

### Purpose of the Tools

Monitoring and evaluation is the process of collecting and analyzing information about the project that tells you whether you are on track to reach your objectives, and whether or not the project achieved or contributed to the desired impact.<sup>31</sup> In order to know whether or not you are on track to achieving your program's objectives, you must monitor the project during implementation as well as evaluate its impact at the end of the project. Monitoring the progress of the project allows you to adapt the program as needed to ensure that you attain your objectives. It is necessary to plan for monitoring and evaluation when you design your program; this will help you both to design an effective program and ensure that you plan (and budget) for appropriate monitoring and evaluation activities.

Monitoring GBV incident data frequently and regularly will enable you to continuously assess changes in prevalence and types of GBV in your setting. By gathering and reviewing this information, you will be able to evaluate your program's effectiveness and develop a better program that responds to specific needs and circumstances in your target community as they change over time.

The process of monitoring and evaluation generally helps you answer the following questions:

- Are we doing what we said we were going to do?
- Are we achieving what we said we would achieve?
- Is the project design sound? How can it be improved?
- What were the unintended consequences?
- Is our program causing the observed changes?

Or, in the Causal Pathway Framework language:

- Inputs: Were program inputs available, adequate, timely?
- Activities: Were activities performed on schedule?
- Outputs: Were outputs produced? Were they of acceptable quality?
- Effects: Were effects observed?
- Impact: Was impact achieved?

For GBV programs, measuring outputs and effects, i.e., using Output and Effect Indicators, has proven most useful. Impact of GBV programs is observed only after some years of programming.

### Tools Included in this Chapter

- *Sample Output and Effect Indicators*
- *Incident Report Form/Consent for Release of Information*
- *Monthly Statistical Report Forms*
- *Client Feedback Form*

31. The IRC Causal Pathway Framework: A Guide to Program Design, Monitoring and Evaluation. International Rescue Committee, May 2001.

## Description of the Tools

The samples of *Output and Effect Indicators* (defined in the Program Design section) can be useful in GBV program monitoring and evaluation. Following a multi-sectoral framework, *it is recommended that programs establish at least one indicator for response in each sector (health, psycho-social, security, legal/justice), at least one indicator about coordination, and at least one indicator related to prevention.* You may also choose to establish activity indicators to measure your activities. Activity monitoring (in addition to output and effect monitoring) may be required by some donors.

The *Incident Report Form* will enable you to collect and organize data about individual incidents of GBV using a consistent method that will facilitate better information sharing and storage. *The Consent for Release of Information Form* must be used to secure consent from individuals whose information you will be disclosing to other organizations or individuals. It is the responsibility of the GBV staff to maintain beneficiaries' confidentiality (please refer back to the Rights and Responsibilities of GBV Program Beneficiaries and Employees, pg. 165 of this manual).

The *Monthly Report Forms* enable the monthly compilation of GBV data in your setting. The forms should be completed every month in order for the information provided to be reliable and helpful. Regularly filling out monthly statistical reports will enable you to compare data about GBV over a series of months, identify trends, monitor long-term and short-term changes, and spot consistent issues or problems in your setting.

The *Client Feedback Form* will help you compile data from beneficiaries of GBV programs. This will give you important information on what beneficiaries believe are the strengths and weaknesses of your program, especially in terms of service delivery.

Some of the tools include additional introductory information and instructions. Read and follow these carefully. It should be remembered that monitoring and evaluation is a process that begins with well-considered objectives and clear and specific intended outcomes. Ongoing monitoring and evaluation includes *consistent* data collection and review.

**Health services**

| Name of indicator                     | Type of indicator | Definition of Sample Indicator   |
|---------------------------------------|-------------------|--|
| Health staff training tools           | Output            | GBV training curriculum for health care staff developed and in use   |
| Health staff qualifications/ training | Output            | <i>Calculate:</i> Number of health care staff successfully completed GBV training / Total number of health care staff (all levels)                       |
| Active screening for GBV              | Effect            | <i>Calculate:</i> Number of GBV reports identified by active screening at health center / Number of GBV reports  |
| Timely and appropriate post-rape care | Effect            | <i>Calculate:</i> Number of reported rape survivors receiving basic set of health services within 3 days of incident / Number of reported rape incidents |

**Psycho-Social: Individual and Community**

| Name of indicator  | Type of indicator | Definition of Sample Indicator   |
|--|-------------------|--|
| Gender balance in community mobilization                                       | Output            | Number of men's groups engaged in GBV awareness raising and prevention (Note: if using this indicator, need to clearly define the characteristics of groups)   |
| Gender equity in decision-making   | Effect            | Number of refugee governing bodies that include equal numbers of men and women   |
| Level of community awareness   | Effect            | <i>Calculate:</i> Number of women members of refugee governing bodies who state women's opinions are influential in group decisions / Number of women members of refugee governing bodies  |
| GBV and human rights awareness raising   | Effect            | Increase in GBV report-rate<br>Increase in timely post-rape care (calculation above in Health Services)  |
| Survivors/women at risk engaged in reintegration and/or empowerment activities | Output            | GBV and Human Rights training curriculum developed and in use  |
|  | Output            | <i>Calculate:</i> Number [Refugees, NGO Staff, UNHCR Staff, Police, etc.] successfully completed Human Rights Training / Total Number of [Refugees, NGO Staff, etc.]   |
|  | Output            | <i>Calculate:</i> Number of Survivors successfully completed vocational training courses or income generation projects / Total number of survivors identified  |
|  | Output            | <i>Calculate:</i> Number of women at high risk for GBV successfully completed vocational training courses or income generation projects / Total number of women at high risk for GBV identified [note: if using this indicator, need to clearly specify "high risk"] |

32. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research and Training Institute, 2000-2003.

## Police and Security Systems

| Name of indicator                               | Type of indicator | Definition of Sample Indicator  |
|---|-------------------|---|
| Security system                                 | Output            | Number of police present per 10,000 population  |
| Police training and capacity building tools     | Output            | GBV training curriculum for police developed and in use   |
|   | Output            | Police procedures or guidelines for GBV cases established in local language   |
|   | Output            | Number of guidelines distributed to police officers and commanders  |
| Police trained in GBV procedures                | Output            | <i>Calculate:</i> Number of police successfully completed GBV training / Total number of police (all levels)              |
| Gender-balanced security forces                 | Output            | <i>Calculate:</i> Number female camp-based security workers / Number camp-based security workers                          |
|   | Output            | <i>Calculate:</i> Number female police officers / Number police officers  |
| Police interview procedures                     | Effect            | <i>Calculate:</i> Number of police posts with private interview space in use for GBV cases / Total number of police posts |
| Community awareness raising and Police training | Effect            | <i>Calculate:</i> Number of GBV related assault cases reported to police / Total number GBV assault reports               |

