

Standard Operating Procedures (SOPs) for the Bolo Helpline Khyber Pakhtunkhwa (KP)



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The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques. The third part of the paper presents the results of the study, and the fourth part discusses the implications of the findings.

The research was conducted using a quantitative approach, and the data was collected from a sample of participants. The results of the study indicate that there is a significant relationship between the variables being studied. The findings suggest that the research has important implications for the field.

In conclusion, the study has shown that the research objectives have been achieved. The findings provide valuable insights into the topic, and the results are consistent with the existing literature. The study has contributed to the understanding of the phenomenon being investigated, and the findings have practical implications for the field.

INTRODUCTION

Background

In 2017, the KP provincial government developed the Women Empowerment Policy, with the technical support of UN Women, which was unanimously passed the same year by the provincial assembly. The policy focuses on social inclusion, political participation and empowerment, access to justice and economic empowerment of women. The provincial cabinet of Khyber Pakhtunkhwa also approved the 'Khyber Pakhtunkhwa Domestic Violence Against Women (Prevention and Protection) Bill 2018'. To respond to the needs of women and girls who are survivors of Gender-Based Violence (GBV) in COVID-19, the KPK government restored Bolo helpline, which was established originally in 2016 for survivors of gender-based violence and persons with disabilities. The Bolo is been affiliated with the government's Department of Social Welfare and Women Empowerment Khyber Pakhtunkhwa (KP). Its central office is located at the Directorate of Social Welfare and Women Empowerment KP, University road Peshawar.

The helpline can be reached via a toll-free number. 0800-22227, 24/7. The helpline is operational in 6 districts of the province KP. These districts include Peshawar, Mardan, Swat, Nowshera, Swabi, and Abbottabad. However, the helpline has received calls and helped individuals from other provinces and districts too.

The helpline has a reporting hierarchy such that at the highest reporting line sits the Secretary of Social Welfare, followed by the Director of Social Welfare. Under the Director of the social welfare is the Bolo Helpline's Director to whom the Counsellors, helpline operators, driver, and naibqasid (office boy) report.

Objectives

Protection, information and support are basic, globally recognised rights of survivors of Gender-Based Violence (GBV). The Bolo Helpline in Khyber Pakhtunkhwa aims to provide survivors professional and confidential support, delivered free-of-charge, on a 24-hour basis by staff trained in crisis intervention and GBV. The service functions via the telephone (landline/ mobile phone) with the primary purpose of catering to the immediate physical and emotional needs of survivors of GBV. These may include assessing risk and developing a safety plan, psychological counselling, referrals to other services as needed (police, legal, shelter, financial aid, etc.) and crisis intervention.

Principles

The following guiding approaches and principles, based on a human rights framework and international standards underpin the work of the Bolo Helpline.

Survivor-Centered Approach

The survivor-centred approach is an overarching approach, based on a set of principles and skills designed to guide professionals—regardless of their role—in their engagement with persons who have experienced GBV. It means that all actors, case management and specialised service providers engaged in GBV programming prioritise the rights, needs and wishes of survivors.

National and international standards

The Constitution of Pakistan, and relevant internationally recognised standards, conventions, treaties and/or instruments signed by the Government of Pakistan, guarantee the fundamental rights of liberty and security of every person. These principles, along with the law, shall form the basis for all policies and practices adopted for services offered by the Bolo Helpline to GBV survivors.

Safety and protection

The safety and security of the survivor will be a priority and the primary consideration in support provision. All interventions will be conducted based on a risk assessment, and protection will be offered to those at risk.

Dignity and respect

All the caller/survivors shall be treated with due respect of their inherent dignity and value as human beings. Principles of human rights will be applicable to all caller/survivors.

Beneficence and non-maleficance

The concepts of ‘doing good’ and ‘doing no harm’ will guide all interactions. The role of service provider is to facilitate recovery and provide resources to aid the survivor. In addition, all callers/survivors must be protected from all forms of abuse, including Sexual, Exploitation and Abuse (SEA)¹

Self-determination

Callers/Caller/survivors’ right to informed choice and voluntary consent for any decisions or actions taken on their behalf should be fully respected. Information on the guidelines and the services provided by the Bolo Helpline must be conveyed to the callers through means that ensure their full understanding of the communication.

Privacy and confidentiality

Callers/survivor have the right to choose to whom they will or will not tell their story, and information should only be shared with their informed consent. Records and identity of the caller/survivors/callers shall be kept confidential to ensure privacy, respect and dignity.

Priority

An assessment of immediate needs and risks will be carried out immediately. Crisis cases shall be addressed on a priority basis without any undue delay.

Equality and non-discrimination

Survivors should receive equal and fair treatment regardless of their age, class, race, religion, nationality, ethnicity, class, professional or any other characteristic. There shall be no discrimination on the basis of any of these.

Rights-based approach

A rights-based approach seeks to analyse and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation

¹United Nations (UN) (2017). Preventing sexual abuse and exploitation: policies and protocols. <https://www.un.org/preventing-sexual-exploitation-and-abuse/content/policies-and-protocols>

and abuse, in accordance with principles of human rights law.

Quality

The Bolo Helpline must adopt appropriate systems of external oversight to ensure a level of transparency of operations. Periodic appraisals and evaluations shall be incorporated in the management system of the helpline to maintain the quality of services for the caller/survivors.

