement taken by police...	...with support to enable communication.	...with support to enable communication.
Initial PSS support given to survivor and family...	...with disability specialist.	...with child specialist.
Paralegal assigned...	...who can communicate and work with survivor.	...who can communicate and work with child and carers.
Police Medical Form is endorsed.		
Case manager assigned...	...with disability training.	...with training to work with children.

3. Referrals for further support 		
<p>Referrals to services may include: e.g. further medical care; shelter; social protection; social welfare; psychosocial support; further legal services.</p> <p>Additional services and support are signposted as needed.</p>		
Case manager assesses needs and risks with survivor and carer(s) as relevant.	...paying attention to ensure needs are fully understood and carer's role is assessed.	...paying attention to ensure needs are fully understood and carer's role is assessed.

4. Long term support & healing needs addressed 		
<p>Long-term needs assessed and further services signposted, or further referrals made.</p> <p>Relevant services may include legal aid, vocational and economic independence training, psychosocial support, medical, relocation and shelter, social welfare and protection support, etc.</p>	<p>Long-term challenges may be greater and more difficult to assess and meet for survivors with a disability and their carers.</p> <p>Additional case management support needed.</p> <p>Relevant services may include legal aid, vocational and economic independence trainings, psychosocial support, medical, relocation and shelter, social welfare and protection support.</p>	<p>Long-term impacts will be greater and more difficult to assess and meet for child survivors and their family.</p> <p>Additional case management support needed and links with schools and other key services maintained.</p> <p>Relevant services may include legal aid, vocational and economic independence training, psychosocial support, family support, medical, relocation and shelter, social welfare and protection support.</p>