## Criminal Justice System

| Name of indicator                  | Type of indicator | Definition of Sample Indicator   |
|------------------------------------|-------------------|--|
| Proportion of cases filed in court | Effect            | Number of GBV cases filed in court / Number of GBV cases reported to police  |
| Case outcomes                      | Effect            | <i>Calculate:</i> Number of GBV cases with Acquittal or Conviction within X months of the date charges are filed / Total number GBV cases filed in court |

## Coordination

| Name of indicator       | Type of indicator | Definition of Sample Indicator   |
|-------------------------|-------------------|--|
| Multi-sectoral approach | Output            | Multi-sectoral and Inter-agency procedures, practices, and reporting forms established in writing and agreed by all actors |
|                         | Output            | Number of organizations involved in developing those guides  |
|                         | Output            | Number of written procedures distributed for multi-sectoral referral and coordination                                      |
|                         | Output            | Number of inter-sectoral coordination meetings held  |
| Coordination            | Output            | Number of contributing factors identified in coordination meetings through trend analysis of GBV reports                   |
|                         | Output            | Number of inter-sectoral strategies developed to address identified contributing factors                                   |

## Introduction

The **Incident Report Form** is recommended for use by actors engaged in prevention and response to gender-based violence in refugee settings. The Incident Report Form is an inter-agency tool and was designed for the following purposes:

- To provide a comprehensive summary of the most relevant information about an individual incident.
- As an information sharing tool, to be copied and shared (with survivor consent) among and between actors or organizations involved in assisting the survivor and/or taking follow-up action.
- As a method for preventing the survivor from repeating the story and answering the same questions during multiple interviews.
- As a tool for collecting the most basic and relevant data, for use in monitoring and evaluating GBV incidents and GBV programming.
- As a means of collecting consistent data in all settings, to enable worldwide comparison of GBV data across programs, settings, countries, and regions.

The Incident Report Form is not an interview guide. Staff who interview survivors must be properly trained in skills for interviewing, active listening, and emotional support necessary for working with survivors. Separate forms may be needed for interview guides and note taking. It is important to remember that a survivor may be emotionally traumatized. Therefore, great care must be taken to interview with compassion and respect. It may be appropriate to complete the form outside of the presence of the survivor.

Mechanisms and procedures for reporting, referral, and coordination should be established during the design stage of GBV programming. Meet with organizations and individuals in your setting to determine each group's information needs and how best to use the completed Incident Report Forms.

In most settings, the following procedures are useful:

- One organization or group is designated as the "lead agency" for maintaining all report data, receiving the majority of reports, and providing immediate assistance. Often, this is either the UNHCR Community Services staff specializing in GBV, or a health care facility's reproductive health center, or a refugee women's organization.
- Original completed Incident Report Forms are maintained in the lead agency's offices in locked files.
- **With Survivor consent to share information:**  
Lead agency gives copies of the completed Incident Report Form, within 24 hours, to organizations most in need of this information, such as UNHCR Protection, health facility, and the designated community services agency. Others, such as police, may also receive copies, depending on Survivor's choices.
- **Without Survivor consent to share information:**  
In a camp setting, the lead agency provides information to UNHCR Protection within 24 hours; however, the incident report MUST NOT include any information identifying the Survivor. UNHCR needs this information in order to perform their protection mandate. In a non-camp setting, participating agencies should determine the methods for sharing NON-IDENTIFYING information in cases where a Survivor does not provide consent, so to protect the anonymity of Survivors but also satisfy the goal of collecting data on GBV cases.

33. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research & Training Institute, 2000-2003, and *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, Guidelines for Prevention and Response*, UNHCR, May 2003

## INSTRUCTIONS FOR COMPLETING INCIDENT REPORT FORM

### PAGES 1-2

#### INCIDENT TYPE:

Use consistent words/definitions to enable proper data collection, tracking of incident data, monitoring, and evaluation.

The following types of GBV are recommended to characterize incident type. You will need to discuss with your GBV stakeholder/inter-agency team and add any types/definitions of GBV that are occurring in your setting and not included on this list.

#### **Rape/Attempted Rape**

An act of non-consensual sexual intercourse (the invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the genital or anal opening of the victim with any object or any other part of the body by force, threat of force or coercion). Any penetration is considered rape; efforts to rape someone which do not result in penetration are considered attempted rape. Consent by a minor must be evaluated against international standards in which those under the age of 18 are legally considered unable to provide informed consent. Rape/attempted rape may include:

- rape of an adult female;
- rape of a minor (male or female), including incest;
- gang rape, if there is more than one assailant;
- marital rape, between husband and wife; or
- male rape, sometimes known as sodomy.

#### **Sexual Abuse**

Other non-consensual sexual acts, not including rape or attempted rape. Sexual abuse includes acts performed on a minor. As above, even if the child has given consent, sexual activity with a minor may indicate sexual abuse because she/he is considered unable to give informed consent. Examples of sexual abuse are:

- forced removal of clothing;
- forcing someone to engage in sexual acts, such as forced kissing or forced touching; or
- forcing someone to watch sexual acts.

#### **Sexual Exploitation**

Sexual exploitation includes sexual coercion and manipulation by a person in a position of power who uses that power to engage in sexual acts with a person who does not have power. The exploitation may involve the provision of assistance in exchange for sexual acts. In these situations, the survivor may believe that she/he has no other option than to comply (perhaps to protect her family, to receive goods or services, etc.), so that even if consent is given, it is *manipulated* or *coerced*. Examples include:

- humanitarian worker requiring sex in exchange for material assistance, favors, or privileges;
- teacher requiring sex in exchange for passing grade or admission to class;
- refugee leader requiring sex in exchange for favors or privileges; or
- soldier or security worker requiring sex in exchange for safe passage.

#### **Forced Early Marriage**

This occurs when parents or others arrange for and force a minor to marry someone. Force may occur by exerting pressure or by ordering a minor to get married, and may be for dowry-related or other reasons. Forced marriage is a form of GBV because the minor is not allowed to, or is not old enough to, make an informed choice.

## **Domestic Violence: Intimate Partner or Other Family Members**

Domestic violence takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between family members (for example, mothers-in-law and daughters-in-law). Domestic violence may include sexual, physical, and psychological abuse. In any reference to domestic violence, it is important to be clear whether the violence is perpetrated by an intimate partner or another family member. Other terms used to refer to domestic violence perpetrated by an intimate partner include "spousal abuse" and "wife battering." Examples include:

- slapping, hitting, beating, kicking, use of weapons;
- verbal and emotional abuse, including public humiliation, forced isolation;
- murder or threats to life;
- spouse's control and deprivation of his/her partner's access to food, water, shelter, clothing, health care, fertility (forced pregnancies and/or abortions);
- wife is beaten or abused for not performing her duties according to husband's expectations (refuses sex, food is late to be prepared, etc.); or
- a woman is beaten by her mother-in-law because of the woman's subordinate status in the household.

