

# GBV Assessment & Situation Analysis Tools

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Managing Gender-based Violence Programmes  
in Emergencies  
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This booklet contains samples of GBV Assessment tools that have been developed, used, and revised in field sites over time. At present, there is no single assessment tool that is most recommended for humanitarian settings. Rather, GBV Programme Managers are expected to draw from existing and tested materials to develop assessment tools that are appropriate and relevant for use in a specific setting.

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## GBV Assessment - Areas of Inquiry



## **GBV Assessment - Areas of Inquiry**

### **General Information & GBV Basics**

- ◆ Demographics (desegregation by age and sex)
- ◆ Types of gender-based violence
- ◆ Risk factors for different types of GBV
- ◆ Survivor profiles, including mothers of children born as a result of sexual violence
- ◆ Perpetrator profiles
- ◆ Survivor needs and preferences for assistance and support

### **Community Profile**

- ◆ Community knowledge, attitudes and practices about gender and gender-based violence
- ◆ Forms of GBV that are occurring; how the community perceives each type; words used to describe these acts
- ◆ Community attitudes and behaviour toward survivors/suspected survivors and perpetrators/suspected perpetrators
- ◆ Traditional/religious beliefs and practices
- ◆ Level of women's participation in decision making
- ◆ Norms around age and gender; e.g.
  - ◆ Roles and opportunities for women; status of women; women's empowerment
  - ◆ Roles and opportunities for men
  - ◆ Status of children; community views about children's participation; school attendance (boys and girls)
- ◆ Community-based protection systems

### **Accessibility and Safety of services and facilities**

- ◆ Mapping of services: village/settlement/camp services and facilities (locations, organisation, accessibility, etc.)
- ◆ Inclusion of women in planning, delivery, and decision making about services

### **Security Measures**

- ◆ Types and numbers of police and security staff/volunteers in and around the setting
- ◆ Proportion of female security staff
- ◆ Methods used for identifying security threats and risks
- ◆ Involvement of community

### **Disclosure, Help Seeking, and Referral**

- ◆ Entry points for survivors to seek help
- ◆ Presence of referral pathways and systems
- ◆ Confidentiality and information sharing
- ◆ Service provider knowledge, attitudes, behavior; application of guiding principles
- ◆ Involvement of community in helping survivors and assisting with referrals

### **Survivor Support Services**

- ◆ Availability, accessibility, quality of:
  - Health care
  - Psychosocial support
  - Security
  - Legal justice
- ◆ Include: traditional practitioners, community-based groups, NGOs, UN's, government
- ◆ Sensitivity, awareness, knowledge and attitudes of service provider staff and volunteers
- ◆ Involvement of community in supporting survivors and their reintegration into the community





## Sexual Violence Assessment – Short Interview Form



## Sexual Violence Assessment - Short Interview Form<sup>1</sup>

Person Interviewed: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
County: \_\_\_\_\_ City/ Town: \_\_\_\_\_  
Name of Settlement/ Village: \_\_\_\_\_  
Date: \_\_\_\_\_

1. Do you know of women or children in this community who have been raped or forced to have sex? Yes / No
2. Do you know who has forced them?
3. How many cases have you heard about?
4. What problems do they have as a result?
5. Do women or children look for help when this happens to them? Yes / No
  - a. If yes, where do they go?
  - b. What is done for them?
6. Have you heard about other types of violence being perpetrated against women or girls in this community? Yes / No  

If yes, what are the other types of violence?
8. Have you heard of girls or women who have been forced to stay with the fighting forces? Yes / No  

What do you know about them, their needs, and their problems?
9. Do you have anything more to say about sexual violence in this community?

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<sup>1</sup> This form was drafted in 2004 by the interagency GBV team in Liberia as a simple tool that could be used by anyone conducting assessments of the humanitarian situation in areas of the country deemed "safe for return" and start-up of humanitarian aid



## Camp/Settlement GBV Safety Audit



## Camp/Settlement GBV Safety Audit<sup>2</sup>

**Purpose:** To audit \_\_\_\_\_ camp to assess and address risk factors regarding protection of women and girls from gender-based violence.

**Camp:** \_\_\_\_\_ **Date completed:** \_\_\_\_\_

**Camp Population:** \_\_\_\_\_

**Persons/Organizations conducting this audit:**

<b>PART I. To ask Community Members</b>			
<b>A. CAMP LAYOUT</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>
1. How many people live in each house? Total number: _____ <i>Divide the standard size for a dwelling in the camp by the total number of people in the house:</i> Do you feel there are too many people living together in your house? (To assess overcrowding and perception of overcrowding)			
2. Are you living in the house with people who are not part of your family? (To assess whether non-related families housed together)			
3. Do you know any single mothers in this community? <i>If no, do not indicate anything in the boxes to the right and skip to question #7.</i> <i>If yes, ask the following:</i> Do the single mothers and their children you know live with people who are not part of their own family? <i>Indicate answer in box.</i> (To assess female-headed households accommodated separately)			
4. Do the single mothers you know in this camp all live in a special area in the camp? <i>If yes, ask: Do you think this reduces the risk of violence for women? Describe very briefly below in the comments section.)</i> (To assess whether female-headed households are located together and to assess people's perceptions about whether this improves safety)			
<b>Registration</b>			
5. Are married women in this camp registered separately from their husbands?			
6. Are girls or single women without family members registered as individuals?			
<b>Facilities</b>			
7. Are men's and women's latrines and bathhouses separated?			
8. Are women's latrines and bath houses easily accessible to women and girls?			
9. Are women's latrines and bath houses secure for women and girls?			
<b>B. SERVICES &amp; FACILITIES</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>
<b>Food, NFI and Fuel</b>			
10. What is the food scale that your household receives? Total _____ (Take total amount and divide by people in household.)			

<sup>2</sup> October 2007. Adapted from materials developed by Sophie Read-Hamilton and Uganda Camp Safety Audit

Is this enough for your household? (To assess whether full food rations distributed regularly and to assess perceptions about adequacy of food allotment)			
11. Is food distributed specifically to women (as opposed to male family members)?			
12. Do you think food should be distributed specifically to women? <i>(Add comments below.)</i>			
13. Are women involved in food distribution?			
14. Are women involved in monitoring food distribution?			
15. Are NFI distributed specifically to women?			
16. Do you think NFI should be distributed specifically to women? <i>(if necessary, add comments below)</i>			
17. Are firewood and charcoal collection points safely and easily accessible to women?			
<b>Water</b>			
18. Is adequate water available in this camp?			
19. Are women involved in water distribution and monitoring?			
20. Are water collection points safely and easily accessible to women?			
<b>Security</b>			
21. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? <i>If yes, describe below in comments section.</i>			
22. Are there security personnel patrolling outside this camp? <i>If no, indicate at right and then skip to question 29.</i>			
23. Does this camp have a protection focal point? <i>If yes, name which organization(s) have a protection focal point:</i>			
24. Do camp watch teams patrol inside this camp? <i>If no, indicate at right and skip to question 33. If yes, ask: How many people in a camp watch team are regularly on patrol at the same time inside this camp? Total on patrol at the same time</i>			
25. Are women represented in the camp watch teams patrolling inside this camp?			
26. If you heard about a case of sexual violence against a woman or girls occurring inside or near the camp, would you report the case? <i>If no, skip to next question.</i> <i>If yes, ask the following:</i> Who would you report the case to? _____ (To assess whether community is aware of how to report cases)			
<b>Survivor Support</b>			
27. Are health workers in this camp's health centre trained to treat women and girls who have experienced sexual violence?			
28. Are there female health workers available in the health centre to treat women and girls who have experienced sexual violence?			
29. Are there other services available in this camp to assist women who have experienced sexual or domestic violence? <i>If yes, ask the following:</i> What services are available? _____			
30. Have you heard about or participated in community education activities that are focused on sexual and domestic violence against women and girls?			
<b>C. DECISION MAKING</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>
31. Are women represented in Camp Management Committees? <i>If yes, ask the following:</i> How many women? _____			



## D. COMMENTS AND OBSERVATIONS

### PART 2. To ask Camp Authorities Representative

Position (Job Title) of Camp Authorities representative interviewed: \_\_\_\_\_

Sex of Camp Authorities representative interviewed: \_\_\_\_\_

A. CAMP LAYOUT	YES	NO	Don't Know
<i>Permanent Housing</i>			
1. How many dwellings are there in this camp? _____			
2. How many total people are there in this camp? _____			
3. Is overcrowding a problem in this camp?			
4. Are non-related families housed together in this camp?			
5. Are female-headed households accommodated in their own dwellings in this camp?			
6. Are female-headed households located together in a special area in the camp?			
<i>Registration</i>			
7. Are married women in this camp registered separately from their husbands?			
8. Are girls or single women without family members registered?			
B. SERVICES			
<i>NFI &amp; Fuel</i>			
9. Are NFI distributed specifically to camp women?			
10. Are firewood and charcoal collection points safely and easily accessible to camp women?			
<i>Security</i>			
11. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? <i>If yes, describe below in comments section.</i>			
12. Does this camp have a protection focal point? <i>If yes, name which organization(s) have a protection focal point below:</i>			
13. Are camp members aware of how to report a case of sexual violence against a woman or			

girl living in the camp? <i>If yes, ask: Who would they report the case to?</i>			
<b>Survivor Support</b>			
14. Are health workers in this camp's health centre trained to treat women and girls who have experienced sexual violence?			
15. Are there female health workers available in the health centre to treat women and girls who have experienced sexual violence?			
16. Are there other services available in this camp to assist women who have experienced violence? <i>If yes, ask the following: What services are available?</i>			
<b>C. DECISION MAKING</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>
17. Is there an interagency GBV Committee in the camp?			
18. Does camp management participate in this Committee?			
19. Are women represented in Camp Management Committees?			
<b>D. COMMENTS AND OBSERVATIONS</b>			

<b>PART 3. To ask WASH Agency Representative</b>			
Position (job title)/Organization of WASH rep interviewed:			
Sex of person interviewed:			
<b>A. CAMP LAYOUT</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>
<b>Facilities</b>			
1. Are men's and women's latrines and bathhouses separated enough?			
2. Are women's latrines and bath houses safely accessible to women and girls?			
3. Are women's latrines and bath houses secure for women and girls?			
<b>B. SERVICES</b>			
<b>Water</b>			
4. Is adequate water available in this camp?			
5. Are camp women involved in water distribution and monitoring?			