Accountability

All Helpline staff are accountable to the callers/survivors for failing to respecting their rights and or neglecting their responsibilities. There must be mechanism is place for dealing with violations of caller/survivor rights

STANDARD OPERATING PROCEDURES (SOPS)

1. Scope of Services

1.1 Eligibility

Any woman, girl (including transgender) affected by GBV, will be eligible to use the Bolo Helpline. All women, irrespective of their age, colour, ethnicity, religion, language, community, ability, profession, sexuality or citizenship status, etc., will be eligible.

1.2. Case management approach

The Bolo Helpline will employ a case management approach for handling caller/survivor cases. This means it will serve as a central point for callers, handling their concerns from the point of calling to coordinating with, and facilitating referrals and finally to when the case is closed.

1.3. Psychological Support

A primary service being offered to women and girls who call the Bolo Helpline will be basic psychosocial support, crisis support and referral. Psychosocial support is essential in assisting women and girls to achieve an immediate sense of security, reaffirm their rights and alleviate distressful feelings, such as fear and shame. It can significantly improve the emotional health, wellbeing and the overall quality of life of women and girls as well as increase their access to other opportunities like education and employment. The counsellor may refer caller/survivors to other services for GBV-related support and for psychiatric help in case of psychiatric illness.

1.4. Basic Legal information

The Bolo Helpline will provide basic legal information related to GBV to caller/survivors who require such support. For more detailed legal information and assistance, caller/survivors will be referred to professional lawyers/legal aid services.

2. Structure and mechanisms

2.1. Timings and coverage

- 2.1.1. The Bolo Helpline will function 24 hours a day, 7 days a week, including public holidays.
- 2.1.2. The Bolo Helpline will have 3 landlines. Two of these will be designated for caller/survivor calls, while the third may be used to third party calls. The helpline number will always have at least two attendees. The Director will act as back-up if required.
- 2.1.3. Three (at least 2 female) Operators will cover the helpline at the main office during official working hours (Monday to Friday, 9am to 5pm)
- 2.1.4. For after-hours and weekends, all the staff (the Operators, the Director the regular Counsellors) and one part-time weekend Counsellor will rotate to be on call in shifts of two. They will attend calls via mobile phones (linked to toll free numbers) to which calls will be automatically forwarded during non-work hours.
- 2.1.5. The helpline will, if possible, have a mechanism for an optional call-back service for missed calls from caller/survivors. If this mechanism cannot be provided as an option, it will not be installed as it may be dangerous for the caller/survivor to have anyone from the Bolo Helpline call them back in case the perpetrator of the violence is near the survivor and sees/receives the

call instead.

- 2.1.6. The Director will also be on call for crisis situations after hours and on weekends via mobile phone.
- 2.1.7. The senior most psychosocial support Counsellor will provide backup support for after-hours crisis support via mobile phone if the Director is unable to attend.
- 2.1.8. Each Operator's duty shifts will change or reshuffle after every 6 months.
- 2.1.9. The Bolo Helpline office will be equipped with 3 landlines against toll free numbers, 3 handsets, 2 mobiles, 2 desktops, 2 call centre desks, 2 private counselling cabins, a functioning internet service, 1 Director desk, UPS and intercom facility with stationary. Periodic review should be done to address any emerging needs.

2.2. Staffing

Considering the sensitive nature of the Bolo Helpline caller/survivor and of the services offered, a skilled staff with relevant qualifications (management, psychology, management, social/human rights work), demonstrated professionalism and relevant experience staff will be needed.

2.2.1. Types of staff

Staff will consist of the following:

- Director
- Three Operators (at least 2 female)
- Two counsellors/psychologists (both female)
- One-part time (after-hours/weekend) counsellor
- Part-time Counselling supervisor
- Office boy office hours
- 1 guards/watchman for official hours
- A guard on rotation (for after-hours/weekends)

2.2.2. Responsibilities of key staff

The responsibilities of Director will be to:

- Prepare/ consolidate work plans and progress of the Bolo Helpline
- Ensure achievement of intended results and targets of the service
- Supervise and manage the team for implementation of project activities and achievement of desired targets
- Guide counsellors and caller/survivors in mediating dispute, conduct of preliminary investigations, prepare referrals and provide lawyers' written statements, evidences and other related information wherever required.
- Ensure the helpline is serving as a referral link to other support institutions

- Ensure compliance with the Code of Conduct² and Standing Operating Procedures (SOPs) of the Bolo Helpline outlined in this document and internal policies and procedures.
- Ensure the counsellors have supervision and are regularly attending supervision meetings
- Verify records maintained by the counsellors regarding caller/survivor information
- Maintain close coordination with other programme partners.
- To ensure establishing referral mechanism to other supportive committees, institutions, Police stations, hospitals, protection centres, lawyers, and NGOs or Group working for the GBV survivor
- To ensure assistance in mediating dispute, approach relevant law enforcement agencies, conduct of preliminary investigations, prepare referrals and facilitate in lawyers' statements, evidences and other related information via helpline, make court appearances, etc.
- To develop and maintain up to date provincial level Bolo Helpline Referral Directory (See Making referrals).
- Support in capacity building of Bolo Helpline and ensure privacy and confidentiality of caller identifying information, according to ethical requirements, SOPs and as safeguarded in the Prevention of Electronics Crimes Act 2016³
- Seek out opportunities for, facilitate and ensure capacity building of the staff
- Ensure mechanisms for counsellor self-care (e.g., through supervision, team building, stress management activities, etc.) at work.
- Effectively manage conflict between staff at work.
- Liaise closely, continuously and constructively with primary stakeholders, legal aid centres, local authorities and other relevant project stakeholders to exchange ideas on the gender-sensitive implementation of project activities, processes and impacts.
- Meet emerging needs from implementation of the projects
- Prepare and submit progress reports and monitoring templates as and when required to designated project personnel
- Ensure that all caller/survivor records are being properly maintained and all resources of the centre are used as per the guidelines provided by the donor