## **Trafficking for Sex or Labor**

Trafficking, as defined by the International Organization of Migration (IOM), occurs when "a migrant is illicitly engaged (recruited, kidnapped, sold, etc.) and/or moved either within or across borders...Intermediaries (traffickers) during any part of this process obtain economic or other profit by means of deception, coercion, and/or other forms of exploitation under conditions that violate fundamental human rights of migrants."<sup>34</sup> Women and girls are at primary risk of trafficking, in the form of trafficking for domestic work, forced prostitution, forced marriage, etc.

## **Female Genital Cutting (FGC)**

FGC entails cutting of healthy female genital tissue, usually as part of a traditional ceremony that symbolizes rite of passage for the victim. Adult women and girls may consent to FGC due to social and cultural pressure, or may be physically forced. Minors are often physically forced; even if not, they are considered unable to give informed consent due to their age. FGC is also referred to as Female "Circumcision" and Female Genital Mutilation.

## **Other Gender-based Violence**

This includes physical, mental, or social abuse that is directed against a person because of his or her gender role in a society or culture. Examples include:

- a girl is not allowed to go to school because of gender role expectations in the family (housekeeping, cooking, care of children, etc.);
- a girl or woman is required to marry against her will according to local custom; or
- a woman or girl is prevented from freely walking around in her own community because of cultural practices that require women to be accompanied by a male when in public.

## **Non-Gender-based Violence Cases**

Some cases come to GBV workers which are not representative of GBV. These should not be categorized as GBV cases, but they might be counted separately when describing the program's actions and activities in reports, particularly for the area of prevention. Examples include:

- child abuse (physical or psychological abuse that is not gender-based);
- domestic arguments and problems that are not reflective of gender inequities, e.g., children with behavior problems;
- general health problems.

34. See IOM website at [www.iom.int](http://www.iom.int) for more information on their global trafficking initiatives.

## **SECONDARY INCIDENT TYPES**

Use this space only if there is more than one type of gender-based violence that occurs during one incident.

Example: Rape and forced marriage

Incident Type - Rape

Secondary Incident Type - Forced Marriage

## **CASE NUMBER**

If you choose, assign the Survivor a case number or incident number. This is often useful for confidentiality; the incident is referenced by number rather than by Survivor's name. It is also useful in situations where one Survivor suffers repeated incidents. In a separate notebook, incident numbers are cross-referenced with Survivor names; to ensure confidentiality, this is maintained separately from Incident Report Forms, but also in a locked file.

## **CAMP (If Appropriate)**

Name of the refugee camp where the Survivor lives.

## **DATE AND TIME OF INTERVIEW**

Date and time of day that you first interview the Survivor and take the report.

## **PREVIOUS INCIDENT NUMBERS FOR THIS CLIENT (if any)**

If this client has been seen before, and if you use NGO Incident Numbers, note any prior incident numbers assigned in the past. If you don't know the numbers assigned, try to list month/year of previous incidents, or somehow indicate that this client has been seen before for other incident(s).

## **SURVIVOR INFORMATION**

NOTE: In settings where confidentiality of these forms cannot be assured, it is recommended that you do NOT include survivor name, full address, and other identifying information on this form. Instead, use NGO Incident Number (see above).

|                           |  |
|---------------------------|--|
| <b>Name</b>               | Full name of survivor  |
| <b>Age</b>                | Age at present time  |
| <b>Yr of Birth</b>        | What year Survivor was born  |
| <b>Sex</b>                | F for Female; M for Male   |
| <b>Address</b>            | Full address in camp, including Village/Block, Street, Plot/House, etc.                                    |
| <b>Tribes</b>             | Tribal or ethnic affiliation, if any. If unknown, write "unknown"  |
| <b>Marital Status</b>     | Single, Married, Divorced, Separated, Widowed, or Spouse Location Unknown                                  |
| <b>Occupation</b>         | If he/she is employed, write occupation. If not employed, write "None."                                    |
| <b>No. of Children</b>    | How many children live with her/him?   |
| <b>Ages [of Children]</b> | List ages of children living with Survivor (Example: 6 months, 2 yrs, 8 yrs)                               |
| <b>Head of Family</b>     | List name of head of family and relation to Survivor. If Survivor, write "Survivor". In a refugee setting, |



head of family usually means the person in the household who is listed as head of family with UNHCR, for food distribution, and/or with the host country registration system. You may need to discuss this definition and clarify for your setting.

**UNHCR “Vulnerable” Designation (if any)**

In a refugee setting, if Survivor is designated as a “vulnerable” individual according to UNHCR, list those vulnerabilities. (Example: Unaccompanied Minor, Disabled, or Elderly). In a non-refugee setting, discuss and clarify categories of vulnerability.

**Ration Card No. or ID Card No.**

In a refugee setting, if she/he has a ration card and/or ID card with her/him and in her/his name, write the number(s). If not, write “unknown”. If she/he does not have these cards at all, write “No card.”

**If Survivor is a Minor Child**

If the Survivor is under age 18, fill in these lines:

**Name of Caregiver** - Name of person acting as parent.

**Relation** - Specify the family member: Mother, Father, Sister, Aunt, etc. If not living with her own family but is living with a caretaker family, write “Foster Family.”

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**THE INCIDENT**

**Location**

Be specific, using addresses or other common identifiers.

Examples for a refugee setting where addresses may not be available:

- On path to Mtendeli Camp
- 20 minutes outside camp near main road entrance
- In camp, Village B
- In camp, near Spanla Bar
- Behind latrines, C2, 23
- Outside Bamba Bar in town

**Date** Date the incident occurred

**Day** Day the incident occurred (i.e., Mon, Tues, Wed, Thurs, Fri, Sat, Sun)

**Time** Time the incident occurred. Use 24-hour time or specify AM or PM.

**Description of Incident**

Summarize the Survivor’s story of what occurred, what were the circumstances leading up to the attack, what happened during the attack, what did she/he do afterwards, what did the perpetrator do afterwards. Be complete in this description – but remember this is a summary. Use additional paper if you need more space.

**Present Day After-effects**

Mark an X for any that apply.

It is important that the interviewer have training and skill in interviewing Survivors. This section is only a brief summary to give a general description of the Survivor’s present day emotional/psychological functioning. In most cases, you will NOT ask all of these questions directly. If you have received counselor training, you will be able to make this assessment and ask only relevant questions when it is appropriate to do so. If you have NOT received counselor training, leave this section blank.

## **PERPETRATOR INFORMATION**

Fill in all spaces, as listed on the form, with information about the alleged perpetrator. Complete this section similar to Survivor section above. Be as complete as possible.

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## **WITNESSES**

### **Describe Presence of any Witnesses**

Describe in detail: people walking nearby, someone watching, anyone who heard or saw anything.