6. Are water collection points safely and easily accessible to women?			
<b>C. SECURITY</b>			
7. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for sexual violence? <i>If yes, describe below in comments section.</i>			
<b>D. DECISION-MAKING</b>			
8. Do women participate in water sanitation committees?			
<b>E. COMMENTS AND OBSERVATIONS</b>			

**PART 4. To ask Food Distribution Agency Representative**

Position (Job Title) of Food Distribution Agency representative interviewed:

Sex of Food Distribution Agency representative interviewed:

<b>A. SERVICES</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>
<b>Food</b>			
1. Are full food rations distributed regularly?			
2. Is food distributed specifically to camp women (as opposed to male members)?			
3. Are camp women working in food distribution?			
4. Are camp women involved in monitoring food distribution?			
<b>B. COMMENTS AND OBSERVATIONS</b>			

## PART 5. To ask Camp Security Representative

Position (Job Title) of Camp Security Representative interviewed:

Sex of Camp Security Representative interviewed:

A. SERVICES	YES	NO	Don't Know
<i>Security</i>			
1. Are there known danger zones in the camp or near the camp where women and girls are at increased risk for violence? <i>If yes, describe below in comments.</i>			
2. Do security personnel patrol inside this camp? <i>If no, indicate at right and skip to question 5.</i> <i>If yes, ask the following:</i> How many security personnel are regularly on patrol at the same time inside this camp? Total on patrol at the same time _____			
3. Are security personnel working inside this camp equipped and trained to investigate cases of violence against women and girls?			
4. Are women represented in the security services patrolling inside this camp?			
5. Are there security personnel patrolling outside this camp? <i>If no, indicate at left and skip to question 7.</i>			
6. Are the security personnel patrolling outside camp equipped and trained to investigate cases of violence against women and girls?			
7. Does this camp have a protection focal point? <i>If yes, which organization:                      Name of person:</i>			
8. Are camp residents aware of how to report a case of violence against a woman or girl living in the camp? <i>If yes, ask the following: Who would they report the case to?</i> (To assess whether community is aware of how to report cases)			
<b>B. COMMENTS AND OBSERVATIONS</b>			

## PART 6. To ask Camp Management Representative

Position (Job Title) of Camp Management Representative interviewed:

Sex of Camp Management Representative interviewed:

A. CAMP LAYOUT	YES	NO	Don't Know
<b>Facilities</b>			
1. Is there adequate lighting at night in this camp?			
<b>B. SERVICES</b>			
<b>Water</b>			
2. Are water collection points safely and easily accessible to women?			
<b>NFI &amp; Fuel</b>			
3. Are firewood collection points safely and easily accessible to camp women?			
<b>Security</b>			
4. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? <i>If yes, describe below in comments</i>			
5. Does this camp have a protection focal point? <i>If yes, which organization(s):</i>			
6. Do camp watch teams patrol inside this camp? <i>If no, indicate at left and skip to question 9. If yes: How many people in a camp watch team are on patrol at the same time inside this camp? Total on patrol at the same time _____</i>			
7. Are camp watch teams working inside this camp equipped and trained to investigate cases of violence against women and girls?			
8. Are women represented in the camp watch teams patrolling inside this camp?			
9. Are camp members aware of how to report a case of violence against a woman or girl living in the camp? <i>If yes, Who would they report the case to?</i>			
<b>Survivor Support</b>			
10. Have you heard about or participated in community education activities that are focused on violence against women and girls?			
<b>C. DECISION-MAKING</b>			
11. Are the Interagency GBV Coordination meetings held at this camp <i>If yes, ask the following: How many women? _____</i>			
12. Do representatives from the Camp Management Committee participate in Interagency GBV Coordination meetings?			
13. Do women's community representatives participate in GBV coordination meeting?			
<b>D. COMMENTS AND OBSERVATIONS</b>			

**PART 7. To ask the Health Centre Representative**

Position (Job Title) of Health Centre Representative interviewed:

Sex of Health Centre Representative interviewed

A. SERVICES	YES	NO	Don't Know
<b>Survivor Support</b>			
1. Are health workers in this camp's health centre trained to treat women and girls who have experienced sexual and domestic violence? <i>If yes, ask the following: What services are they trained to provide?</i>			
2. Are there female health workers available in the health centre to treat women and girls who have experienced violence?			
3. Are there protocols in place and in use for various forms of GBV, including sexual violence?			
4. Are there other services available in this camp to assist women who have experienced violence? <i>If yes, ask the following: What services are available?</i>			

**B. COMMENTS AND OBSERVATIONS**

## Laws, Policies, and Policing: Information Gathering Checklist





## Laws, Policies, and Policing: Information Gathering Checklist

### for GBV Assessment or Situation Analysis

- Interview police commander
- Interview magistrate or other judge
- Visit/tour police station/post and court – jail, offices, courtroom, chambers, vehicles
- Interview local attorney or national GBV advocacy NGO for legal information and interpretation of the laws

#### **1. Terms, definitions, laws -- national statutes, laws, policies, etc:**

- a. Types of offenses
  - Legal definition of rape; and are there provisions for
    - a) statutory rape ?
    - b) marital rape?
    - c) attempted rape?
  - Legal definitions of other forms of gender-based violence
  - Statute(s) of limitations?
- b. Mandatory reporting laws
  - What are the laws/policies concerning GBV cases?
  - Health workers must report to police/security forces?
    - a) What kinds of cases
    - b) Who must report (doctors, nurses, all?)
    - c) Any exceptions possible?
    - d) What happens if they do not make the report?
  - Others required to report?
- c. Legal protections for other forms of gender-based violence
  - Abandonment of newborns / infanticide
  - Age of marital consent, conditions of consent
  - Property ownership rights of women
  - Divorce, child custody, and child support
  - Inheritance rights of women/widows/daughters
- d. Abortion legal? Under what circumstances?
  - Evidence needed? Documentation required?
  - Protection for doctors performing legal abortions
  - Cost of abortion – who pays?
- e. Age of majority

#### **2. Police procedures and practices**

- a. What types of cases have you seen here? (offer some examples)
  - What happened to those cases?

- Check perceptions that may affect practices; e.g.
  - a) women “drop the charges” when the perpetrator is husband – no need for rigorous investigation
  - b) claims of “rape” are to cover a woman’s promiscuity and shame
- b. Capacity of police station/post
  - Physical layout, available private interview space, location/size of jail, etc.
  - Number of officers and commanders
    - a) Number of female officers
    - b) How are patrols scheduled, routes chosen?
  - Staff rotation schedule for this location (if remote)
  - Vehicles available, fuel, state of repair, etc.
  - Forms, paper, pens, desks, files
- c. Acceptable reporting sources (refugees? NGOs?)
  - Liaison with UN agencies, community security teams, others?
- d. Police knowledge applicable laws
  - Copies of current statutes in police stations/posts?
  - Police officers able to read and apply the laws?
  - Orientation and training about this location for new officers
  - Training in laws, procedures – ongoing training ?
- e. Location of interviews with GBV complainants
  - Private space?
  - Who is present?
- f. Documentation
  - Written complaint – what is needed
  - Medical documentation?
    - a) Standard form?
    - b) Examination findings
    - c) Forensic evidence
    - d) Signature authorization (M.D. only?)
- g. Investigation and arrest
  - Procedures – what are they, are they written?
  - Detention of suspects – physical conditions (food, treatment, water/san, etc.)
  - Writing charges – whose role is this? police? magistrate? prosecutor?
  - Protection of survivor and witnesses

### **3. Legal proceedings (criminal)**

- a. Victim or State responsible for pressing charges in criminal proceedings?
- b. Evidentiary requirements for different types of GBV crimes
  - Witness corroboration required?

- Requisite standard(s) of proof?
- c. Time frame for prosecution from date of charges filed to date of acquittal or conviction?
  - Time frame required by statute?
  - Reasons for delays
- d. Can court proceedings occur *In camera* for these cases? Who decides? Is this standard practice?
- e. Transport, care, protection of witnesses
  - Standard procedures
  - Relevant legal provisions
  - Capacity (vehicles, fuel, staff, etc.)
  - Role of UNHCR if witnesses are refugees; coordination with UNHCR
  - Other organizations involved in witness assistance? (NGOs, others)
- f. What, if any, special provisions are there for minor children
  - victim
  - witness
  - accused person
- g. Sentencing
  - Standard sentencing for certain types of crimes?
    - a) If multiple crimes, are sentences concurrent or consecutive?
    - b) Any special considerations for repeat offenders?
    - c) Discretion of judge?
  - Sentence likely to be carried out?
  - Alternatives, e.g. parole
- h. Capacity of court
  - Staff – number and qualifications of judge/magistrate, clerks, others
  - Statutes, laws available and up to date?
  - Training and continuing education
  - Offices, chambers
  - Equipment (typewriters, computers)
  - Paper, pens, files
  - Vehicles, fuel, drivers, state of repair

#### **4. What are the options for civil proceedings?**

- a. Procedures
- b. Use and selection of attorney, costs, payment
- c. Is this option used much?



## Key Informant Interview Guide Samples



## Legal Services Structured Interview Guide

***(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)***

Date of interview: \_\_\_\_\_

Name of the institution/agency: \_\_\_\_\_

Name of person interviewed and contact details if they will provide it: \_\_\_\_\_

Their position in the institution/agency: \_\_\_\_\_

1. What do the words gender-based violence mean to you? *(If the respondent does not seem to know what GBV is, ask What about sexual violence or domestic violence? to see if they encounter these things.)*

2. What types of cases of gender-based violence do you handle? *(If the respondent lists something other than sexual violence, ask him/her what is the most frequent type of violence against women and girls that he/she handles?)*

3. How often do you handle sexual violence cases? How many per week or month?

4. How often do you handle domestic violence cases? How many per week or month?

5. From what individuals or organizations do you typically receive reports of sexual violence?  
*(PROBE: victims/survivors, family members, health professionals, etc.)*

Who are the main victims/survivors of sexual violence? *(PROBE: who are the main perpetrators, survivors, what are their ages, sex...?)*

6. What legal facilities or personnel exist for victims/survivors of sexual violence or other forms of gender-based violence and punish perpetrators? (e.g., court, local/traditional, or civil authorities)

7. Has anyone in your institution received training on sexual violence or other forms of gender-based violence? If so, what was the training about, who received it, who provided it, and how many days did it last? Are the individuals who were trained still in their post?

8. What services do you provide to victims/survivors of sexual violence or other forms of gender-based violence? *(Try to get the respondent to be as specific as possible, e.g., provision of information on court process, roles and responsibilities of different actors, time frames, etc.)*

9. What kind of documentation is required to facilitate legal proceedings and investigations? What are the major challenges experienced? What is the time period that it takes to finalize a case, and why?
10. Does anyone from this institution accompany, advocate for and support the victim/survivor during any meetings with the police or court officials? <i>(If yes, ask the respondent to describe how this process works and who is responsible for doing this.)</i>
11. Who is responsible for providing support to the victim/survivor during the legal proceedings? <i>(PROBE: Liaison with the police? Legal or trial proceedings? Psychosocial support? Logistical support/accommodation and food?)</i>
12. Which laws are used in addressing gender-based violence and how are they enforced, and by whom?
13. How do you ensure the survivor's confidentiality and protection (during pre-trial, trial and post-trial)?
14. Do you ever refer survivors to other services such as counselling or healthcare? If yes, where are these services located? How do they provide the referral? How do you ensure that the service is provided?
15. How do you work with other service providers (NGOs, government departments, health facilities, legal, law enforcement, psychosocial (social welfare)) on the issue of gender-based violence?
16. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?
17. What are some of the challenges that you face in responding to sexual violence or other form of gender-based violence?  How do you think these challenges could be addressed?



District Authorities Structured Interview Guide

***(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)***

Date of interview: \_\_\_\_\_

Name of the institution/agency: \_\_\_\_\_

Name of person interviewed and contact details if they will provide it: \_\_\_\_\_

Their position in the institution/agency: \_\_\_\_\_

1. What does gender-based violence mean to you?  
*(If the respondent does not seem to know ask: What kinds of incidents of sexual violence, or domestic violence between intimate partners do you hear about?)*

2. What types of GBV do you think are most prevalent in this community?

What types of cases of gender-based violence are you involved in as a DA? *(If they list something other than sexual violence, ask them what is the most frequent type of violence against women and girls that they handle.)*

How often (if ever) do you see sexual violence cases or other forms of gender-based violence?  
How many per week or month?

How often (if ever) do you see domestic violence cases? How many per week or month?

3. What are the commonly used channels for reporting gender-based violence? From what individuals or organizations do you typically receive reports of sexual violence? *(PROBE: victims/survivors, family members, health professionals, etc.)*

4. Have you been trained on sexual violence or other forms of gender-based violence? How long did the training last and who provided it?

5. How do you respond to cases of sexual violence or other forms of sexual violence? For what services do you refer (psychosocial, medical, legal)?

6. Are there places for victims/survivors of gender-based violence (or specifically sexual or domestic violence) to go to when their life is in danger? Where can you refer such clients (shelters, etc.)?

7. Does your police station have the ability to transport or accompany victims/survivors for further services? If no, how do victims/survivors access the services? *(PROBE: sexual violence survivors)*

8. What kind of documentation is required to initiate legal proceedings and investigations (rape kit, medical affidavit)?