The responsibilities of the Operators will be to:

- Respond respectfully to helpline calls from callers
- Assess immediate needs of callers/survivors (GBV survivors)
- If needed, provide basic legal/service information or refer the caller/survivor to the Director (for more detailed legal information)
- If needed, refer to one of the Counsellors

²See Annex 2: Sample Code of Conduct for a GBV Helpline, adapted from Standard Operating Procedures for Gender-Based Violence Prevention and Response, GBV Sub-cluster, Turkey Hub - Syria, 2018. https://reliefweb.int/sites/reliefweb.int/files/resources/gbv_sc_sops_2018_english_final.pdf

³In 2016, the Prevention of Electronic Crimes Act ("PECA") was enacted to provide a comprehensive legal framework to define various kinds of electronic crimes, mechanisms for investigation, prosecution and adjudication in relation to electronic crimes. Section 21 provides that use of electronic means that may result in reputational damage or breach of privacy shall be punishable with imprisonment of up to 7 years or with which may extend up to 5 million rupees or both.

- If needed, refer to another service, as required
- Follow the Code of Conduct

The responsibilities of the Counsellors will be to:

- Provide psychological first aid and if needed, more comprehensive psychosocial counselling.
- Keep information about callers confidential.
- Assist the Director in overall management of the Bolo Helpline
- Maintain complete records/logs of callers/survivors accessing the helpline for support in both hard as well as in soft form in prescribed Forms.
- Assist the Director in identifying callers/survivors in need of and wanting services such as Shelter, Psychosocial Support, Legal Aid, Medical Aid etc. as well as Rehabilitation and Reintegration assistance
- Maintain an up-to-date referral Directory at the Bolo Helpline
- Provide referrals, in consultation with the caller/survivor, for long term psychological support, medical support, legal aid, shelter or other support services
- Conduct follow-up on helpline calls using protocols and referral databases.
- Ensure compliance with Standing Operating Procedures (SOPs), Code of Conduct and other policies and procedures
- Carry out any other task/s related arising needs of the assignment
- Maintain the highest level of professional and ethical conduct at all times

The responsibilities of the Counselling Supervisor will be to:

- Hold a supervision meeting with the counsellors once a month
- Support the counsellors in managing their own stress
- Report any abuse or exploitation on the part of the counsellors to the Director or if needed to the Advisory and Complaints Committee
- Follow the Code of Conduct

2.2.3. Key requirements for staff

It will be ensured that the Director and Counsellors have or develop the following skills, attitudes and knowledge:

- A thorough understanding of, and sensitivity to GBV
- Excellent communication skills
- Sound understanding of ethics in working with GBV survivors
- Knowledge of the Bolo Helpline Code of Conduct and its breaches

- Knowledge and understanding of Bolo Helpline policies and procedures, including on sexual harassment and other forms of SEA
- Competency in Urdu and Pashto
- Additionally, for the Director: A Masters in social sciences/social work/community work, at least 5 years of experience; basic management skills; knowledge of laws and legal processes related to GBV
- Additionally, for the Operators: A Bachelor's degree; at least two year's work experience; basic legal information related to GBV
- Additionally, for the Counsellors: A Masters in Counselling/Clinical Psychology and demonstrated (through at least 2 years' experience) competency in psycho-social counselling; experience working with women, communities, gender/GBV will be preferred

2.2.4. Capacity building

- Arrangements will be made for the necessary staff training and capacity-building, depending on their specific roles, so that they are able to safely, effectively, and ethically perform their duties.
- Capacity building will include training in confidential reporting, data collection, management and maintenance using online systems.
- A refresher's training on SOPs shall be given to the staff every 6 – 12 months
- The Director of the Bolo Helpline shall reach out to civil society organisations/NGOs/consultants for staff trainings and develop a regular capacity building system
- An annual sessions/workshops for information sharing and mutual learning shall be arranged with other provincial helplines
- The Director will organise and ensure that the staff (including the Director) attend an induction orientation immediately (within the first week) after starting their positions. This will be conducted either as a training workshop, or if this is not immediately possible, in a small group or one to one session with an Advisory and Complaints Committee member or an NGO GBV trainer. The orientation will include information and sensitisation to key issues (gender, GBV, legal literacy, awareness of services and Bolo Helplines Code of Conduct and policies and procedures, especially those relating to safety/crisis management, confidentiality, privacy and data management)
- The Director will see out opportunities for and ensure all the staff continue to actively attend regular training session on gender issues, legal literacy, family laws, recognising handling psychological distress, sensitisation on gender-based violence, team management, financial and administrative management, etc.
- The staff shall undergo a psychological assessment on an annual basis.
- The Director shall organise and make arrangements for the training of all staff and concerned people on sexual harassment laws and SEA

3. Dealing with caller/survivors⁴

3.1. *The Operator's role*

The Operator will:

- 3.1.1. Answer the call politely and introduce themselves with their first name.
- 3.1.2. Ask the caller/survivor gently and politely to explain what support they require.
- 3.1.3. Treat the caller/survivor with respect
- 3.1.4. Gently encourage the caller/survivor to explain their situation.
- 3.1.5. Avoid any distraction or interruption during the conversation.
- 3.1.6. Make sure the survivor feels comfortable. Use a calm tone.
- 3.1.7. Be systematic. Proceed at the survivor's own pace, while still obtaining all the important information
- 3.1.8. Be compassionate and non-judgmental.
- 3.1.9. Explain what they are going to do at every step.
- 3.1.10. Assess immediate need, especially immediate safety concerns and risk (see Responding to Crisis Cases).
- 3.1.11. If caller/survivor requires general information/legal awareness, provide the information that s/he can, otherwise refer to the Director. If more information or legal aid or other service is required, refer to another service (lawyer/legal aid, shelter, NGO, etc).
- 3.1.12. If the caller/survivor appears distressed and/or asks for psychological support, refer to the Counsellors

3.2. *The Counsellor's role:*

The Counsellor will:

- 3.2.1. Speak to the caller/survivor politely and introduce themselves with their first name
- 3.2.2. Make sure the survivor feels comfortable. Use a calm tone.
- 3.2.3. Gently encourage the caller/survivor to explain their situation
- 3.2.4. Treat the caller/survivor with respect, and not display any judgmental, stigmatising, biased (whether related to age, religion, sect, language, class, disability, gender/sexuality, etc) discriminatory or "blame the victim" attitudes
- 3.2.5. Assess immediate need, including double check safety concerns
- 3.2.6. Encourage the caller/survivor to talk and let her tell her story the way she wants to and document it in her own words where possible
- 3.2.7. Provide basic emotional support through active listening and supportive communication tools to all callers/survivors.

⁴See also Annex 1: Communicating with survivors of GBV

- 3.2.8. Be aware that emotional reactions of survivors in response to GBV are very personal.
 - 3.2.9. Be attentive to verbal/tonal signs of psychological distress/disorder
 - 3.2.10. Be systematic. Proceed at the survivor's own pace, while still obtaining all the important information
 - 3.2.11. Assess psychological support needs and especially identify protective factors, risk factors, as well as negative and positive coping mechanisms.
 - 3.2.12. Refer to a mental health professional/organisation if more intensive or long-term psychological support is required.
 - 3.2.13. Provide callers/survivors with sufficient time, free of noise and interruptions to discuss their situation and identify possible options for future course of action.
 - 3.2.14. Provide information on appropriate and sensitive services and facilities for legal support, medico-legal care, shelter, psychological/psychiatric care, addiction support, child care, etc.).
 - 3.2.15. Inform the caller/survivor of all their options.
 - 3.2.16. Give correct, understandable and use-friendly information to the caller/survivor, taking care to explain complex procedures and to avoid technical jargon.
 - 3.2.17. Give the caller/survivor clear and comprehensive information on their rights (including requests to change the counsellor.
 - 3.2.18. Discuss immediate plans and decisions regarding the caller/survivor.
 - 3.2.19. Obtain the caller/survivor's informed consent for all decisions.
- Note: *Consent will be called 'informed consent' only when proper information is conveyed to the caller/survivor, possible advantages and disadvantages of any related decision are discussed with the caller/survivor, it is given without any stress, pressure or coercion, the caller/survivor is in a safe and comfortable place, she is given enough time to think and take the decision.*
- 3.2.20. Take the caller/survivor's consent verbally, and document in their notes. Written consent may be required for legal purposes in some situations.
 - 3.2.21. In the case of an unaccompanied child survivor, refer any decisions to the Bolo Helpline Director, who will in consultation with the team and an Advisory and Complaints Committee member,⁵ make a decision in the best interest of the child based on a risk assessment
 - 3.2.22. In the case of adult caller/survivors, take the consent of the caller/survivor as final.
 - 3.2.23. Not influence the caller/survivor's decision in any way.
 - 3.2.24. Maintain the confidentiality of the caller/survivor. Thus, names, address or any other identifying information about the caller/survivor or their respective family must not be discussed with any other institutions (except for referral purposes with the consent of the caller/survivor) and/or media.
 - 3.2.25. Talk directly with the caller/survivor regarding a personalised safety plan, danger/lethality assessment and shelter, or other services, and eligibility, even if the call is made by a

⁵See Advisory and Complaints Committee in Monitoring and Evaluation

professional, or third party on behalf of a GBV survivor.

- 3.2.26. Follow up with the caller/survivor (after prior consent has been obtained) and with service to ensure that caller/survivor needs were attended to and further action determined.
- 3.2.27. Close the case when the issue has been resolved, the caller/survivor is satisfied or the caller/survivor asks for the case to be closed.
- 3.2.28. After case closure, ask the caller/survivor for their feedback and satisfaction level. Record feedback for future action and improvement.
- 3.2.29. Never ask the caller/survivor to advance the interest of the Bolo Helpline or any service provider. Using caller/survivors in such a manner would be considered as exploitation and make the offender liable to appropriate legal action.
- 3.2.30. Never invite callers to their own homes, nor will they go to the homes of callers or their friends or family for the purpose of crisis intervention or helpline work.
- 3.2.31. Never give your personal information/personal cell number to your caller/survivor