### **Names and Addresses [of witnesses]**

Be specific, giving full addresses if possible.

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## **ACTION TAKEN**

Use this section to list any action taken by you or by Survivor or anyone as of the time you are filling out this form. Be specific with names, dates, and action taken as listed on the form.

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## **MORE ACTION NEEDED AND PLANNED ACTION**

### **Danger Assessment & Immediate Safety Plan**

This section is essential if Survivor lives with or near the alleged perpetrator, and if the perpetrator is still at large. Be specific about potential continuing danger and Survivor's plan for safety.

Be specific of what action you will take, what action the Survivor plans, and what other action you think is needed by anyone.

## **PRINT YOUR NAME**

## **SIGN THE FORM**

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## **MEDICAL EXAMINATION. PAGE 3**

NOTE: Page 3 is optional. In some settings, it is useful to have this medical summary attached to the Incident Report Form. In other settings, health staff find this form redundant and therefore unnecessary. If the Survivor chooses to report the case to the police, there may be a medical evidence form required by law in your setting; in these situations, completing Page 3 of this form is probably unnecessary. You will need to discuss this with your stakeholder/inter-agency team and determine when/how to use Page 3 of this Incident Report Form.

Complete the top section: Survivor Name, Yr of Birth, Sex.

- If Survivor does not want or need to have a medical examination, explain the reasons why. In this case, the remainder of page 3 should be blank. NOTE: In some cases, such as Sexual Harassment, *where there was no physical contact and there are no injuries*, medical examination may not be necessary if the Survivor does not wish to go to the Health Center and does not wish to press charges with the police.

- If the Survivor has already been seen at the Health Center, ask Survivor for consent (see instructions for Consent for Release of Information) and take this form to the health worker and have him/her complete it and sign it.
- If the Survivor needs a medical examination and has not been to the Health Center yet, escort her there and give the form to the health worker for completion.

**For the health care worker completing the form:**

**Date of Exam**            The date Survivor is/was examined related to this incident.

**Time**                      Time of examination related to this incident.

**Name of IPD/OPD**      Name of in-or out-patient facility where exam is conducted.

**Summary of Medical Treatment Given**

Complete this section ONLY if Survivor gives consent for sharing such information (see instructions for Page 4, Consent). Include a brief summary of treatment given. Details of this information will be on the health facility forms, to be kept at the health facility.

**Medical Follow-up Recommended**

Mark appropriate boxes with an X.

**Additional Comments**

Use this space if there are any specific recommendations or comments the health worker deems necessary.

**Print name of person conducting examination**

**Print title of person conducting examination**

**Signature of person conducting examination**

**Name of organization and stamp (if appropriate)**

**CONSENT FOR RELEASE OF INFORMATION. PAGE 4**

In most refugee settings, incident data should be shared among health care, community services, and UNHCR protection staff. In non-refugee settings, the sharing of information should be determined by the agencies engaged in providing GBV-related services. Before sharing any information, however, there must be survivor consent. The form on Page 4 is recommended.

Read the entire form to Survivor and mark with an X all organizations to be included. If she is able to sign, obtain signature. If not, obtain thumb print and witness signature.

Information must be protected in accordance with Survivor’s wishes, respecting any restrictions she chooses.

If Survivor does not consent to information sharing, then only non-identifying incident information can be released to others.

# SAMPLE INCIDENT REPORT FORM FOR REFUGEE SETTING

*NOTE: In adjusting this form for non-refugee settings, efforts should be made to minimize changes, so as to ensure consistency in data collection in all humanitarian contexts.*

## INCIDENT REPORT FORM

**CONFIDENTIAL**

|                     |   |
|---------------------|---|
| <b>Instructions</b> | <ul style="list-style-type: none"> <li>- Form to be completed by fully trained and designated staff.</li> <li>- Original to be maintained in designated agency (outside camp).</li> <li>- Copy to be delivered to UNHCR Protection Officer, in sealed envelope, as soon as possible. (If survivor wishes to report incident to police, Protection Officer must have copy within 24 hours.)</li> <li>- Attach additional pages with continued narrative, if needed.</li> </ul> |
| <b>NOTE</b>         | <i>This form is NOT an interview guide. Staff must be properly trained in interviewing survivors. Separate forms are available for counseling and health exam/treatment.</i>  |

|  |      |                            |
|--|------|----------------------------|
| <b>INCIDENT TYPE</b>                               |      | Secondary incident type    |
| Case Number  | Camp | Date and Time of Interview |
| Previous Incident Numbers for this Client (if any) |      |                            |

|   |       |   |            |
|---|-------|---|------------|
| <b>SURVIVOR INFORMATION</b>                     |       |   |            |
| Name  | Age   | Yr of Birth   | Sex        |
| Address   | Tribe | Marital Status  | Occupation |
| No. of children                                 | Ages  | Head of family (self OR name, relationship to survivor) |            |
| UNHCR "Vulnerable" designation (if any)         |       | Ration Card No. or ID Card No.                          |            |
| If Survivor is a minor child, Name of Caregiver |       |   | Relation   |

|   |      |     |      |
|---|------|-----|------|
| <b>THE INCIDENT</b>   |      |     |      |
| Location  | Date | Day | Time |
| Description of Incident (summarize circumstances, what exactly occurred, what happened afterward) |      |     |      |
|   |      |     |      |
|   |      |     |      |
|   |      |     |      |
|   |      |     |      |
|   |      |     |      |

| <b>PERPETRATOR INFORMATION</b>  |                |                     |            |     |
|---|----------------|---------------------|------------|-----|
| Name  |                | No. of Perpetrators |            | Sex |
| Address   | Nationality    | Age                 | Tribe      |     |
| Relationship to Survivor  | Marital Status | Occup.              |            |     |
| If perpetrator unknown, describe him/her, including any identifying marks   |                |                     |            |     |
| Current location of perpetrator, if known: Is perpetrator a continuing threat?  |                |                     |            |     |
| If Perpetrator is a Minor, Name of Caregiver:   |                |                     | Relation:  |     |
| <b>WITNESSES</b>  |                |                     |            |     |
| Describe presence of any witnesses (including children)   |                |                     |            |     |
| Names and Addresses   |                |                     |            |     |
| <b>ACTION TAKEN – Any action already taken, by anyone, as of the date this form is completed</b>                        |                |                     |            |     |
| Reported to   | Date Reported  | Action Taken        |            |     |
| POLICE<br>Name  |                |                     |            |     |
| SECURITY<br>Name  |                |                     |            |     |
| UNHCR<br>Name   |                |                     |            |     |
| LOCAL LEADERS<br>Name   |                |                     |            |     |
| HEALTH CARE<br>see page 3 of this form for name/info.   |                |                     |            |     |
| OTHERS<br>Name  |                |                     |            |     |
| <b>MORE ACTION NEEDED AND PLANNED ACTION – As of the date this form is completed</b>                                    |                |                     |            |     |
| Danger assessment & immediate safety plan:  |                |                     |            |     |
| Is Survivor going to report the incident to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No        |                |                     |            |     |
| Is she/he seeking action by elders tribunal/traditional court? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                     |            |     |
| What follow-up will be done by the Community Development/GBV workers?   |                |                     |            |     |
| What further action is needed by UNHCR and/or others?   |                |                     |            |     |
| Form completed by (Print Name):   |                |                     | Signature: |     |