How many rape kits do you keep in stock at this station?

9. How would you describe the relationship between this police station and NGOs over rape cases?

10. What policies or laws (national, county-level) are in place for cases of sexual violence or other forms of gender-based violence? How do you use these policies?

Are cases of sexual violence ever handled by village heads/leaders? How do they intervene in these cases?

11. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?

12. What other challenges are there related to ensuring that survivors of gender-based violence have access to services and in preventing gender-based violence? How do you think some of these challenges could be addressed?

#### Health Services Structured Interview Guide

*(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)*

Date of interview: \_\_\_\_\_

Name of the health care facility: \_\_\_\_\_

Level of the health care facility:

Rural Health Facility (level 1)

City Council Clinics (level 1)

District (level 2)

Provincial (level 3)

Other \_\_\_\_\_

Name of person interviewed and contact details if they will provide it: \_\_\_\_\_

Their position in the health facility: \_\_\_\_\_

#### Service provision

1. What are the most frequent reasons given by women and girls for coming to this health facility?

2. What do the words gender-based violence mean to you?
3. Does your facility treat survivors of gender-based violence (e.g., survivors of sexual violence)?  Probe: What are the most common types of violence that women and girls receive services for?  Probe: What kinds of services are provided?
4. Is post-exposure prophylaxis (PEP) provided to survivors?  If yes, ask: What PEP regimen is prescribed?  Is the full course of PEP drugs given all at once? <input type="checkbox"/> three- day starter pack then all of remaining drugs <input type="checkbox"/> All drugs given at one time <input type="checkbox"/> seven-day supply given
5. Does the survivor have to consent to getting an HIV test in order to receive PEP?  Do you obtain consent from survivors/victims or parent/guardians of child survivors prior to starting the examination or collecting evidence?  If yes, ask how do you obtain consent? <i>Ask them to describe the process and make sure to determine if it is written or verbal. Request a copy of the forms.</i>
6. What pregnancy-related services do you routinely offer the patient after rape? <input type="checkbox"/> None <input type="checkbox"/> Emergency contraceptives (or morning-after pill) <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Abortion counselling/information <input type="checkbox"/> Other _____
7. What STI-related services do you offer the survivor after rape? <input type="checkbox"/> None <input type="checkbox"/> Give prophylactic treatment (Ask what the treatment is) <input type="checkbox"/> Refer to an STD/STI clinic <input type="checkbox"/> Send swab to lab to test for STIs
8. How often do you refer rape survivors/victims for trauma/psychological counselling?  Is it possible for survivors/victims to receive counselling in this facility?  Do you refer to other service providers, police and courts? Where are the people referred to (NGOs, support groups)? <i>(Try to get the names of the institutions.)</i>  How do you follow-up on survivors once they have left the health facility?
9. Do you collect physical evidence from survivors/victims (e.g., clothing, footwear, hair, fibers, or debris, etc.)? If so, where do you store it?

10. Do you use a pre-packaged rape kit when conducting the exam?

If so, do you have a steady supply?

Where do the kits come from? Do you get them from the police?

Where are the kits kept after use?

#### Protocols/clinical management guidelines

11. Do you keep records of patients who have been examined after rape?

If yes, ask: Where do you keep the files related to cases of sexual violence?

Who keeps the key to these areas?

Are there specific forms that you use? *(Request a copy of all of the forms that they use, including referral forms.)*

12. Does this facility have protocols/guidelines for the management of rape survivors?

If yes, ask: Where do you keep them? And ask to see them.

13. Who makes the decision when reporting a case of sexual violence to the police *(health care providers, the survivors/victims of the violence, parent/guardian)?*

14. What do you do if you have a suspicion that a parent or guardian is involved in the sexual abuse of a child? How do you proceed with managing the safety needs of that child?

#### Cases of sexual violence

15. How many adult survivors/victims (18 years and older) were examined/treated after sexual violence during the last five months?

# of males: \_\_\_\_\_ # of females: \_\_\_\_\_

Or, on average, how many adult survivors/victims do you see each month?

*If they have records, ask them about the periods of 2007 and 2008.*

16. How many child survivors/victims (17 years and younger) were examined/treated after child sexual abuse in the last five months?

What were the ages of the child survivors:

# <5 \_\_\_\_\_

# 5-9 \_\_\_\_\_

# 10-14 \_\_\_\_\_

# 15 and > \_\_\_\_\_

Or, on average, how many child survivors/victims do you see each month?

*If they have records, ask them about the periods of 2007 and 2008.*

**Training**

17. Have you or anyone else at this facility received formal training on the management of sexual violence/ rape?

If yes, ask: how many different trainings have you attended, and who provided the trainings? How many days did the training last?

18. What kinds of things were covered in the trainings that you attended? Check anything that applies and/or use list to help you probe.

- Medical treatment
- PEP
- Using an evidence collection kit
- Completing the medico-legal form
- Laws (covering rape and sexual offences)
- Referrals to other services
- Giving evidence in court
- Counselling
- Did your training include meeting the needs of male survivors/victims?
- Did the training include meeting the needs of child survivors/victims?

**Attitudes**

19. How does the staff know if a woman has been raped?

20. Do you think it is important to treat survivors/victims of rape as urgent?

21. Do you think rape always leaves obvious signs of injuries?

22. Do you think a woman's prior sexual relationships have anything to do with rape? Does rape hurt women who are sexually experienced?

**Multi-sectoral services**

23. How would you describe the relationship between this health facility and the closest police station over rape cases?

24. How would you describe the relationship between this health care facility and NGOs over rape cases?

25. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?

**Giving evidence in court**

26. Are you aware of any of any cases from this facility that have gone to court in the past year?

27. Have you ever given evidence in court?

**Other**

28. Where do the examinations take place? Is there a private room (with four walls and a door)? How does the staff ensure confidentiality?

29. What are the hours of operation of the facility?

30. How much do the services for sexual violence cost?

**Protection Services Structured Interview Guide**

***(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)***

Date of interview: \_\_\_\_\_

Name of the institution/agency: \_\_\_\_\_

Name of person interviewed and contact details if they will provide it: \_\_\_\_\_

Their position in the institution/agency: \_\_\_\_\_

1. What does gender-based violence mean to you?  
*(If they do not seem to know, ask What kinds of incidents of sexual violence or domestic violence between intimate partners do you hear about?)*

2. What types of GBV do you think are most prevalent in this community?  
  
What types of cases of gender-based violence do you handle? *(If they list something other than sexual violence, ask them what is the most frequent type of violence against women and girls that they handle.)*

3. How often (if ever) do you handle sexual violence cases or other forms of gender-based violence? How many per week or month?

4. What are the commonly used channels for reporting gender-based violence? From what individuals or organizations do you typically receive reports of sexual violence? *(PROBE: victims/survivors, family members, health professionals, etc.)*

5. Is there someone at the police station specifically trained to provide victim -friendly services? Have they been trained to handle sexual violence or other forms of gender-based violence? How long did the training last and who provided it?

6. Are victims/survivors attended to by same-sex officers? If not, why?

7. How do you respond to cases of sexual violence or other forms of sexual violence? For what services do you refer (psychosocial, medical, legal)?
8. Are you able to help victims/survivors of gender-based violence (or specifically sexual or domestic violence) relocate when their life is in danger? Where can you refer such clients (shelters, etc.)?
9. Does your police station have the ability to transport or accompany victims/survivors for further services? If no, how do victims/survivors access the services? (PROBE: sexual violence survivors)
10. How do you document the victim's statement? Are there specific forms that you use? ( <i>Request a copy of all of the forms that they use, including referral forms</i> ). How much do the forms cost?
11. What kind of documentation is required to initiate legal proceedings and investigations (rape kit, medical affidavit)?  How many rape kits do you keep in stock in this station?
12. Do you or others in your station ever testify in court about investigation findings, if the victim/survivor chooses legal action?
13. Are there any cases where investigating or following-up on cases seems impossible? What are the challenges?  How would you describe the relationship between this police station and the closest health facility over sexual violence as well as gender-based violence? How do you work together?
14. How would you describe the relationship between this police station and NGOs over rape cases?
15. What policies or laws (national, county-level or traditional) are in place for cases of sexual violence or other forms of gender-based violence?  How do you use these policies?
16. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?
17. How do you think some of these challenges you face could be addressed?

## Psychosocial Services Structured Interview Guide

***(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)***

Date of interview: \_\_\_\_\_

Name of the institution/agency: \_\_\_\_\_

Name of person interviewed and contact details if they will provide it: \_\_\_\_\_

Their position in the institution/agency: \_\_\_\_\_

1. What do the words gender-based violence mean to you? *(If the respondent does not seem to know what GBV is, ask What about sexual violence or domestic violence? to see if they encounter these things.)*
2. What types of cases of gender-based violence do you handle? *(If they list something other than sexual violence, ask what is the most frequent type of violence against women and girls that they handle.)*
3. How often (if ever) do you handle sexual violence cases? How many per week or month?
4. From what individuals or organizations do you typically receive reports of sexual violence? (PROBE: victims/survivors, family members, health professionals, etc.)
5. Is there someone in this organization who is specifically trained to work with sexual violence or other forms of gender-based violence?  
  
What kind of training did they receive, who provided it, and what did it focus on? How many days did it last?
6. How does your organization ensure the survivor's confidentiality?
7. Can you tell me how you document the survivor's statement? Are there specific forms that you use? *(Request a copy of all of the forms that they use, including referral forms.)*
8. Where do you keep the case files for incidents of gender-based violence?
9. What if any, follow-up and/or referral do you provide? Where do you make referrals?
10. What policies or laws (national, provincial, district or traditional) are in place for cases of sexual violence or other forms of gender-based violence?



11. What measures does your organization have in place to protect survivors and their families?
12. How would you describe the relationship between this organization and other service providers (police, courts, health facilities)? What about the relationship between the police and the health care facility?
13. How would you describe the relationship between the closest police station and NGOs over rape cases?
14. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?
15. What are some of the challenges you face in responding to sexual violence or other forms of gender-based violence?  How do you think these challenges could be addressed?

**Structured Interview Guide: NGOs Not Engaged Directly in GBV**

***(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)***

Date of interview: \_\_\_\_\_

Name of the institution/agency: \_\_\_\_\_

Name of person interviewed and contact details if they will provide it: \_\_\_\_\_

Their position in the institution/agency: \_\_\_\_\_

1. What kinds programmes is your agency implementing? Where are you implementing your programmes? (Try to get specific information on province, districts, wards, etc.)  
  
If they are engaged in food distribution, water and sanitation, etc., try to identify if they do anything to address gender concerns.

2. What types of GBV do you think are most prevalent in this community?

3. What do you think are the major gaps in terms of preventing and responding to gender-based violence?

4. If your staff came across a case of gender-based violence during their work what would they do? (*PROBE: victims/survivors, family members, health professionals etc.*)

5. What kind of mechanisms does your agency have in place to prevent sexual exploitation and abuse?

6. Do you know of any structures, activities and forums (or other coordination system) that exist to address the needs of victims/survivors of sexual violence or other types of gender-based violence?

7. How do you think some of these challenges you face could be addressed?

## Key Informants Guide for Individuals Involved in Camp Coordination, Management, Site Planning, Registration, Shelter and Non-food Items

### *Analysis of gender differences*

1. How is your organization gathering information to make decisions related to the setting up of camps, construction of shelters or NFIs? What groups are being consulted and how? Men, women, boys, girls?
2. Are there any specific cultural, practical or security obstacles that women, girls, boys and men might face in accessing registration services?

### *Design/access*

1. What specific aspects of site planning are being considered for women and children?
2. Are public social spaces being considered for different groups where they can discuss issues that are important to them (spaces that might eventually be used for women's spaces, child-centred spaces, etc)?
3. What security issues are being considered (lighting, location of facilities and composition of structures)?
4. If there is an established camp, ask: How many dwellings are there in this camp? How many total people are in the camp? Do you think overcrowding is a problem?
5. How are families selected and placed into the shelters? Are non-related families housed in the same structure?