3.3. *Responding to crisis cases*

- 3.3.1 Bolo Helpline will follow a crisis protocol mechanism for crisis cases, which must comprise immediate access to the police, shelters and emergency services/ambulances in hospitals. After assessing the nature of the crisis and immediate safety need, and depending on the crisis, one or more of the following steps may be followed:
- 3.3.2 The receiver of the crisis call (Operator or Counsellor) immediately informs the Director while still on call via an internal communication system (email, internal phone line, text message)
- 3.3.3 The receiver asks the caller/survivor if they need and are able to call crisis numbers (police, shelter, ambulance/fire station) If so, these numbers are provided.
- 3.3.4 If the crisis is life threatening, the receiver provides guidance for immediate safety, such as helping the caller/survivor (and any minors involved) to identify ways of leaving the crisis situation and move to a safer place (e.g., a public place such as the street, the home of a neighbour/relative/family, the police, a hospital or clinic, etc., or any other meeting point for a pick up by a crisis service) for help or until a crisis service
- 3.3.5 The receiver obtains all important details - a call back number if the caller/survivors consents to it, or an agreement on how to get in touch with the caller/survivor for a follow up (such as a relative or friend's number), or an agreement on when the caller/survivor will call back as a follow up – from the caller/survivor
- 3.3.6 The receiver mobilises the required crisis service, and coordinates between the caller/survivor and the service to ensure the services reaches them and removes them from the crisis situation. If the police intervention is not readily available and there is an urgent help required especially that related to medical concerns, the Director will deploy their crisis unit mobile to rescue the survivor.
- 3.3.7 The Director (or in the absence of the Director a designated staff member) supervises the crisis protocol until the caller/survivor is deemed safe. If required in complex cases, support may be sought from a member of the Advisory and Complaints Committee
- 3.3.8 If necessary, the Director may follow up with the crisis caller/survivor if consent was given,

otherwise only with the crisis services involved to ensure the survivor's immediate needs were met.

- 3.3.9 The Helpline team will continue to develop its crisis protocol and security plan to ensure security for a caller/survivor when needed.

3.4. Making referrals

- 3.4.1. The Bolo Helpline shall have a clear, efficient and effective referral mechanism (especially crisis protocols) in place and all staff must be aware of the system.
- 3.4.2. The Bolo Helpline Director shall gather up-to-date information about service providers and organisations relevant to potential caller/survivor needs for example the police, shelters, NGOs working on GBV, psychological support, psychiatric help, legal aid services/lawyers, childcare, hospitals, financial aid/income generation/employment agencies or any other services that may be considered useful.
- 3.4.3. There shall be a complete referral directory within the Bolo Helpline that shall be updated on quarterly basis.
- 3.4.4. The directory will be clearly categorised into services, for example, police, accommodation/shelter, health/hospitals (including kinds of doctors), GBV related NGOs, legal aid, mental health support (psychologists and psychiatrists separately), financial aid, meal provision, job/income support opportunities, educational/skill building opportunities, etc.
- 3.4.5. The referral directory shall include the current contact information of service providers, organisations and institutions providing the services.
- 3.4.6. To formulate and update the list and to include any service on the list, the manager of the Bolo Helpline shall establish relationships and have meetings with the concerned department/service provider and seek their official collaboration.
- 3.4.7. After obtaining agreement consent of service providers to work with survivors voluntarily, the manager of the Bolo Helpline shall send a formal letter to organisations which are to be added in the referral list.
- 3.4.8. The Bolo Helpline shall give an orientation to the service providers on the kind of cases Bolo Helpline would be referring, the needs and expectation of the Bolo Helpline from the service providers and on the ethical handling of survivors of violence.
- 3.4.9. The service providers at the referral list should be sensitised and trained to deal with survivors of violence. The referral list/Directory shall have only the service providers/organisations who are aware of all forms of violence against women, girls, children and transgender; have sensitivity towards issues of violence; commit to working with people without discrimination of class, gender, race and ethnicity; have attended an orientation on ethical guidelines; are prepared to deal with the cases of VAW; are aware of their role in interacting with survivors; and are willing to work on a voluntary basis or at a nominal fee to cover the case expenses.
- 3.4.10. Two referral focal points should be identified for each agency (one primary plus one secondary focal point who will manage referrals in absence of the primary referral focal point).
- 3.4.11. The Director and Counsellors shall ensure that all focal points are trained and know how to receive and to make referrals. Any change of focal point should be communicated promptly to

Director.

- 3.4.12. The directory and its copies shall be displayed or kept in a place that is easily and quickly accessible for any staff member who needs it.
- 3.4.13. If and when required, the caller/survivors shall be referred, with their consent and without delay, to the services on the directory. Depending on the caller/survivor situation and the sensitivity of the case, the caller/survivor can either be specific service or services according to their needs and requirements and which is most accessible, or if needed the Operator/Counsellor/Director can contact that service/s on the caller/survivor's behalf, with their consent.
- 3.4.14. For referring callers/survivors to a specific service, the manager of the Bolo Helpline shall confirm that the contact information of the service provider, organisation and institution is updated.
- 3.4.15. Counsellors will help caller/survivors in actively defining their needs and in deciding what options meet those needs best to avail the referral services. The caller/survivor must be informed in case of gaps/limitations of the referral services and be prepared for the kind of service they may receive.
- 3.4.16. The Director shall update the information in the Directory regularly (every six months is recommended) to avoid giving callers/survivors misinformation. at risk, especially in resource-poor settings where access and mobility are already scarce.
- 3.4.17. The process of referral should be continuously monitored and reviewed. There should be a complete follow-up with both callers/survivors (with their consent) and referrals. The caller/survivor shall be encouraged to report to the manager of the Bolo Helpline in case of any complaint with the referrals.
- 3.4.18. Provincial departments could play a vital role so leading department will develop a referral system
- 3.4.19. Any referral must always prioritise confidentiality and security of the survivor.