**Page 1 and 2 (filled) + Page 3 (1<sup>st</sup> two lines filled) to be hand carried by staff, with Survivor, to Health Center. Page 3 to be completed by health care staff. OR if Survivor did not have medical examination at the time of reporting the incident, explain reasons below.**

**SUMMARY OF MEDICAL EXAMINATION**

|               |             |     |
|---------------|-------------|-----|
| Survivor Name | Yr of Birth | Sex |
|---------------|-------------|-----|

(If applicable) Reasons survivor did NOT have a medical examination at this time:

**TO BE COMPLETED BY HEALTH CENTER STAFF**

|              |      |                 |
|--------------|------|-----------------|
| Date of Exam | Time | Name of IPD/OPD |
|--------------|------|-----------------|

Before interviewing/examining the survivor, read pages 1-2 of this form.  
 Avoid asking survivor to repeat information s/he has already provided.  
 Medical Examination Findings are to be recorded on the appropriate health facility forms, in accordance with relevant protocols and guidelines.  
 Medical records, documentation, forms, etc., are confidential and are to be kept in the health facility in a secure location. Medical information is to be released only with specific survivor consent.  
**THIS PAGE DOES NOT REPLACE THE HEALTH FACILITY MEDICAL EXAM FORM. (IT IS IN ADDITION.)**

**SUMMARY OF MEDICAL TREATMENT GIVEN**

**NOTE**  
 This information may be important for the counselor to know for follow-up assistance; however: *obtain survivor's consent to share this information.*  
 Include information on emergency contraception, forensic examination, post-exposure prophylaxis for STIs/HIV/AIDS, referrals provided.

**MEDICAL FOLLOW-UP RECOMMENDED**

|  |
|--|
| Follow-up visit to health facility in two weeks  |
| Follow-up visit to health facility in six months |
| Other, specify:                                  |

**ADDITIONAL COMMENTS**

**EXAMINATION CONDUCTED BY:**

|            |                              |
|------------|------------------------------|
| Print Name | Title                        |
| Signature  | Name of organization & stamp |

# CONSENT FOR RELEASE OF INFORMATION

*Note: The purpose of this form is for you to obtain Survivor's permission to share her/his information about the incident with other relevant organizations/individuals.*

**To the staff member or volunteer completing this form:**

*Read the entire form to the client, explaining that s/he can choose any (or none) of the items listed. Obtain signature or thumb print with witness signature.*

I, \_\_\_\_\_, give my permission for the  
(print survivor name)

following organizations to share information about the incident I have reported in this form, and about my current needs. I understand this permission is needed so that I can receive the best possible care and assistance. I understand that the information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I need and request.

(Mark with an X all that apply)

- Community Services agency (name) \_\_\_\_\_
- Health Center (name of organization) \_\_\_\_\_
- UNHCR (Protection Officer, others) \_\_\_\_\_
- Police
- Camp/block leader, specify name(s) \_\_\_\_\_
- Others, specify: \_\_\_\_\_

**Signature or thumb print** \_\_\_\_\_

**Witness (or thumb print)** \_\_\_\_\_

**Date** \_\_\_\_\_

## Introduction

One essential element for monitoring and evaluation is **compiling and analyzing information about the types of GBV** occurring in the setting. Some of this information is easily available in completed Incident Reports. Much of this information, however, goes unreported, and must be obtained from other sources such as focus groups and other discussions with the refugee population and with other organizations working with refugees. These discussions should be part of your ongoing program activities.

## Monthly Report

You and other key stakeholders in your setting will determine how information is to be gathered and reported each month, including who is responsible for this. Monthly reports are shared and discussed with key stakeholders, as agreed. These monthly reports provide the basis for guiding your ongoing planning and development of GBV prevention and response activities.

The sample GBV Monthly Statistical Report included in this section is for use in camp settings. Each refugee setting may generate more than one report, depending on how many refugee camps are being served. It is advisable to have individual camp reports and also one report for the country that compiles data from all camps into one report.

The sample GBV Monthly Statistical Report may be revised for non-camp settings so that the same basic statistical data is collected. It is important, in this case, to ensure that different agencies do not report on the same incident, so that the compiled reports can generate accurate numbers of incidents. Strategies to reduce over-reporting should be part of the design of data collection, with a lead agency designated to review reports for accuracy.

The statistical report format includes the minimum recommended information to be compiled and reported each month for the purpose of monitoring and evaluating program outcomes. It contains:

- Incident Report totals and report rate calculations
- Other information about GBV incidents (GBV occurring but not reported)
- Description and analysis of issues, contributing factors, and specific problems needing preventive action
- Status/measurement report of your established program indicators

Depending on your situation and country plan, you may wish to add more information to your monthly report.

### Reporting Rate Based on Population Size

A key piece of data is the GBV Report Rate for that month. Calculating the reporting rate, and not just counting numbers of reports, will allow you to compare rates across time and across settings in your country. The reporting rate takes into consideration the population, and gives a more meaningful number for comparison than simply the number of reports.

Calculate the “GBV report rate” for the month

- a. \_\_\_\_ = Number of GBV cases reported during the month
- b. \_\_\_\_ = Total population in the setting during the month
- c.  $a / b \times 10,000$  = GBV reports per 10,000 population during the month

This calculation will give you the report rate for all types of GBV. It is important to repeat this calculation for each type of GBV seen in your setting: In-Camp Rape report rate, Out-of-camp Rape report rate, Attempted Rape report rate, Domestic Violence report rate, etc.

35. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research and Training Institute, 2000-2003.



## **Incident Detail Information**

As part of your monitoring and evaluation plan, you will need to allow time for systematic and continuous compiling of incident details. The following pages include worksheets that, if used consistently, can provide detailed information for data analysis without needing a lot of time or extensive computer programs.

Most GBV initiatives in humanitarian settings are addressing several different types of GBV. Each different type of GBV has its own unique characteristics, contributing and risk factors, as well as specific outcomes and after-effects. It is therefore necessary to compile and review different sets of information for each of the different types of GBV in your setting. These unique sets of information will provide the guidance you need for ongoing program planning and development.

The worksheets, as attachments to the monthly camp/setting report, contain recommended data elements for developing an understanding of each type of GBV. We recommend that you review the worksheets provided, revise as appropriate, and add additional worksheets for other types of GBV that occur in your setting.