### *Registration and NFI*

1. To what extent is the registration process designed to minimize discrimination based on gender or age?
2. If there is a process set up, ask: Can you take me through the steps of the registration process? [Try to see if issues of privacy and confidentiality are being considered.]
3. How will/are family entitlement cards/ration cards issued? Will/are women registered separately from their husbands?
4. What systems are in place to make sure that the various groups have equal access to housing and materials?
5. What do you think should be done in the long-term to ensure that everyone (women, men, boys and girls) will enjoy continued access to the registration process and NFI distribution?
6. What kinds of teams will be created for registration? Who will conduct interviews?
7. Where will your organization store registration data? Who will have access to the data?
8. What concerns have been raised by different groups? What concerns do you have for different groups (single-headed households, young group, unaccompanied minors, elderly) in relationship to:
  - Shelter
  - Site planning
  - Registration
  - NFI distribution?

### *Participation*

1. How are women being consulted specifically in planning NFI selection and distribution, information-sharing about entitlements?
2. How will women be involved in camp governance structures? Will there be a target percentage for the participation of women?
3. What kinds of specialized support will be needed to ensure that women and adolescents can participate in decision-making?

<i>Training/capacity-building</i>
<ol style="list-style-type: none"> <li>1. What kinds of training have you received from your organization on gender issues? Or what kinds of training do you anticipate receiving?</li> <li>2. What field tools does your organization commonly use in its work? [Try to see if they consult IASC guidelines etc.)</li> <li>3. Who from the beneficiary community will be trained on camp management issues, registration, construction, NFI distribution or providing information and referral for different groups?</li> </ol>
<i>Actions to address GBV/targeted actions</i>
<ol style="list-style-type: none"> <li>1. What kinds of actions/activities do you think are important in terms of reducing women's and children's vulnerability to violence?</li> <li>2. How is the site planning process addressing the needs of any special groups differently?</li> <li>3. What kind of system is in place or will be established to monitor security or instances of abuse or violence?</li> <li>4. What kind of system is in place for reporting security issues or abuse?</li> <li>5. What kinds of training and skills programmes are being considered for women and girls to reduce their trading sex for money or shelter?</li> </ol>
<i>Monitoring and evaluation</i>
<ol style="list-style-type: none"> <li>1. What kinds routine data collection do you think will be prioritized?</li> </ol>
<i>Coordination</i>
<ol style="list-style-type: none"> <li>1. What kinds of coordination activities is your organization engaged in?</li> <li>2. What other organizations/civil society groups is your organization working with in this area?</li> </ol>

<b>Key Informant Guide for Individuals Working in Food Security and Distribution and Nutrition</b>
<i>Analysis of gender differences</i>
<ol style="list-style-type: none"> <li>1. How is your organization collecting information on the roles of women and children in food procurement?</li> <li>2. How is your organization gathering information to make decisions related to the short- and long-term loss of livelihood assets? What groups are being consulted?</li> <li>3. What plans are in place to address the changes in women's and men's access and control over land or other resources?</li> <li>4. Are there any specific cultural, practical or security obstacles that women, girls, boys and men might face in accessing nutritional assistance?</li> </ol>
<i>Design/access</i>
<ol style="list-style-type: none"> <li>1. What steps are being taken to ensure that nutritional support programmes are appropriate to the food culture and nutritional needs of women (including pregnant or lactating women), girls, boys and men?</li> <li>2. How will access of women, girls, men and boys be monitored to ensure equitable distribution?</li> </ol>
<i>Participation</i>
<ol style="list-style-type: none"> <li>1. How have women, men and adolescent girls and boys been consulted about food security issues?</li> <li>2. How will it be ensured that both men and women are well-informed and aware of their entitlements (quantity/variety, etc)?</li> <li>3. How will women be engaged in decision-making, planning and management of food distribution?</li> <li>4. What steps will be taken to ensure that women and adolescent girls and boys can participate in decision-making?</li> </ol>
<i>Training/capacity-building</i>
<ol style="list-style-type: none"> <li>1. What kinds of training have you received from your organization on gender issues? Or what kinds of training do you anticipate receiving?</li> <li>2. What field tools does your organization commonly use in its work?</li> <li>3. Who from the beneficiary community will be trained and employed in food distribution programmes?</li> </ol>
<i>Actions to address GBV/targeted actions</i>
<ol style="list-style-type: none"> <li>1. What should be done to reduce women's and children's vulnerability to violence as they try to access food distribution?</li> <li>2. What kinds of actions are already being taken to ensure that food distributions are safe and accessible?</li> <li>3. Which groups will need special assistance with collecting their food? What special mechanisms might be considered to address this?</li> <li>4. What kind of system is in place or will be established to monitor security or instances of abuse or violence?</li> <li>5. What kinds of training and skills programmes are being considered for women and girls to keep them from having to trade sex for money, food or education?</li> <li>6. What kinds of plans are there for community awareness on violence against women and girls, child rights, property rights, etc.?</li> </ol>
<i>Monitoring and evaluation</i>
<ol style="list-style-type: none"> <li>1. Who will be consulted in the process of creating the monitoring and evaluation tools/mechanisms around food distribution? How will gaps and areas for improvements be identified? Who will be consulted?</li> <li>2. What kind of sex and age-related data will be collected?</li> </ol>
<i>Coordination</i>
<ol style="list-style-type: none"> <li>1. What kinds of coordination activities is your organization engaged in?</li> <li>2. What other organizations/civil society groups is your organization working with in this area?</li> </ol>

<b>Key Informant Interview Guide for Individuals working in Water, Sanitation and Hygiene</b>
<i>Analysis of gender differences</i>
<ol style="list-style-type: none"> <li>1. How is your organization gathering information to make decisions related to the cultural beliefs and practices in water and sanitation use? What groups are being consulted?</li> <li>2. What specific cultural, practical and security-related obstacles/issues that you are concerned about?</li> </ol>
<i>Design/access</i>
<ol style="list-style-type: none"> <li>1. How are you ensuring that water sites and distribution systems are accessible to women and other groups that might have mobility limitations?</li> <li>2. How will it be ensured that communal latrines and bathhouses for women, girls, boys and men are in safe locations, that they are culturally appropriate, that they ensure privacy and are accessible for persons with disabilities?</li> <li>3. How will different groups be included in monitoring these facilities for safety, etc?</li> <li>4. What concerns do you have in ensuring that everyone has access to these facilities in a safe way?</li> </ol>
<i>Participation</i>
<ol style="list-style-type: none"> <li>1. How are women and children (adolescent girls especially) being involved in decision-making related to the location and design of water points, bathhouses and latrines?</li> <li>2. [It if is not possible to observe directly, ask the following] Where are male and female latrines and bathhouses located? Are the facilities centrally located? Do doors have locks on the inside? Is there an adequate lighting system?</li> </ol>
<i>Training/capacity-building</i>
<ol style="list-style-type: none"> <li>1. What kinds of training have you received from your organization on gender issues? Or what kinds of training do you anticipate receiving?</li> <li>2. What field tools does your organization commonly use in its work?</li> <li>3. Who from the beneficiary community will be trained on use and maintenance of facilities?</li> </ol>
<i>Actions to address GBV/targeted actions</i>
<ol style="list-style-type: none"> <li>1. What should be done to reduce women's and children's vulnerability to violence as they access water and latrines?</li> <li>2. What kind of system is in place or will be established to monitor security or instances of abuse or violence?</li> <li>3. How will facilities and collection points be monitored to ensure that they are safe and accessible?</li> <li>4. What will be done to ensure that women and adolescent girls and boys can participate in decision-making around water and sanitation issues?</li> <li>5. How will access to and control over resources for collecting water, containers and storage facilities be monitored to ensure women's and girls' participation?</li> <li>6. What kinds of training and skills programmes are being considered for women and girls to keep them from trading sex for access to water and sanitation resources?</li> </ol>
<i>Monitoring and evaluation</i>
<ol style="list-style-type: none"> <li>1. What kind of routine data collection related to water, sanitation and hygiene will be prioritized?</li> </ol>
<i>Coordination</i>
<ol style="list-style-type: none"> <li>1. What kinds of coordination activities is your organization engaged in?</li> <li>2. What other organizations/civil society groups is your organization working with in this area?</li> </ol>



## **MISP (Minimum Initial Service Package) Checklist Example**







## Minimum Initial Service Package Checklist

*Updated: March 2010*

To be completed by RH Officer to monitor service provision in humanitarian settings. This may be done in some cases by verbal reporting or observation visits. At onset of humanitarian response weekly monitoring should be done. Once services are fully established, monthly monitoring is sufficient. Discuss gaps and overlaps in service coverage with IMC Reproductive Health Advisor and RH stakeholders in coordination meetings to find and implement solutions. Essential reading: *Minimum Initial Service Package (MISP) for Reproductive Health: A Distance Learning Module*. <http://misp.rhrc.org>.

Geographic Area/Site Name:	Reporting Time Period ____/____/20____ to ____/____/20____	Start date of health response: ____/____/20____	Reported by:  Date:	
<b>1. RH Lead agency and RH officer</b>				
			YES	NO
1.1	Lead RH agency identified and RH officer functioning within the health sector/cluster: Lead agency: _____ RH officer: _____		<input type="checkbox"/>	<input type="checkbox"/>
1.2	RH stakeholder meetings established and meeting regularly: <ul style="list-style-type: none"> <li>• National Monthly</li> <li>• Sub national/District Bimonthly</li> <li>• Local Weekly</li> </ul>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2. Demographics</b>				
2.1	Total Population			
2.2	Number of women of reproductive age (ages 15 to 49, estimated at 25% of population)			
2.3	Number of sexually active men (estimated at 20% of population)			
2.4	Crude Birth Rate (estimated at 4% of the population)			
<b>3. Prevent sexual violence and respond to the needs of survivors</b>				
			YES	NO
3.1	Multi-sectoral coordinated mechanisms to prevent sexual violence are in place.  Confidential health services to manage survivors of rape: <ul style="list-style-type: none"> <li>• Emergency Contraception</li> <li>• PEP</li> <li>• Antibiotics to prevent and treat STIs</li> <li>• Tetanus toxoid/Tetanus immunoglobulin</li> <li>• Hep B Vaccine</li> <li>• Referral to health, psychological, social support services</li> </ul>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.2	Number of incidents of sexual violence reported to health services			
3.3	Information on post-rape care and access to services disseminated to community		<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Reduce the transmission of HIV</b>				
4.1	Safe and rational blood transfusion protocols in place		<input type="checkbox"/>	<input type="checkbox"/>
4.2	Blood for transfusion consistently screened		<input type="checkbox"/>	<input type="checkbox"/>
4.3	Sufficient materials and checklists to ensure standard precautions in place		<input type="checkbox"/>	<input type="checkbox"/>
4.4	Condoms available free of charge: <ul style="list-style-type: none"> <li>• Health facilities</li> <li>• Community Level</li> </ul>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4.5	Approximate number of condoms taken this period			
<b>5. Prevent excess maternal and newborn morbidity and mortality</b>				
5.1	<b>Health Center</b> (providing basic emergency obstetric/neonatal care 24/7) <ul style="list-style-type: none"> <li>• One qualified health worker on duty per 50 outpatient consultations per day</li> <li>• Midwife supplies, including newborn supplies available</li> </ul>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