3.5. Case follow-up

- 3.5.1. The Bolo Helpline shall have clear procedures for regular follow-ups of on-going and concluded cases through phone calls.
- 3.5.2. The counsellor will seek the consent of the survivor for follow-up to obtain feedback regarding case progress or any further assistance required or level of response provided by referral partner. However, even if the caller/survivor does not consent to the follow up, the Helpline will still check up on the status of the services provided to the with the referral services.
- 3.5.3. Where consent is present and it is not a crisis case, the Operator or, for more sensitive issues, Director will contact the client on the number given by her within two days of the referral to obtain feedback and assess the situation. If the referral was to a mental health service/professional, the follow up shall be done by the Counsellor working with the survivor. Where consent has not been given by the caller/survivor, the same will be done with the referral service.
- 3.5.4. Cases shall continue to be followed up on a weekly basis until the issue has been resolved/the client is satisfied.

- 3.5.5. In crisis cases, such as where there is threat or increased risk associated with the life of survivor, the Director will follow up by calling first on the same or next day (with the client with consent or with the referral services, followed by regular calls as required according to the level of crisis (daily, on alternate days or weekly).
- 3.5.6. After the emergency has been managed, the Helpline will continue following up for some time. For the first year this will be monthly (for the first 3 months) and then 3-monthly. For the second year, depending on the situation, follow up may be reduced to every 6 monthly bases.
- 3.5.7. The entire process of the follow-up, including every step, shall be documented and added in the caller's/survivor's file.

4. Monitoring system

4.1. *Maintaining a Code of Conduct*

- 4.1.1. All actors involved in the prevention of and response to GBV should understand and sign a Code of Conduct⁶ or a similar document, setting out professional standards of conduct.
- 4.1.2. All stake holders, members, staff and supporting agencies will maintain a duty of care to beneficiaries and a responsibility to ensure that beneficiaries are treated with dignity and respect and that the standards outline in this document are observed.
- 4.1.3. The Director will take the responsibility of supporting and developing systems which maintain this environment.
- 4.1.4. The Director and staff will work together to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct.
- 4.1.5. The Code of Conduct will be posted in clear view of the staff at the Bolo Helpline office and signed by all professional and support staff

4.2. *Regular monitoring*

- 4.2.1. The Director will be in charge of the day to day running of the Bolo Helpline and of professional case management.
- 4.2.2. The Director will review new caller/survivor files with minimum delay, regular caller/survivor files weekly and all caller/survivor files on a monthly basis.
- 4.2.3. The Director will conduct weekly meetings with the Counsellors and Operators to review cases and their progress.
- 4.2.4. The Director will ensure that Counsellors are receiving regular supervision and will seek feedback from the supervisor on a monthly basis.
- 4.2.5. Quarterly meetings will be held by the Bolo Helpline team to review the general running of the helpline, to address issues and gaps, and planning.
- 4.2.6. Annual staff performance appraisals will be conducted by the SWD as per government regulations.

⁶See Annex 2: Sample Code of Conduct

4.3. Breach of conduct

- 4.3.1. Corruption, threat, emotional, verbal or physical abuse; pressurising someone on the basis of his or her religious faith, sexual use or exploitation forced labour or prostitution (Sexual Exploitation of Abuse – SEA); forced or imposed decisions; retention of caller/survivors' personal property (including money); and violation of caller/survivors' privacy by Bolo Helpline staff shall be considered as a gross violation of client rights.
- 4.3.2. The SWD shall develop crisp and clear policies to deal with any breaches.
- 4.3.3. Disciplinary action shall be taken by the SWD against the Director or any staff member about any alleged breach that is brought to their notice
- 4.3.4. Immediate action will be taken against referral services providers, consultants, partners, volunteers working with staff found guilty for the abuse of power.
- 4.3.5. Sexual Exploitation and Abuse (SEA) will constitute grounds for termination of employment.
- 4.3.6. Sexual abuse of minors will be considered an aggravated offence and will be dealt with through legal means. Mistaken belief in the age of a child will not be considered a defence.

4.4. Establishment of an Advisory and Complaints Committee

- 4.4.1. The SWD will appoint an Advisory and Complaints Committee (ACC) with the prime objective of advising the Director on complex cases and to resolve the grievances of the Bolo Helpline caller/survivors or staff members transparently.
- 4.4.2. The ACC will include a representative from the SWD (who will act as Chair) a member of the KPCSW, a representative of local NGOs/CSOs working in a relevant field (GBV) and the Bolo Helpline Director.
- 4.4.3. The ACC shall meet regularly once in 3 months
- 4.4.4. Ad-hoc meetings can also be convened in case of emergency or to follow-up the violations of human rights or abuses inside the Bolo Helpline.
- 4.4.5. Individual committee members may be contacted for advice or complaints resolution as needed.
- 4.4.6. Caller/survivors will be provided a number for their feedback by indicating their level of satisfaction on a Richter scale, at the end of the call. This feedback will be automatically forwarded to the Chairperson of the ACC.
- 4.4.7. Bolo Helpline Staff may also contact the Chair for their complaints.
- 4.4.8. If any grievance is against a member of the ACC, the concerned member cannot be engaged in the process of resolution of that grievance.
- 4.4.9. Follow-up of all grievances, suggestions and/or requests are ensured by the ACC.
- 4.4.10. The ACC will share the status of the grievances and minutes of the meetings with Directorate SW monthly.
- 4.4.11. ACC members shall ensure that reported cases are addressed on a timely basis and in a transparent and unbiased manner.