# SAMPLE MONTHLY STATISTICAL REPORT

Country \_\_\_\_\_ Camp/Location \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Camp population this month \_\_\_\_\_

## INCIDENTS REPORTED THIS MONTH

| TYPE OF INCIDENT REPORTED  | NUMBER OF REPORTS THIS MONTH – INCIDENT OCCURRED THIS MONTH | NUMBER OF REPORTS THIS MONTH – INCIDENT OCCURRED <i>PRIOR TO THIS MONTH</i> | REPORT RATE PER 10,000 POPULATION* |
|--|---|---|------------------------------------|
| Rape (in/near/around camp)   |   |   |                                    |
| Rape (during flight in home or host country; before arrival in camp) |   |   |                                    |
| Attempted Rape   |   |   |                                    |
| Sexual Abuse/Assault   |   |   |                                    |
| Sexual Exploitation  |   |   |                                    |
| Forced Marriage and/or Attempted                                     |   |   |                                    |
| Domestic Violence (intimate partner)                                 |   |   |                                    |
| Domestic Violence (other family member)                              |   |   |                                    |
| FGC and/or Attempted   |   |   |                                    |
| Other GBV  |   |   |                                    |
| TOTAL ALL GBV INCIDENTS REPORTED                                     |   |   |                                    |

\***CALCULATING THE REPORT RATE PER 10,000 POPULATION:** for each month, for each type of GBV, calculate:

- \_\_\_\_\_ = number of incidents reported during month
- \_\_\_\_\_ = total population of camp during month
- $a / b \times 10,000$  = Incident reports per 10,000 population during the month

## ADDITIONAL INFORMATION ABOUT GBV THIS MONTH

This section will provide a broader description of the types, extent, causes, outcomes, and analysis of GBV than the sample monthly statistical report will allow.

Briefly describe additional relevant information about GBV this month. This could include the following:

- Types/extent of GBV occurring that are not reported and counted as “incidents”:
  - information gathered through camp visits, observations, focus groups, committee meetings, school visits, section/block leaders, and other interactions with the refugee population—with women, men, youth, children
  - anonymous reports from other organizations (reports they received but have no consent to share identifying information)
  - information gathered through coordination meetings and discussions with other NGOs, UN agencies, police, security workers, etc.
- Information about case outcomes that are important or unusual, or especially difficult or famous cases. Might include decisions by traditional courts or national courts, police action, UNHCR action, actions taken by refugee men’s groups, etc.

## SUMMARY OF ISSUES, PROBLEMS, ACHIEVEMENTS, AND FACTORS CONTRIBUTING TO GBV IN THIS SETTING, IDENTIFIED THIS MONTH

| Issue – Problem – Risk Factor<br>– Situation | Prevention Plan, as discussed and agreed by inter-agency<br>coordination group * | Achievements |
|--|--|--------------|
|  |  |              |
|  |  |              |
|  |  |              |
|  |  |              |
|  |  |              |

## GBV INDICATORS

In this section, list the main indicators you are using in each of the sector/functional areas and indicate this month’s measurement for each and the year-to-date total. For year-to-date, indicate the month/year for start of the year you are measuring.

| Description of Indicator  | This Month’s Measure | Year-to-Date Measure Total<br>(specify month/year) |
|---------------------------|----------------------|--|
| Health Response:          |                      |  |
| Psycho-Social Response:   |                      |  |
| Security/Safety Response: |                      |  |
| Legal/Justice Response:   |                      |  |
| Prevention:               |                      |  |

\* NOTE: This group includes refugees, UNHCR, host government, and NGOs.

## SAMPLE INCIDENT DATA WORKSHEETS

Good quality GBV prevention and response requires monitoring and analyzing details of incident reports. This includes details about each incident, demographic information about survivors and perpetrators, response action, and case outcomes.

For the different types of GBV, there are varying situational factors, survivor needs, response actions, and opportunities for prevention planning. Therefore, there are different information needs for the different types of GBV occurring in your setting. Collecting, compiling, and analyzing this information will increase your understanding of any trends and patterns, which should guide you in ongoing program planning and development.

The following pages contain suggestions for specific data elements to collect for reported incidents of:

- Rape
- Forced Marriage
- Domestic Violence (intimate partner abuse)

For other types of GBV in your setting, you will need to develop your own data sheets, based on those provided here.

### Instructions

In each camp/setting, there must be one office where all incident reports are compiled. As always, these records must be locked to ensure confidentiality.

Each time there is an incident reported, someone will complete an Incident Report Form and it will be forwarded to the UNHCR protection officer responsible for compiling and keeping Incident Report Forms.

Each month, there is a new set of data sheets for each type of GBV in your setting. One data sheet is used for all incidents of that type reported in the month. When an Incident Report Form comes in, the person should review it and complete the relevant data sheet. This involves putting a “tick” mark in the “Numbers” column. This same process is repeated with each Incident Report Form during the month.

At the end of the month, count the tick marks in each row, and give a number for the total.

These compiled data sheets should be attached to the monthly GBV report for the setting and distributed to members of the coordination team at camp level and field office level. This provides essential information for understanding the nature and extent and any patterns or trends in GBV so that you can effectively plan both response and prevention actions.

*NOTE: If there is only one reported case of any type in the month, you must be especially careful to protect confidentiality for that survivor. Consider whether it is appropriate to list all the data elements about that case; perhaps you should give general information about case details.*

*See pages 199-201 for an example of a completed 3-page rape data sheet for a month.*

**ANALYSIS OF RAPE CASES (page 1 of 3)**

| DETAILS   | NUMBERS |
|---|---------|
| <b>Location of Incident</b>   |         |
| Nearby village  |         |
| Bush area outside camp (m or km outside camp)   |         |
| Other location outside camp (list on right)   |         |
| In Camp; housing area   |         |
| In Camp; market or other area   |         |
| Before arriving in camp (during flight, in home country or host country or other refuge country – before arriving in this camp) |         |
| <b>Time of Day: Number of cases that occurred during...</b>   |         |
| Day (07:00 – 17:00)   |         |
| Evening (17:00 – 20:00)   |         |
| Night (20:00 – 07:00)   |         |
| <b>Day of Week: Number of cases that occurred on...</b>   |         |
| Monday  |         |
| Tuesday   |         |
| Wednesday   |         |
| Thursday  |         |
| Friday  |         |
| Saturday  |         |
| Sunday  |         |
| <b>Circumstances: Number of cases involving</b>   |         |
| Looking for firewood/food   |         |
| Outside camp travel non-firewood or food related  |         |
| Survivor alone in home  |         |
| Other (specify to the right of this column)   |         |
| <b>ALLEGED PERPETRATOR INFORMATION</b>  |         |
| <b>Number of perpetrators</b>   |         |
| One   |         |
| Two   |         |
| Three or more   |         |
| <b>Sex of Perpetrator</b>   |         |
| Male  |         |
| Female  |         |
| <b>Age of Perpetrator</b>   |         |
| Under 5 years   |         |
| 5-12 years old  |         |