## Minimum Initial Service Package Checklist

*Updated: March 2010*

	<b>Hospital</b> (to ensure comprehensive emergency obstetric/neonatal care 24/7) <ul style="list-style-type: none"> <li>• 1 qualified service provider on duty per 20-30 inpatient beds for the obstetric wards</li> <li>• 1 team of doctor/nurse/midwife/anesthetist on duty</li> <li>• Adequate drugs and supplies to support comprehensive emergency obstetric/neonatal care 24/7</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Referral system for obstetric and newborn emergencies functioning 24 hours per day/7 days per week (24/7) <ul style="list-style-type: none"> <li>• Means of communication (radios, mobile phones)</li> <li>• Transport from community to health center available 24/7</li> <li>• Transport from health center to hospital available 24/7</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Functioning cold chain in place (for oxytocin, blood screening tests)	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Number of caesarean deliveries/number of births x 100		
5.5	Number of clean delivery kits distributed/estimated number of pregnant women x 100		
5.6	Provision of contraception (specify oral, injectables, implants, other):	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Planning for transition to comprehensive RH services. Activities this period.</b>			
6.1	Sites for future delivery of comprehensive RH services (ie. FP, STI management, adolescent RH):		
6.2	Staff training needs (FP provision, STI management etc), training tools, facilitators:		
6.3	RH commodities consumption monitored (medicines and renewable supplies)	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Procurement channels identified (long term, sustainable):		
	1.	2.	
	3.	4.	
<b>7. Special Notes</b>			
7.1	Basic contraceptive methods available to meet demand	<input type="checkbox"/>	<input type="checkbox"/>
7.2	ARV available for patients on ART, including PMTCT	<input type="checkbox"/>	<input type="checkbox"/>
7.3	STI treatment available at health facilities	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Hygiene kits have been distributed	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Further comments:</b>			
Explain how this information was obtained (direct observation, report back from partner (name), and provide any other comments).			
<b>9. Actions (for the “No” checks, explain barriers and proposed activities to resolve them).</b>			
#	Barrier	Proposed Solution	

## Situation Analysis Form



## Section 1. General Demographic Information

### Dates Information Collected:

From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_

### Location of Situational Analysis

Camp/Community Name	Nearby Village/Town	District/Zone

### Current Population Data:

	Female	Male	TOTAL
Total Population			
< 5			
5 - 14			
15 - 45			
> 45			

### General information about population:

Primary Language Spoken	
Other Languages	
Ethnic/Tribal Groups Represented	
Religions (approximate % of population)	
Home Country Lifestyle / Economic Information (urban, rural, nomadic, farming, business, etc.)	
Other	

## Section 2. Overview of Population Movement

*This section is specifically for communities in which there are refugee or internally displaced populations, or where there is significant population movement that affects the provision of services to your target community. If your setting does not meet these qualifications, move to section 3. The purpose of this section is to assess how temporary or permanent the population is, what factors affect their ability to remain in one place, and the risks to personal safety during movements. This information will help you to get a sense of whether to engage in long-term or short-term types of programming and projects. For example, situations where there are new arrivals, or frequent influxes, may require more attention to war-related sexual violence and protection in new arrival temporary housing facilities. Conversely, situations that are long-standing, focusing more on care and maintenance than emergency situations, may require more attention to domestic violence and harmful traditional practices. With this information you can target specific members of the community and specific community behaviors and issues in your program, and determine a suitable duration for your various programs and projects.*

**When did the refugee/IDP population first arrive in this location?**

Year	Size of Population (first influx)	Place of Origin	Ethnicity

**Describe major population movements in the past 5 years beginning with the most recent:**

Year	Size of Population	Influx / Egress	Origin / Ethnicity

**Describe any anticipated population increase or decrease:**

---

**Circle the number that best describes the majority of population movements in this setting and provide more description in the line below:**

- |    |   |
|----|---|
| 1) | Little routine movement of significant portion of population; restricted movement.                              |
| 2) | Frequent movement of population for trade, farming, collecting water, firewood, wild foods, military maneuvers. |
| 3) | Fluid, virtually unrestricted population movement.  |

## Analyzing the data from Section 2.

Questions to think about when analyzing this data are: how long has the target population been here? How long does it look as though they will stay? If it seems they will only stay for a number of days, weeks, or months, programs need to take that into account (i.e., emergency services to survivors may take precedence over long-term community development projects). If the target community appears to be settled for an extended period of time, community development and education programs that are continuous and that focus on behavior change strategies may be the best strategies for combating GBV.

If the population is frequently moving in and out of your area to farm or collect firewood, water, etc., you may want to investigate whether this movement causes women and girls to feel vulnerable and whether incidents of GBV occur during these movements. If movements are forced and overseen by the military or security within the host community, you may want to find out whether women and girls are vulnerable to or experiencing GBV during their interactions with military officials and/or members of the host community.

Remember that coercion, abuse, and exploitation can occur in any type of setting, but the specific circumstances will vary. Understanding the specific details of potential risk in your setting will help you to design effective prevention strategies.

## Section 3. Description of Community/Camp

The purpose of this section is to help you organize basic information on the current local administrative structures, community-based activities, NGO programs, and practical resources available in the refugee/internally displaced camp or other conflict-affected community you are investigating. The information gleaned will enable you to understand the factors that may help or hinder the establishment and development of GBV programming in your community.

### Community/Camp Leadership Structure

Describe camp/community administrative divisions, types of leaders, presence/involvement of women in camp/community leadership, obstacles to involvement of women in camp/community leadership, etc.

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### Local Community/Camp-based Groups, Clubs, or Other Activities

While you may wish to highlight local groups and clubs that specifically target women and girls, this list is aimed at providing you with a general overview of locally based activities in your target community, and should therefore not focus exclusively on women's groups or clubs. Examples: religious services, informal business or trade groups, sports groups, crafts groups, youth clubs, women's organizations, men's organizations, etc.

Name of Group	Types of Activities	Contact Person

### Schools, Education, Skills Training

Number of primary schools in camp/community: \_\_\_\_\_

Estimated coverage of girls in primary school: \_\_\_\_\_

Total number of girls in school: \_\_\_\_\_

Total number of girls eligible for primary school: \_\_\_\_\_

Comment on activities targeting girls: \_\_\_\_\_

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---

Number of secondary schools in camp/community: \_\_\_\_\_

Estimated coverage of girls in secondary school: \_\_\_\_\_

Total number of girls in secondary school: \_\_\_\_\_

Total number of girls eligible for secondary school: \_\_\_\_\_

Comment on activities targeting girls: \_\_\_\_\_

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---

Attendance of female students (Low/high? Tapers off after certain age?):

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Skills training, vocational education, other training programs available in camp/community:

Name of NGO or Group	Type of Training/Target Group(s)



## International and Local Non-governmental Organizations (NGOs) Working in Camp/Community

This chart is meant to provide information about general NGO activities in your community, not just those related to women's issues or GBV. However, the "Comments" block should be used to identify activities that could be linked to GBV programming or share common concerns and issues with GBV programs; for example, if an NGO conducts activities related to reproductive health, you should note this. Other activities that are linked to GBV might include, but are not limited to: provision of sanitary supplies, HIV/AIDS services, youth and children's programming, human rights documentation, education projects, and community animation. The second component of the identifying information asks about whether the organizations have any written mandates for the provision of specific GBV services within their larger organizational mandate (for example, whether a reproductive health program provides post-rape services or a youth program provides awareness-raising about GBV issues); whether there are any methods for accountability regarding the provision of those specific GBV services; whether staff are required to abide by a code of conduct that condemns any behavior that contributes to GBV (such as sexual exploitation of beneficiaries); and whether funding or training exists for GBV-related activities.

Organization	Role/Sector	Contact Name/Title	Contact Number	Comments
1.				
Job descriptions including GBV responsibilities in place?  Yes ____ No ____	Accountability of job performance GBV/ protection?  Yes ____ No ____	Staff conduct (code of conduct, personnel policy regarding GBV), monitoring and sanctions?  Yes ____ No ____	Funding and resources for GBV?  Yes ____ No ____	Training and other resources to address GBV?  Yes ____ No ____

Organization	Role/Sector	Contact Name/Title	Contact Number	Comments
2.				
Job descriptions including GBV responsibilities in place?  Yes ____ No ____	Accountability of job performance GBV/ protection?  Yes ____ No ____	Staff conduct (code of conduct, personnel policy regarding GBV), monitoring and sanctions?  Yes ____ No ____	Funding and resources for GBV?  Yes ____ No ____	Training and other resources to address GBV?  Yes ____ No ____

Organization	Role/Sector	Contact Name/Title	Contact Number	Comments
3.				
Job descriptions including GBV responsibilities in place?  Yes ____ No ____	Accountability of job performance GBV/ protection?  Yes ____ No ____	Staff conduct (code of conduct, personnel policy regarding GBV), monitoring and sanctions?  Yes ____ No ____	Funding and resources for GBV?  Yes ____ No ____	Training and other resources to address GBV?  Yes ____ No ____

Organization	Role/Sector	Contact Name/Title	Contact Number	Comments
4.				
Job descriptions including GBV responsibilities in place?  Yes ____ No ____	Accountability of job performance GBV/ protection?  Yes ____ No ____	Staff conduct (code of conduct, personnel policy regarding GBV), monitoring and sanctions?  Yes ____ No ____	Funding and resources for GBV?  Yes ____ No ____	Training and other resources to address GBV?  Yes ____ No ____

## National Organizations Providing GBV-specific Services

This chart may help you identify possible links and/or collaboration with national groups providing or promoting GBV-specific programming, including rape and domestic violence counseling and referrals, safe shelters, legal/legislative advocacy, police training, etc. These organizations may be governmental or non-governmental.

Organization	Role	Contact Name/Title	Contact Number	Comments

## International Organizations/Institutions Providing Services/Funding/Technical Support for GBV-specific Programming

This chart may help you identify possible links and/or collaboration with international organizations (e.g., the International Rescue Committee, CARE, JSI) or international institutions (UNHCR, WHO, UNIFEM, UNICEF) providing services, funding, technical assistance, or otherwise promoting GBV-specific programming.

Organization	Role/Services	Contact Name/Title	Contact Number	Comments

## Analyzing the data from Section 3

*If there are large and extensive networks of community-based groups in your target community, you may want to incorporate them into GBV programming, for example, by coordinating outreach and education workshops using their networks and leaders. If there are few community-based groups, you may want to consider whether encouraging the growth of such groups, including women's organizations and youth clubs, might be a useful outreach strategy for your GBV program. Analyze the data you have recorded about NGOs and international organizations with the same questions in mind: What is lacking here that a GBV program can address? What resources are present that a GBV program can use to become more effective? There may be very few organizations working on GBV or GBV-related issues, suggesting that in order to forge relationships with other organizations and gain access to their resources and knowledge, you may have to think creatively. Alternatively, there may be numerous organizations working on GBV and GBV-related issues, in which case it is essential that you coordinate with them to ensure that you do not overlap.*

*Data on education, skills, and training in the camp population will give you essential information on how to design your outreach and education activities (i.e., what level of knowledge to presume, how to communicate ideas) as well as what kinds of human resources are available to you (e.g., are there enough adequately educated people who can become peer educators, counselors, or mentors on GBV issues in the camp?) If the majority of people are literate, you may want to consider distributing leaflets or other written material with information about GBV. If female school attendance is low, you may want to consider advocating for prolonged female school attendance as part of your GBV program. In general, you should take a "whole-picture" approach to your data as you look at it and think about how each piece of information may be related to GBV and to your GBV program.*

## Section 4. Overview of GBV

*This section will give you a picture of the types and extent of GBV being reported in your setting and tell you whether there are specific types of GBV that are more likely to be reported than others, whether certain age groups report GBV more than others, what kinds of specific interventions have occurred in the past, and what is being done in general at various organizations and agencies to respond to reports of GBV. This section also gathers information about the population, which can help you identify groups that are potentially at a higher risk of GBV.*

### Special Populations at Risk of GBV:

Characteristic	Number	Any current arrangements for care/protection of these groups
Female-headed households		
Unaccompanied children		
Minority groups		
Physically handicapped		
Mentally handicapped		
Other (describe)		

### Reports / Assessments of GBV in this Location:

Year	Author, Title, Agency, Where can a copy be accessed?