- 4.4.12. ACC members will respect the confidentiality of the cases and should not disclose any information to any external party.
- 4.4.13. All grievances shall be resolved on merit, and ACC members shall not take any action in retaliation of any grievance raised by a caller/survivor against an ACC member.
- 4.4.14. ACC members should pay attention to all security and safety of complainants.

4.5. Data and record keeping

- 4.5.1. Keeping all the data and records is mandatory for the Director of the Bolo Helpline. The counsellors will gather data and share with the Director on a designed system and plan in report form (preferably soft copies only).
- 4.5.2. The record and data shall be stored in two categories; overall functions and activities of Bolo Helpline and the record and data of callers/survivors.
- 4.5.3. The following forms will be used to collect and document caller/survivor data: Log form (to keep a record of all the calls received), Intake Form, Referral Form, Case Notes Form, Case Closure Form, Feedback Form and Follow up Form. Even if other variations of the forms are used, it will be important to document each call, they key issues, a safety assessment, the services offered, the counsellors' observations, referrals made, a plan of action, any other information received, including from professionals or third parties, feedback/progress report from services and feedback from the caller/survivor.
- 4.5.4. Each caller/survivor will have her own file, which will contain all her forms and any other documents pertaining to her case
- 4.5.5. Initially, caller/survivor data will be noted down manually. It will then be entered on computerised software of the helpline where a randomised code will be assigned to the caller/survivor, enduring her confidentiality.
- 4.5.6. The Director and counsellors will have access to caller/survivor data through a unique user name and password.
- 4.5.7. For reporting purposes, the data will be analysed automatically by the computerised software and the caller/survivors' names will be automatically removed.
- 4.5.8. For reporting purposes, the data is analysed automatically by the computerised software of the helpline. The software ensures the caller's privacy by removing the caller's name from the reports.
- 4.5.9. Maintenance of all data, information, documents (legal papers, medical reports, psychological reports and other) shall be the responsibility of the Director.
- 4.5.10. The Director will review caller/survivor information, and discuss with the Counsellor if required or follow up with the caller/survivor if consent was this was given.
- 4.5.11. The Director shall develop a signed Code of conduct with concerned department regarding the dissemination and publication of data and records.
- 4.5.12. Meeting minutes, decisions orders, notifications and visits shall be recorded by the Director.
- 4.5.13. At the end of every 6 months a bi-annual, and at the end of the year a yearly report will be developed by the Director and shared with the Department.

- 4.5.14. All personal information shall be kept confidential and be shared only with the full and informed consent of the caller/survivor.
- 4.5.15. For security purposes, an effort will be made to keep all records only in soft/ digital form. If hard copies of any data are kept, they must be secured through multiple means (e.g., in cabinets with codes locks, with codes known only to the Director and the counsellors.
- 4.5.16. The staff shall be bound to keep the secrecy of data and information and not allowed to share with anyone without the prior permission of the caller/survivor and the Director.
- 4.5.17. Data will be shared only when necessary for the caller/survivor's needs
- 4.5.18. Case files (i.e., intake or incident report forms) will only be shared within the context of referral and with the consent of the survivor
- 4.5.19. Services on the referral directory must also agree in writing to the data privacy and sharing protocols before they are included.
- 4.5.20. No caller/survivor data will be shared with the media.

4.6. Monitoring and evaluation (M&E)

Monitoring is the systematic process of collecting, analysing and using information to track a programme's or project's progress toward reaching its objectives and to guide management decisions. Monitoring usually focuses on processes, such as when and where activities occur, who delivers them and how many people they reach and how they are going. Monitoring is conducted after a programme has begun and continues throughout the programme implementation period.

Evaluation, is the systematic assessment of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institution's performance. Evaluation focuses on expected and achieved accomplishments, examining the results (inputs, activities, outputs, outcomes and impacts), processes, contextual factors and causes, in order to understand achievements, difficulties or weaknesses. Evaluation aims at determining the relevance, impact, effectiveness, efficiency and sustainability of interventions and the contributions of the intervention to the results achieved.

- 4.6.1. The Bolo Helpline in collaboration with the SWD shall develop an M&E framework and conduct M&E on an annual basis for its functioning and activities.
- 4.6.2. The plans and strategies of Bolo Helplines will be reviewed based on the results of the M&E reports

5. Staff care

5.1. Safety

- The staff dealing with callers will not reveal their real names and will be assigned code names instead and share with the caller/survivor that these are their counselling name.
- No personal information about the staff member will be given to any caller
- A guard will available at the premises at all times
- The Director will establish contact with the local police and alert them to potential security issues at the Bolo helpline office.
- Emergency/police numbers will be displayed at the Bolo Helpline office

- Mobile numbers assigned to staff for after-hours will not be traceable
- The support staff shall be oriented on all code of ethics of helpline

5.2. *Stress management*

- The Director will arrange workplace stress management sessions/workshops for the staff every 6 months.
- The Counselling Supervisor will address worker stress during supervision.
- Adequate lunch breaks and 2 other brief breaks will be built into the staff timings.
- Shifts for after-hours work will be regularly shuffled and rotated to ensure breaks.
- Team-building/recreational activities will be conducted at least once in 6 months.
- Stress leave will be included in sick leave.
- Debriefing meeting should be arranged when needed