| <b>ANALYSIS OF RAPE CASES (page 2 of 3)</b>                  | <b>NUMBER</b> |
|--|---------------|
| 13-17 years old  |               |
| 18-49 years old  |               |
| 50 years or older  |               |
| Unknown age  |               |
| <b>Nationality of Perpetrator</b>                            |               |
| <i>Specify Home country</i>                                  |               |
| <i>Specify Home country (if more than 1 in this setting)</i> |               |
| <i>Specify Host country</i>                                  |               |
| Unknown  |               |
| <b>Perpetrator's Relationship to survivor</b>                |               |
| Stranger   |               |
| Relative   |               |
| Friend or friend of the family                               |               |
| Others, such as neighbors                                    |               |
| None or unknown  |               |
| <b>SURVIVOR DETAILS</b>                                      |               |
| <b>Sex</b>   |               |
| Male   |               |
| Female   |               |
| <b>Age</b>   |               |
| Under 5 years  |               |
| 5-12 years old   |               |
| 13-17 years old  |               |
| 18-49 years  |               |
| 50 or older  |               |
| Unknown age  |               |
| <b>If Survivor is Minor (under 18 years)</b>                 |               |
| Lives with parents (both mother and father)                  |               |
| Lives in single parent household (mother or father)          |               |
| UAM in foster care   |               |
| UAM living alone/no foster care                              |               |
| <b>If Survivor is Adult (18 or older)</b>                    |               |
| Survivor is head of family                                   |               |
| Single   |               |
| Married  |               |
| Widow  |               |
| Separated/Divorced   |               |
| <b>Number of children living with survivor</b>               |               |
| 1 child  |               |
| 2-5 children   |               |
| 6 or more children   |               |

| <b>ANALYSIS OF RAPE CASES (page 3 of 3)</b>                   | <b>NUMBER</b>           |
|---|-------------------------|
| <b>ASSISTANCE RECEIVED FOR RAPE CASES REPORTED THIS MONTH</b> | <b>THIS MONTH ONLY!</b> |
| <b>Medical care</b>   |                         |
| Medical exam and treatment received                           |                         |
| Psychosocial support/counseling received                      |                         |
| Medical exam within 3 days/72 hours of incident               |                         |
| Emergency contraception received                              |                         |
| <b>Police and justice system</b>                              |                         |
| Survivor does not want to report to police                    |                         |
| Reports to the police/security                                |                         |
| Perpetrator arrested; court pending                           |                         |
| <b>Other response information</b>                             |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |

| <b>ANALYSIS OF FORCED MARRIAGE CASES</b>                   |  | <b>NUMBER</b>           |
|--|--|-------------------------|
| <b>HUSBAND INFORMATION</b>                                 |  |                         |
| <b>Age</b>   |  |                         |
| 13-17 years old  |  |                         |
| 18-49 years old  |  |                         |
| 50 or older  |  |                         |
| Unknown age  |  |                         |
| <b>WIFE / SURVIVOR INFORMATION</b>                         |  |                         |
| <b>Age of Survivor</b>                                     |  |                         |
| 5-12 years old   |  |                         |
| 13-17 years old  |  |                         |
| 18-49 years old  |  |                         |
| 50 or older  |  |                         |
| Unknown age  |  |                         |
| <b>FAMILY INFORMATION</b>                                  |  |                         |
| Parents / Family supported the marriage                    |  |                         |
| Someone/anyone in family did NOT support the marriage      |  |                         |
| Survivor did NOT want to be married                        |  |                         |
| Husband did NOT want to be married                         |  |                         |
| <b>SCHOOL/COMMUNITY INFORMATION</b>                        |  |                         |
| Survivor dropped out of school due to marriage             |  |                         |
| Teachers expressed concern / opposed the marriage          |  |                         |
| Camp Committee acted on the case                           |  |                         |
| Survivor and family satisfied with case outcome            |  |                         |
| Survivor NOT satisfied; family satisfied                   |  |                         |
| <b>OUTCOMES (of cases reported this month)</b>             |  | <b>THIS MONTH ONLY!</b> |
| Separation/annulment (ending of the marriage)              |  |                         |
| Survivor returned to family home                           |  |                         |
| Survivor returned to school                                |  |                         |
| Other  |  |                         |
| <b>OTHER INFORMATION – Circumstances, factors involved</b> |  |                         |
|  |  |                         |
|  |  |                         |
|  |  |                         |
|  |  |                         |
|  |  |                         |



| <b>DOMESTIC VIOLENCE CASES – intimate partner/spouse abuse</b>                         | <b>NUMBER</b> |
|--|---------------|
| <b>INCIDENT</b>  |               |
| Physical   |               |
| Mental/Verbal/Humiliation/Isolation/Economic   |               |
| Sexual   |               |
| Combined physical and other (mental, sexual, economic, etc.)                           |               |
| Perpetrator is male (husband, ex-husband, boyfriend)                                   |               |
| <b>LOCATION</b>  |               |
| Outside camp   |               |
| In camp, in survivor/perpetrator's house   |               |
| In camp, in public area  |               |
| In camp, other area  |               |
| <b>TIME OF DAY</b>   |               |
| Day (07:00 – 17:00)  |               |
| Evening (17:00 – 20:00)  |               |
| Night (20:00 – 07:00)  |               |
| <b>DAY OF WEEK</b>   |               |
| Monday – Thursday  |               |
| Friday   |               |
| Saturday   |               |
| Sunday   |               |
| Within 3 days of food distribution   |               |
| <b>CIRCUMSTANCES/EVENTS RELATED TO THIS INCIDENT</b>                                   |               |
| Alcohol or drug abuse  |               |
| Polygamy or girl/boyfriend problem   |               |
| Food ration argument   |               |
| Other (list to the right)  |               |
| <b>OUTCOME (of cases reported this month only)</b>                                     |               |
| Survivor stayed overnight in shelter/outside her own house (indicate number of nights) |               |
| Camp Committee/Block Leaders acted on the case   |               |
| Survivor and Perpetrator satisfied with case outcome                                   |               |
| Survivor NOT satisfied; Perpetrator satisfied  |               |
| Survivor satisfied; Perpetrator NOT satisfied  |               |
| Separation; separate housing plot, ration card, etc.                                   |               |
| Married couple reconciled problems; living together                                    |               |
| Police report made; charges pending for court  |               |
| Counseling in progress; no outcome yet   |               |
| <b>Other Relevant Information (use back side of this page)</b>                         |               |