### Reported Incidents of GBV in Past 12 Months:

Following are four charts where you can separately insert information about GBV reports gathered by the police or other security personnel, local health centers, community services organizations (if a camp setting, UNHCR community services officers), protection-oriented programs such as human rights centers (if a camp setting, UNHCR protection officers), and any other organizations that may maintain records on reports of GBV. It is important to collect data from as many sources as possible but to keep data separate because statistics will differ from one source to the next, according to their methods and objectives. Once you have data from multiple sources, you can review the data to get a larger picture of the reporting rate by comparing numbers and considering the objectives and methods that shape each source's data. In order to interpret the data and determine whether the number of incidents recorded by each source indicates a high or a low reporting rate, follow the directions below to calculate reports per 10,000 people. It is important to calculate in terms of percentages because, for example, a report of 40 incidents in a camp/community last year may indicate an extremely high rate if the camp/community is inhabited by 400 people, or an extremely low rate if the camp/community is inhabited by 40,000 people. The incident report rates that you calculate using the Situational Analysis can give you a baseline figure that will allow comparison over time as you develop your GBV services.







**Total GBV Reports by TYPE of GBV. (Please refer to the definitions section of this manual for instructions on how to categorize different types of GBV.)**

This chart is simply another way of recording the same data identified in the previous section, but allows you to break down reports according to type of incident. The total numbers arrived at here may include duplicates (e.g., a survivor may have reported the same incident to both the police and to a health center). For this reason, these numbers should not be relied upon to represent total numbers of cases. These numbers will be useful in that they will provide a comprehensive picture of the types of GBV reported. You may limit the time period to the last year, or, if you have sufficient data, you may go back several years. However, be sure that your breakdown is in terms of an **entire year** because identifying total numbers for only a portion of a year will not allow you to compare data from that portion of a year to other years in which you have data from the entire year.

<b>Year (start with most recent)</b>	<b>Type of Incident</b>	<b>Total Number Reported</b>

**Analyzing the data from Section 4**

*When reviewing your data, you will want to try to identify trends in the numbers and types of GBV incidents that are occurring, so that you can target GBV advocacy, service delivery, and community education. You may also wish to analyze what sectors receive the most reports in order to develop hypotheses about why some sectors are more active in GBV than others. You will also want to identify gaps in the data, and, along with information obtained from the rest of the situational analysis, develop hypotheses about the reasons for those gaps. Are there certain types of GBV that are not reported? If so, is this because of low rates of this type of GBV or because there are no services that support reporting? These hypotheses can guide further research. (You may wish, for example, to use focus group discussions with the general population or with key institutional actors to investigate some of the hypotheses you have developed while conducting your situational analysis.)*

**Section 5. National Security and Legal Authority**

*This section provides a framework for soliciting information on rules and methods governing official responses to GBV by the police, courts and other institutions under whose jurisdiction your target community falls. Understanding the way GBV is addressed at the legislative, judicial, and police levels will enable you to devise GBV interventions and programming that strengthen and support GBV-related protection policies and programs.*

*The information requested in this section can be obtained in any of the ways listed below. You should not enter rumors, third-hand stories, or information from other sources unless circumstances absolutely prevent you from having access to the people listed below. Unreliable information about GBV is common, even from widely respected NGOs, universities, and international organizations. Try to collect information directly from the police, courts, or organizations that specifically deal with legal issues and GBV whenever possible.*

## Data Collection Methods

1. Interview the following:
Judge
National GBV Advocacy NGO
Local Attorney, preferably providing GBV consultation
Police Commander/Chief or Head of GBV Unit

AND

2. Visit, Tour, and Observe the following:
Police Station
Court, Chambers, Offices
Jail
Official Vehicles

## I. Laws

Obtain the following information on legal definitions (A-D) from an interview with at least one of the officials listed in the chart above. It is best to identify more than one person listed in the chart so that you can verify your information.

### A. Legal Definitions

Type of Offense	Description of Legal Definition and/or Legal Statutes or Policies Governing the Type of GBV	Statute of Limitations for this Crime
Rape/Attempted Rape		
"Defilement" or Statutory Rape (rape of minor)		
Marital Rape		
Other Forms of Sexual Violence (e.g., Sexual Exploitation)		
Domestic Violence (Intimate Partner Abuse, Including Economic, Emotional, etc.)		
Forced Marriage		
Trafficking for Sex or Labor		
Other Forms of GBV (e.g., Female Genital Cutting)		



## **B. Other Legal Protections and Stipulations**

What is the age of "majority" or the age children are legally deemed adults? Is the age the same for males and females?

---

What are the legal procedures and consequences for the abandonment of newborns/ infanticide? Are they the same for boy babies and girl babies?

---

What are legal stipulations regarding the following:

Age and conditions of marital consent for males and for females?

---

Women's property ownership rights?

---

Inheritance rights of women, girls, and widows?

---

Divorce, child custody, and child support rules and conditions?

---

## **C. Emergency Contraception and Abortion**

Is emergency contraception legal? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, under what circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for emergency contraception.

---

Is abortion legal? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, under what circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for a legal abortion.

---

Who covers the cost of emergency contraception? (health care provider, pregnant woman, etc.)

---

Who covers the cost of an abortion? (health care provider, pregnant woman, etc.)

---

## D. Mandatory Reporting Laws

Who, if anyone, is required by law to report incidents of GBV to police authorities?

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What types of GBV fall under the mandatory reporting laws?

---

What are the penalties for non-reporting?

---

Are there special circumstances for which reporting is not mandatory?

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## II. Police Procedures

Obtain the following information by interviewing the local Police Commander/Chief or, if existent, the police officer who runs the GBV Unit.

### A. Police Procedures and Practice

What types of cases related to GBV have you seen here at this police post or court? (You may have already gotten this information from the data collected in the previous section of the situational analysis.)

---

What happened to those cases? Are there some situations the police are more likely to investigate or follow up than others? (Probe for the reasons that may contribute to limited follow-up, such as a woman who drops the charges against her husband for domestic violence and the investigation is therefore dropped; or police perceptions that claims of rape are a cover for a woman's promiscuity and therefore not worthy of investigation, etc.)

---

From what individuals or organizations do police typically receive or allow reports? (Victims? Family members of victims? Health professionals? NGOs? Others?)

---

Medical Documentation Required to Make a Police Report: (Describe)

Standard Form	
Medical Exam Findings	
Forensic Evidence	
Signature or Authorization of Doctor	
Additional Signatures or Authorizations	
Other documentation:	

## **B. Investigation and Arrest**

What is the process for detaining suspects?

---

What are conditions like for detained suspects (food, treatment, water, sanitation, etc.)?

---

Whose role is it to write the charges being made and forward the case for prosecution (i.e., police, magistrate, prosecutor)?

---

What measures exist to ensure the protection of the survivor and of witnesses during the arrest and detention of suspects?

---

## **III. Judicial Procedures**

Obtain the following information by interviewing a local judge or magistrate.

### **A. Criminal Legal Proceedings**

Who is responsible for pressing charges in criminal proceedings?

---

Is witness corroboration required in the prosecution of GBV crimes? Yes \_\_\_\_\_ No \_\_\_\_\_

What is/are the requisite standard(s) of proof?

---

What is the typical time frame for prosecution from date of charges filed to date of acquittal or conviction?

---

Is a specific time frame required by statute, and if so, what is it?

---

What are reasons for delays in the prosecution of cases?

---

Can court proceedings occur *in camera* (in private) for GBV cases (i.e., the presiding judge clears the courtroom or hears the testimony in chambers)? Who decides?

---

## **B. Transport, Care, and Protection of Witnesses**

You may wish to interview a representative of a GBV-related NGO for more information about witness care if the police or judiciary do not have provisions for care.

What are the standard procedures for transport, care, and protection of witnesses?

---

Are there any relevant legal provisions?

---

What is the capacity (vehicles, fuel, staff, etc.) or limitations in instituting procedures for witness transport, care, and protection?

---

What role does UNHCR take if witnesses are refugees? To what degree does UNHCR coordinate with police and courts on these cases?

---

Are there other organizations involved in witness assistance?

---

What, if any, special provisions are there for minors if they are:

1. Victims?

---

2. Witnesses?

---

3. Accused?

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## **C. Sentencing**

Are there standard sentencing procedures for different types of GBV crimes?

---

If a person is convicted of multiple GBV crimes, are sentences concurrent or consecutive?

---

Are there any provisions for repeat GBV offenders?

---

How much discretion does the judge have during the sentencing process?

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Based on evidence from prior GBV cases, how likely is it that the sentence will be carried out?

---

Do alternatives to prison sentences exist for GBV offenders (e.g., parole)?

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#### **D. Capacity of the Court**

What kinds of qualifications, experience, and training in GBV do the judge/magistrate, clerks, and other staff have?

---

Are copies of GBV-related statutes and laws available and up-to-date?

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Does the court conduct training and continuing education for court staff?

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How equipped is the court and in what condition is this equipment (typewriters, computers, offices, papers, pens, files, vehicles, fuel, staff)?

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#### **E. Civil Proceedings**

What are the options for civil proceedings?

---

What are normal procedures in civil proceedings?

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#### **Analyzing the data from Section 5**

*With the information you collect here, you will be able to identify potential problems with current legal and police procedures and develop training and other programming that attempts to address those problems. You will also be able to identify positive aspects of police and court procedures that you may use as models, and to which you may refer survivors. You will also develop contacts within the judicial and security sectors who are committed to issues of GBV and may be ongoing resources for your program.*

## Section 6. Assessment of Existing Multi-sectoral Prevention & Response

*This section contains a series of charts that will allow you to identify the mechanisms that exist and do not exist in your setting to address GBV. This is intended to give you a specific, detailed tabulation of the strengths and weaknesses of GBV programming in your setting so that you can devise and improve your program in a way that complements and/or improves existing activities.*

*The assessment questions are based on the model of multi-sectoral programming. To date, the multi-sectoral model forms the "best practice" for prevention of and response to GBV in refugee, IDP, and post-conflict settings. The underlying principle of the multi-sectoral model recognizes the rights and needs of survivors as pre-eminent, in terms of access to respectful and supportive services, guarantees of confidentiality and safety, and the ability to determine a course of action for addressing the GBV incident. Key characteristics of the multi-sectoral model include the full engagement of the refugee community, interdisciplinary and inter-organizational cooperation, and collaboration and coordination among health, psychosocial, legal, and security sectors.*

*Each of these sectors is charged under the multi-sectoral model with basic responsibilities related to the prevention of and response to GBV. The health sector, for example, should be able to: actively screen clients for GBV in a way that is respectful and supportive; ensure same-sex interviewers for survivors; respond to the immediate health and psychological needs of the survivor and, wherever possible, provide those services free of cost. Health care providers should also be prepared to collect forensic evidence when authorized by the survivor and provide testimony in cases where a survivor chooses to pursue legal action.*

*The psychosocial sector should be able to: provide supportive and ongoing psychological assistance, in which social workers and community services workers have access to professional supervision and support; confidentially collect, document, and analyze client care data, and adjust programming accordingly; offer safe haven for victims who choose to leave an unsafe environment; provide hotlines—in settings where phones exist—to facilitate support and referral; offer income generation and training programs that allow women and girls sustained economic viability; conduct broad-based community education on the prevention of GBV and on the availability of services; and provide early childhood and adolescent education about safe touch, gender, and healthy relationships.*

*The legal sector should work to: review and revise laws that reinforce GBV and gender discrimination; provide free or low-cost legal counseling and representation to survivors; conduct ongoing training to members of the judiciary to apply GBV laws and carry out judicial proceedings privately, respectfully, and safely; institute provisions for monitoring court processes and collecting and analyzing data on cases; and conduct broad-based community education on the existence and content of anti-GBV laws.*