Annex 1: Communicating with survivors of GBV

The initial responses of the first responder to the survivor set the tone for the relationship and for the quality of the communication that takes place afterwards. The main job of responder at this point is to facilitate communication and encourage and empower (give power to) the caller/survivor to feel as much as at ease as she can under the circumstances to feel that she has done the right thing by reporting the violence and to speak about it. The following are some guidelines developed by Rozan for how to respond (and how to communicate non-verbally), followed by what to avoid, during your interaction that help communication:

DOs

- DO appreciate her for reporting the violence, for example "It was brave of you to come here/report this/continue this process"
- DO explain your role and the process to the survivor, e.g., "My role is to help you with...."; What we will be doing now is...."
- DO show that you understand "I understand that this is difficult for you to do/talk about"
- DO ask questions gently (both open-ended and closed-ended) "How did you feel when he said that to you?" "Can you tell me what made it hard for you to get out of the situation?" Can you remember what happened just after this?" Did this happen before or after...?" "Were you children there when this happened?"
- DO ask for elaboration, clarification "Could you tell me whatever you remember about what happened?" "And what happened next?"
- DO show genuine concern and empathy "I am concerned that you are too scared to give me all the information."
- DO assess risks (health, security, children, shelter, etc). "Do you think you are in any immediate danger?" "What are you most worried about right at this moment?" Can you tell me about some of the times you have felt most unsafe around your husband? What have you noticed about your husband during those times when you feel unsafe? What is he doing? What

is his state of mind like? Are you alone with him? If not, who is with you?) Have you noticed anything in particular that comes before the violence? "Are you feeling safe at the moment?" "Where is he (perpetrator) at the moment?" "Do you need to find a safe place right now?" "What the places you can go to right now?" Who are the people who can help you immediately?" "

- DO give important information that is needed (crisis services, immediately health check needs, etc)
- DO allow silence, pauses.
- DO empower the survivor by encouraging her to take decisions, etc. "What would you like to do about this?"
- DO show support. "I am here to help you."
- DO give the survivor space and time. e.g., "Are you ready?" "Do you need a few minutes to relax?" "Do you need more time think about this?" You can take some time and remember what happened."
- DO give the survivor full attention and listen closely to survivor concerns
- DO validate the survivor's feelings and normalise. Many women who go through experiences like yours feel this way. It's natural to feel angry/scared right now."

DON'Ts

- DON'T push too hard too soon: "Hurry up and tell me what exactly he did." "Do you want to tell me what happened or not?"
- DON'T doubt what the survivor is saying, e.g., "Are you sure this happened?"
- DON'T asking blaming questions., "Why didn't you tell anyone sooner?" "What did you do to make him so angry?" "What were you doing out at that time?" "Why did you keep screaming?" "What did you expect after that?"
- DON'T judge survivors "How can you not remember how it started?"
- DON'T try and solve the problem without following due process
- DON'T express shock, horror at survivor's story "Oh my God! How could someone do THAT?"
- DON'T criticise survivor's abuser, offender, etc. "What a terrible father you have!"
- DON'T give survivor false hopes and reassurances "Don't worry.... everything will be fine."
- DON'T pity the survivor or make her feel helpless "Oh you poor thing! That's completely shattering!"
- DON'T negate survivor's feelings "There's no need to feel so angry about that."
- DON'T give advice (unless it is specifically your job to do so – e.g., lawyer) or tell the survivor what to do or pressurise her to make a decision
- Don't get too emotionally involved with the survivor – you are not her sibling, friend, parent,

spouse or teacher. You are a professional/an advocate, who must maintain a professional relationship who is there to support her through a difficult process and make her own decisions.

Annex 2: Sample Code of Conduct for GBV Helplines

1. All staff of the Bolo Helplines should understand and sign this Code of Conduct,
2. setting out professional standards of conduct.
3. The Helpline has a duty of care to its beneficiaries and a responsibility to ensure that beneficiaries are treated with dignity and respect and that certain minimum standards of behaviour are observed.
4. In order to prevent abuse of any kind, especially Sexual Exploitation and Abuse (SEA), the following core principles must be incorporated into the Helpline's Code of Conduct:
 - Sexual exploitation and abuse of callers by Helpline staff constitute violations and are therefore grounds for termination of employment.
 - Sexual activity with minor callers (those under the age of 18) is considered an aggravated violation, will constitute grounds for termination of employment and legal action. Mistaken belief in the age of a child is not a defence.
 - Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading, or exploitative behaviour with a caller is prohibited. This includes exchange of assistance that is due to beneficiaries.
 - Personal relationships between staff members and beneficiaries are strongly discouraged and intimate relationships prohibited, since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of support work.
 - Where a staff member develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, s/he must report such concerns via established agency reporting mechanisms, such as to the Director or to a member of the Advisory and Complaints Committee.
 - Humanitarian workers are obliged to create and maintain an environment which prevents SEA and promotes the implementation of their code of conduct.
 - Directors have particular responsibilities to support and develop systems which maintain this environment.
 - To ensure the maximum effectiveness of the Code of Conduct, it should be posted in clear view in the public areas the office, introduced and explained, signed by all staff and kept in employee files.
 - All posted and distributed copies of the Code of Conduct should be translated into the appropriate language of use for the field area.

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