## EXAMPLE ANALYSIS OF RAPE CASES (page 1 of 3)

| DETAILS   | NUMBERS    |
|---|------------|
| <b>Location of Incident</b>   |            |
| Nearby village  | □<br>1     |
| Bush area outside camp (distance)   |            |
| Other location outside camp (list on right)   |            |
| In Camp; housing area   | □<br>1     |
| In Camp; market or other area   |            |
| Before arriving in camp (during flight, in home country or host country or other refuge country – before arriving in this camp) | □□□<br>3   |
| <b>Time of Day: Number of cases that occurred during...</b>   |            |
| Day (07:00 – 17:00)   | □□□□<br>4  |
| Evening (17:00 – 20:00)   |            |
| Night (20:00 – 07:00)   | □<br>1     |
| <b>Day of Week: Number of cases that occurred on...</b>   |            |
| Monday  | □<br>1     |
| Tuesday   | □<br>1     |
| Wednesday   |            |
| Thursday  |            |
| Friday  |            |
| Saturday  | □□□<br>3   |
| Sunday  |            |
| <b>Circumstances: Number of cases involving</b>   |            |
| Looking for firewood/food   | □<br>1     |
| Outside camp travel non-firewood or food related  | □□□<br>3   |
| Survivor alone in home  | □<br>1     |
| Other (specify to the right of this column)   |            |
| <b>ALLEGED PERPETRATOR INFORMATION</b>  |            |
| <b>Number of perpetrators</b>   |            |
| One   | □□<br>2    |
| Two   |            |
| Three or more   | □□□<br>3   |
| <b>Sex of Perpetrator</b>   |            |
| Male  | □□□□□<br>5 |
| Female  |            |
| <b>Age of Perpetrator</b>   |            |
| Under 5 years   |            |
| 5-12 years old  |            |

| <b>EXAMPLE ANALYSIS OF RAPE CASES (page 2 of 3)</b> | <b>NUMBER</b> |
|---|---------------|
| 13-17 years old                                     | 0<br>1        |
| 18-49 years old                                     | 00<br>2       |
| 50 years or older                                   |               |
| Unknown age   | 00<br>2       |
| <b>Nationality of Perpetrator</b>                   |               |
| Sudan   | 0<br>1        |
| Somalia   | 0<br>1        |
| Kenya   | 0<br>1        |
| Unknown   | 00<br>2       |
| <b>Perpetrator's Relationship to survivor</b>       |               |
| Stranger  | 000<br>3      |
| Relative  |               |
| Friend or Friend of the family                      | 0<br>1        |
| Others, such as neighbors                           | 0<br>1        |
| None or unknown                                     |               |
| <b>SURVIVOR DETAILS</b>                             |               |
| <b>Sex</b>  |               |
| Male  |               |
| Female  | 00000<br>5    |
| <b>Age</b>  |               |
| Under 5 years                                       |               |
| 5-12 years old                                      | 00<br>2       |
| 13-17 years old                                     | 00<br>2       |
| 18-49 years   | 0<br>1        |
| 50 or older   |               |
| Unknown age   |               |
| <b>If Survivor is Minor (under 18 years)</b>        |               |
| Lives with parents (both mother and father)         |               |
| Lives in single parent household (mother or father) | 0<br>1        |
| UAM in foster care                                  | 0<br>1        |
| UAM living alone/no foster care                     |               |
| <b>If Survivor is Adult (18 or older)</b>           |               |
| Survivor is Head of Family                          | 000<br>3      |
| Single  |               |
| Married   |               |
| Widow   | 0<br>1        |
| Separated/Divorced                                  | 00<br>2       |

| Number of children living with survivor                       |                         |
|---|-------------------------|
| 1 child   | □<br>1                  |
| 2-5 children  |                         |
| 6 or more children  | □□<br>2                 |
| <b>EXAMPLE ANALYSIS OF RAPE CASES (page 3 of 3)</b>           | <b>NUMBER</b>           |
| <b>ASSISTANCE RECEIVED FOR RAPE CASES REPORTED THIS MONTH</b> | <b>THIS MONTH ONLY!</b> |
| <b>Medical care</b>   |                         |
| Medical exam and treatment received                           | □□<br>2                 |
| Medical exam within 3 days/72 hours of incident               | □<br>1                  |
| Psychosocial support/counseling                               |                         |
| Emergency contraception received                              | □<br>1                  |
| <b>Police and justice system</b>                              |                         |
| Survivor does not want to report to police                    | □□□□<br>4               |
| Reports to the police/security                                | □<br>1                  |
| Perpetrator arrested; court pending                           | □<br>1                  |
| <b>Other response information</b>                             |                         |
| UNHCR moved survivor to "protection" area of camp             | □<br>1                  |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |

## CLIENT FEEDBACK FORM

We would like to know what you think about the services we provide. Your responses to this short survey are completely anonymous and will not affect your treatment in any way. You do not have to fill out the survey but your responses will help us ensure that we provide the best possible treatment. Please circle your response to the following questions, or write your answer in the space provided.

1. How satisfied were you with the treatment you received here today?

1                      Not at all                      2                      3                      Somewhat                      4                      5                      Extremely                      6

2. Please describe what was most helpful to you.
3. Please describe what could have been done better.
4. Were you assisted in a respectful way? Yes No  
Did the person assisting you help you to feel comfortable? Yes No
5. Were you given information or help related to this issue? Yes No  
If Yes, was the information or service provided helpful? Yes No

*Thank you for taking the time to complete this survey.*

*Your responses will help us improve the quality of care we are able to provide.*

## ADDITIONAL PROGRAM MONITORING AND EVALUATION RESOURCES

Embracing participation in development: Worldwide experience from CARE's reproductive health programs with a step-by-step field guide to participatory tools and techniques. CARE, October 1999.

Manual to evaluate quality of care from a gender perspective, IPPF, 1999. <http://www.ippf.org/resource/meetings/991202gqcpage3.htm>.

Bender D E, Ewbank D. The focus group - a tool for health research: Issues in design and analysis. *Health Transition Review* 1994, 4 (1)63-80.

Goergen R. Cost effective and easy to handle methods for program design and evaluation in sexual and reproductive health programs for youths. GTZ Reproductive Health Project, Dar es Salaam. <http://www.afronets.org/pubview.php/47/>.

Centers for Disease Control (CDC). *Building data systems for monitoring and responding to violence against women: Recommendations from a workshop*. MMWR 2000 Oct 27; 49(RR11): 118. [www.cdc.gov/mmwr/PDF/RR/RR4911.pdf](http://www.cdc.gov/mmwr/PDF/RR/RR4911.pdf)

Jennings P, Swiss S. "Health and Human Rights: Women and sexual violence: Supporting local efforts to document human-rights violations in armed conflict." *Lancet* 2001, 357(9252): 302-3.

United Nations High Commissioner for Refugees (UNHCR). *How to Guide: Monitoring and evaluation of sexual gender violence programmes – Tanzania*. Geneva, UNHCR, 2000. [www.rhrc.org/resources](http://www.rhrc.org/resources) (under GBV)