*The security sector should have systems in place that reinforce a zero tolerance policy for all police, military, and peacekeeping staff who contribute to or commit acts of GBV, and that policy should be actively enforced by those in command. The security sector should be trained and prepared to intervene in cases of GBV in a way that acknowledges the severity of GBV and does not further victimize the survivor by: designating private meeting rooms within police stations; providing same-sex police officers to work with survivors; creating specialized units to address various manifestations of GBV, such as sexual violence, domestic violence, and trafficking; offering survivors referrals for collateral assistance; conducting community policing and education programs; instituting ongoing training and supervision of police personnel; and standardizing sex-disaggregated data collection and analysis.*

*A critical responsibility of all the sectors is coordination. Coordination includes strategic planning, gathering data and managing information, mobilizing resources and ensuring accountability, orchestrating a division of labor, negotiating and maintaining a serviceable framework of action, and providing leadership. Coordination also includes: sharing information about GBV incident data; discussion and problem-solving among actors about prevention and response activities; and collaborative monitoring, evaluation, and ongoing program planning and development. As part of coordination, methods should exist for reporting and referrals among and between sectors, and those methods should be continuously monitored and reviewed. Referral networks should focus on providing prompt, confidential, and appropriate services to survivors. And, perhaps most importantly, regular meetings should be convened involving representatives of the various sectors tasked with GBV responsibilities. A designated "lead agency"—which ideally would be a ministry or other national body but could also be an international institution or organization, or a local NGO or representative body invested with due authority—would be*

responsible for encouraging participation and facilitating meetings and other methods for coordination and information. The charts below have been designed according to the responsibilities and activities outlined above. It is important to remember that these responsibilities and activities are not exhaustive and will vary in terms of priority for each setting. Some of the questions below are specific to refugee and internally displaced settings, and some responsibilities outlined below may not be possible, for example, in the emergency stage of humanitarian response. Even so, the general topic areas provide a guide for identifying existing protocols, activities, programming, and their gaps. The charts are divided into the four primary sectors involved in addressing GBV: health, psychosocial, legal, and security. Within each sector, responsibilities are categorized according to administration, prevention, and response. Administrative responsibilities are those that are more organizational than activity-specific.

In order to complete the charts below, you will need to identify and interview representatives from each of the target areas. Within the health sector, you may wish to interview health facility administrators, doctors, nurses, midwives, traditional birth attendants, and perhaps even health ministry staff. In the psychosocial sector, you may wish to interview social workers and other counselors who may be providing psychological and case management assistance to survivors, teachers, and school administrators. Members of the legal sector might include judges and other officers of the court, legislators, lawyers, representatives of legal advocacy groups, and members of the ministry concerned with justice. The security sector interviews would target police, peacekeeping forces, international and national military, and representatives of the ministry tasked with national security. For the coordination questions, you would seek out the person(s) specifically tasked with addressing GBV (for example, at the national level, a minister of women's affairs, or, within a camp setting, a UNHCR protection officer or gender advisor). If no such person exists, which is often the case, you will want to approach an agency that has taken the lead in promoting GBV prevention and response to investigate what coordination activities are underway. If the persons/agencies you identify are international, be sure to investigate to what extent the capacities of local persons/agencies are being supported as a component of creating sustainable GBV programming.

You may use these charts as a way to guide your questions during the interviews, or you may choose to devise questions in advance that address the issues within the charts and then complete the charts based on your notes from the interviews.

**GBV COORDINATION – ADMINISTRATIVE (THESE REFER TO GBV-SPECIFIC COORDINATION ACTIVITIES)**

In place?		Activity	Comment
Yes	No		
		GBV Coordinator for setting (If an international representative, is there also a local/refugee counterpart?)	
		GBV lead agency for setting	
		GBV focal point for each sector (local/refugee counterparts for each focal point?)	
		GBV focal point for each agency operating in setting (local/refugee counterparts for each focal point?)	
		GBV focal point for local government/camp council	
		Multi-sectoral and inter-agency procedures, protocols, practices, and reporting forms established in writing and agreed upon by all sectors/agencies/persons engaged in providing GBV-related services	
		Directory of organizations providing GBV-related services (maintained and up-to-date?)	
		Written procedures distributed to organizations for multi-sectoral referral and coordination	
		Inter-sectoral coordination meetings held monthly and led by GBV coordinator or lead GBV agency for setting and attended by GBV focal points	
		Factors contributing to GBV identified in coordination meetings (through trend analysis of GBV reports)	
		Inter-sectoral strategies to address contributing factors developed and regularly reviewed and monitored	
		Protocol established and adopted by all sectors of client flow and referrals through sectors	
		Standard documentation of GBV incidents and standard flow of documentation inter/intra-agency	
		Use of GBV incident report information for coordination of prevention and response activities	
		Ethical and safety standards in place for all sectors and for coordination (e.g., privacy and interagency, inter-sectoral confidentiality)	
		Community/refugee/local and national government participation in GBV assessment, program planning, and coordination	
		Periodic (biannual) coordination training to ensure that participating sectors engage in coordination and understand protocols for coordination	



**GBV COORDINATION – PREVENTION**

(THESE REFER TO GENERAL ACTIVITIES THAT IMPROVE COMMUNITY AND NGO SENSITIVITY TO ISSUES OF GENDER AND GBV)

In place?		Activity	Comment
Yes	No		
		Setting-wide (all agencies, all sectors) zero tolerance policy for relief/humanitarian workers who abuse their power, with codes of conduct and reporting mechanisms in place	
		Regular review of setting/camp layout, housing allocations, food/non-food distributions, etc. with a view to increasing access and security of women and reducing risk of GBV	
		Monthly multi-sectoral, multi-agency meetings attended by all relevant agencies with appropriate refugee/ local/government representation and facilitated by GBV coordinator or lead agency. Meeting notes distributed. (As distinguished by meetings for focal points above, these meetings are open to a general audience and are meant to facilitate communication with non-GBV programs and agencies.)	
		Community meetings on GBV issues regularly held for purposes of information-gathering and education	
		Ongoing advocacy to ensure protection activities are occurring in all sectors	
		Ongoing advocacy to ensure gender analysis completed before policies/programs are designed and implemented	
		Beneficiaries involved in all aspects of assessment, and planning and implementing programs	
		In refugee/IDP settings, host community engaged in programming for refugees/IDPs	

**GBV COORDINATION – RESPONSE (THESE REFER TO THE RESPONSIBILITIES OF THE GBV COORDINATOR/LEAD AGENCY/SECTOR FOCAL POINTS TO ENSURE APPROPRIATE GBV SERVICES TO SURVIVORS)**

In place?		Activity	Comment
Yes	No		
		Ensure appropriate psychosocial services by conducting advocacy, program development, training, etc.	
		Ensure appropriate health services by conducting advocacy, program development, training, etc.	
		Ensure responsive security system by conducting advocacy, program development, training, etc.	
		Ensure appropriate protection actions by conducting advocacy, program development, training, etc.	
		Assure confidentiality within sectors and across sectors	
		Coordinate solutions for survivor safety needs as appropriate (ration cards, housing, non-food items)	
		Maintain, analyze, and report data generated from service delivery and from other sources. Use data for coordination and program improvement.	

**PSYCHOSOCIAL SECTOR – ADMINISTRATION (THIS REFERS TO THE RESPONSIBILITIES OF EACH PSYCHOSOCIAL AGENCY AS WELL AS TO THE RESPONSIBILITIES OF THE PSYCHOSOCIAL GBV FOCAL POINTS AND INSTITUTIONS/KEY ACTORS OVERSEEING THE DESIGN AND DELIVERY OF PSYCHOSOCIAL SERVICES)**

In place?		Activity	Comment
Yes	No		
		Policy/mandate/protocol for gender-balanced hiring in all psychosocial programs, including for positions of authority and decision-making	
		<p>Policy/mandate/protocols for the provision of counseling, advocacy, and referral for survivors of GBV addressing:</p> <ul style="list-style-type: none"> <li>• sexual assault</li> <li>• harassment</li> <li>• physical assault</li> <li>• domestic violence</li> <li>• survivor of child sex abuse</li> <li>• state violence</li> <li>• other forms of GBV (e.g., FGC, forced marriage, kidnapping, prostitution, etc.)</li> </ul>	
		Psychosocial programs have and maintain directory of organizations providing GBV and collateral services	
		Policy/mandate/protocol for coordination among psychosocial programs	
		Policy/mandate/protocol for information, education, and communication (IEC) related to human rights and GBV	
		Policy/mandate/protocol for women’s empowerment programming	
		Policy/mandate/protocol for male involvement programming	
		Policy/mandate/protocol for survivor response, including intake, counseling, safety planning, and secondary trauma/stress	
		Policy/mandate/protocol for the care and safety of counselors and other service providers	
		Policy/mandate/protocol for record keeping that ensures safety and confidentiality of survivor	

**PSYCHOSOCIAL – PREVENTION (THESE ACTIVITIES ARE THE RESPONSIBILITY OF ALL PSYCHOSOCIAL PROGRAMS)**

In place?		Activity	Comment
Yes	No		
		Practice gender-balanced hiring within psychosocial programs	(comment on number of females and males hired)
		Practice gender equity in positions of authority in psychosocial programs	
		Sensitize all psychosocial workers in setting to GBV	
		Sensitize international, national, and humanitarian aid workers in setting to issues of GBV	
		Provide targeted GBV and human rights training to international, national, and humanitarian workers in setting	(comment on number trained)
		Conduct IEC campaigns to raise awareness of GBV in the setting and promote community action	
		Support community engagement in IEC campaigns (e.g., through religious groups, market groups, men's groups, etc.)	
		For education-related psychosocial programs, incorporate age-appropriate gender awareness into formal and informal curriculum	
		Support/provide empowerment activities: <ul style="list-style-type: none"> <li>• income generating activities</li> <li>• literacy programs</li> <li>• vocational training</li> <li>• civil society-building</li> </ul>	
		Support/facilitate peer groups for: <ul style="list-style-type: none"> <li>• women</li> <li>• adolescents</li> <li>• men</li> </ul>	

**PSYCHOSOCIAL – RESPONSE (THESE ARE THE RESPONSIBILITIES FOR PROGRAMS PROVIDING GBV-RELATED SERVICES)**

In place?		Activity	Comment
Yes	No		
		24-hour (on call) services	
		Intake/assessment using standard incident report form	
		Provide supportive counseling and case management for survivor	
		Conduct survivor safety planning	
		Provide referrals: maintain and utilize directory of organizations offering GBV-related services	
		Advocate for the needs of survivor to family members, other agencies/sectors (i.e., health, legal, police)	
		Assist survivor to interact with other sectors as s/he desires by initiating contact, making phone calls, etc.	
		If survivor raped or injured, escort to health services	
		If survivor requests, escort to police/security services	
		If survivor requests, escort to lawyer/legal services	
		Facilitate survivor support groups	
		Provide ongoing supervision to GBV counselors	
		Assure care and safety of counselors and other program employees	
		Facilitate community action to establish "safe houses" or other methods to ensure survivor safety	
		Maintain confidential files	
		Compile and analyze monthly incident reports to use for program improvement	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	

**HEALTH – ADMINISTRATION (THIS REFERS TO THE RESPONSIBILITIES OF EACH HEALTH AGENCY AS WELL AS TO THE RESPONSIBILITIES OF THE HEALTH GBV FOCAL POINTS AND INSTITUTIONS/KEY ACTORS OVERSEEING THE DESIGN AND DELIVERY OF HEALTH SERVICES)**

In place?		Activity	Comment
Yes	No		
		Policy/protocol for medical management of GBV that includes: medical history, examination, forensic evidence, treatment (emergency contraception, STI/HIV prevention/treatment) referral (surgeon, OB-GYN, psychologist, psychiatrist, other), pregnancy counseling, record keeping that ensures confidentiality, and coordination with other sectors and actors	
		Policy/protocol for gender-balanced hiring, including positions of authority and decision-making	
		Protocol for drug supply inventory and maintenance	
		Directory of organizations providing GBV and collateral services maintained and up-to-date	
		GBV sensitization curriculum for health staff available	

**HEALTH – PREVENTION (THESE ACTIVITIES ARE THE RESPONSIBILITY OF ALL HEALTH PROGRAMS)**

In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices	(comment on number of females and males)
		Gender equity in positions of authority and decision-making	
		All health staff receive GBV sensitization training	
		Select staff receive training on medical management of GBV, including ability to screen for GBV	
		Provide training in the community related to health impacts of GBV	(comment on number trained)
		Involve men in reproductive health activities	

**HEALTH – RESPONSE**

(THESE ARE THE RESPONSIBILITIES OF HEALTH PROGRAMS PROVIDING GBV-RELATED SERVICES, AT MINIMUM AVAILABLE IN ALL HOSPITALS)

In place?		Activity	Comment
Yes	No		
		24-hour (on call) services with same-sex medical provider (nurse and/or doctor) trained in GBV response	
		In-take/assessment using standard incident report form	
		Survivor safety planning	
		Take medical history	
		Conduct medical exam	
		Collect forensic evidence as appropriate	
		Provide medical treatment	
		Provide referrals using directory of organizations providing GBV and collateral services	
		Schedule follow-up visit	
		Share information with police, community services, protection as appropriate and authorized by survivor	
		Testify in court as appropriate	
		Document actions	
		Maintain confidential files	
		Compile and analyze monthly incident reports to use for program improvement	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	

**SECURITY / POLICE – ADMINISTRATION (THIS REFERS TO THE RESPONSIBILITIES OF INSTITUTIONS/KEY ACTORS OVERSEEING THE PROTECTION OF THE TARGET POPULATION, INCLUDING POLICE, PEACEKEEPING FORCES, LOCAL MILITARY, AND PRIVATE SECURITY PERSONNEL)**

In place?		Activity	Comment
Yes	No		
		Policy/protocol for UNHCR field security officer to address GBV (for refugee setting)	
		Policy/protocol for national police officers to prevent/respond to GBV	
		Policy/protocol for peacekeeping forces to prevent/respond to GBV	
		Policy/protocol for local military to prevent/respond to GBV	
		Curriculum available for training police, security officers, and community in national laws relevant to GBV	
		Curriculum available for interview and investigative procedures for national GBV crimes (per national law), including: <ul style="list-style-type: none"> <li>• child sexual assault (female and male)</li> <li>• adult sexual assault (female and male)</li> <li>• domestic abuse (partners, parents, children, elderly)</li> </ul>	
		Police posts with private interview space for GBV cases	
		Copies of current statutes on file in police stations/posts	
		Orientation and training for all new officers regarding GBV prevention/response	
		Protocol for confidential record keeping	
		Protocol for coordination with other sectors and actors	
		Directory of organizations providing GBV and collateral services maintained and up-to-date in police posts	

SECURITY / POLICE – PREVENTION			
In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices in police, peacekeeping forces	(comment on number of females and males)
		Gender equity in positions of authority and decision-making in police, peacekeeping forces	
		Personal codes of conduct enforced for police, peacekeeping forces, local military	
		Reporting mechanisms in place for violations in codes of conduct	
		Security/police participate in site planning to minimize risks (for refugee/IDP settings)	
		Police, peacekeeping forces work with community to identify and solve high-risk situations	
		Ongoing training for police, security officers, and community in national laws relevant to GBV	(comment on number trained)
		Community policing, including patrols in high-risk areas	

SECURITY / POLICE – RESPONSE			
(THESE ARE THE RESPONSIBILITIES OF POLICE AND OTHER SECURITY FORCES TASKED WITH RESPONDING TO GBV REPORTS)			
In place?		Activity	Comment
Yes	No		
		24-hour (on call) services with trained same-sex interviewers available	
		Assessment using standard incident report form	
		Survivor interviewed in private space	
		Survivor safety planning	
		Collect/store evidence	
		Provide referrals using directory of organizations offering GBV and collateral services	
		Escort to health services, as appropriate	
		Investigate alleged crime	
		Arrest perpetrator	
		Record all actions, including follow-up	
		Compile and analyze monthly incident reports	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	



**LEGAL/JUSTICE – ADMINISTRATIVE**

In place?		Activity	Comment
Yes	No		
		Policy/protocol for UNHCR Protection Officer to address GBV (for refugee setting)	
		Policy/protocol for court system to respond to GBV cases (efficiently, privately, etc.)	
		Policy/protocol for GBV evidence collection and storage	
		Policy/protocol for GBV survivor protection, assistance, and advocacy through judicial proceedings	
		Policy/protocol for court's coordination with other sectors	
		Copies of national laws related to GBV made available to all representatives of the court and legal systems	
		Guidelines for traditional courts, including refugee tribunals, for types of GBV cases these courts can and cannot judge; sentencing is appropriate for types of crimes and respects/reinforces human rights of survivors	
		Curriculum for training judges and lawyers in national laws and practice relevant to GBV	

**LEGAL/JUSTICE – PREVENTION**

In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices in judicial system	(comment on number of females and males)
		Gender equity in positions of authority and decision-making in judicial system	
		Human rights education for the community, police, courts, and humanitarian actors (national and international)	(comment on number of females and males trained)

LEGAL/JUSTICE – RESPONSE

In place?		Activity	Comment
Yes	No		
<b>For Lawyers, UNHCR Protection Officers:</b>			
		Assessment using standard incident report form	
		Safety planning for the survivor	
		Provide referrals using directory of organizations providing GBV and collateral services	
		Monitor police action for investigation and arrest of perpetrator	
		Provide legal advice and information to survivors	
		Monitor court proceedings; advocate for survivor as necessary	
		Escort survivor and witnesses to court; advocate for protection as necessary	
		Provide assistance for survivor and witnesses for appearance in court (meals, transport, overnight accommodation, etc.)	
		Ensure perpetrator protection (food, appropriate treatment, etc.) in jail/prison facilities and in community at large	
		Ensure ongoing survivor protection (safe houses, relocation, etc.)	
		Compile and analyze monthly incident reports	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	
<b>National and/or Traditional Court:</b>			
		Conduct legal proceedings with minimal delays	
		Hear survivor and witness testimonies <i>in camera</i> (in private, not in open court)	
		Ensure legal advice and advocacy for survivor, witnesses	
		Ensure appropriate sentencing, compliant with existing laws that respect human rights of women/survivors	

## Focus Group Discussion Guide Sample



## Women/Men Focus Group Discussion Guide

Location:

Date of FGD:

Duration (start time and end time):

Name of moderator:

Name of note-taker:

Participant summary (include # of women or men):

Age range of respondents:

### Introduction:

My name is \_\_\_\_\_ and this is my colleague \_\_\_\_\_. I work for \_\_\_\_\_ and she/he works for \_\_\_\_\_. We would like to ask you some questions about the issues affecting women and children in your community so that we can better understand your needs and concerns about these groups.

We are not asking for your specific stories; please do not use any names. We are asking about things that you have heard of or know to be happening. The questions we are going to be asking you today are about the way that you live every day. If you feel uncomfortable at any time you can leave. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer.

We have nothing to offer other than listening; there will be no other direct benefits related to this time we spend together today.

We do not want your names and will not be writing your names down. We also will not present any other potentially identifying information in anything that we produce based on this conversation. We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those from all the people who speak to us.

We ask that you keep everything confidential, too. Please do not tell others what was said today.

\_\_\_\_\_ is taking notes to make sure that we do not miss what you have to say. I hope that this is OK with you?

We really want to hear what you have to say, and I want you to answer my questions however you want. There is no wrong answer to any question.

I expect our discussion to last for a maximum time of one hour to one-and-a-half hours.

Do you have any questions before we begin?

***First I would like to ask you some general questions about life, or the way you live in your community or in this area.***

How do women spend their time in this community? Are they working?

What about girls? Are they in school? Are they working?

What are the problems/challenges that women and girls face when they move around in this community?

*(Ask for specific examples)*

PROBE: What are the known danger zones in this community (or in this area) where women and girls are at increased risk for violence (water points, taxi terminus, homes, going to the field, going to and from school, or in schools, etc.)? Are there different danger zones for women than for girls? If yes, what are they?

How safe are women and young girls when they leave the community? What kinds of things might put women at risk when they leave the community? What about girls? (PROBE: going to and from school, crossing borders, going to town, visiting another area)

What about boys, are there specific types of violence that they experience? What examples can you provide? Where does it happen?

**[If the issue of GBV has not come up use the following, if it has come up skip to the next relevant question]**

Without mentioning any names or indicating anyone, can you tell me what kinds of incidents of violence against women and girls take place in your community? *(Ask for specific examples.)*

PROBE: When and where does sexual violence occur in this community/area?

PROBE: How is the problem of sexual violence now? How is it different from last year and previous years?

Without mentioning any names or indicating anyone specific, who are the perpetrators of this kind of violence? (PROBE: people in authority, family members, others)

Without mentioning any names or indicating anyone specific, which groups do you think are most at risk for sexual violence? And, why do you think these groups are more at risk? *(Ask for specific examples.)*

Who is considered powerful in this community? What gives people power in this community? (PROBE: property, spiritual leadership, position of authority, money, having a job...)

Are there ever times when women or girls (or boys or men) have to provide sexual favours to meet their basic needs (school fees, protection, food, housing, health care, etc.)?

Can you give any examples of young girls engaging in sexual relationships with people who are influential/powerful in the home or in this community? *(If needed, you can probe for other individuals such as the omalayisha or magumagama.)*

What about boys -- can you describe situations when this might happen to them?

PROBE: When this type of thing happens are girls or boys ever pushed into doing this by anyone (their family, etc.)?

**[If the following issues have not come up use the following questions to explore areas that have been mentioned]**

What other types of violence affect women and girls in this community/area?

PROBE:

- *What about violence between married couples or intimate partners?*
- *Can you describe any situations when men and boys say things to girls that make them uncomfortable?*
- *What kinds of cultural practices exist that you think might be harmful to women and girls in this community?*
- *At what age/stage do girls and boys get married in this community? Has this changed this year as compared to previous years?*
- *Can you describe times when girls or women are forced or made to leave the community to find new work or other opportunities?*

**Now I want to ask you a few questions about what happens after violence takes place.**

If a woman or young girl suffers violence (use the different forms/types that were mentioned) is she likely to tell anyone about it? Who is she likely to talk to (family members, other women, health workers, community leaders, police/security or other authorities or anyone else)?

What about violence experienced by a woman?

If violence is perpetrated against a boy, would he tell anyone? Why or why not?

How comfortable are women and girls in seeking help from service providers (PROBE: health workers, police, etc...)?

If you were going to seek health services in this area where would you go? (PROBE: health centre, traditional healer, faith healer) Please describe any barriers that someone might face.

Without mentioning any names, how are girls or women that are affected by violence treated in this community? Is there ever a situation where girls or women might be blamed for what has happened to them (through their behaviours, dress, etc.)?

What is done to help survivors of sexual violence in this community? What community structures exist to do this? What do you think would improve the safety of women and girls in this community?

What groups are there that women, girls, men or boys can go to for support in this community? How could these services be improved?

What do you think is the most important thing for a person to do after they experience sexual violence and especially rape (female or male)?

Right now, if a person from your community wanted the perpetrator punished, would they be able to do this? Please describe any barriers that they might face.

What could be done to prevent sexual violence from occurring in this community?

What are some things that you could do?

### **Closing**

That is all of my questions for now. Do you have anything you would like to add? Do you have any questions for us? Do you have any questions that you think should be asked of other groups?

As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you have for women and children in your community.

Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to me or \_\_\_\_\_ (person taking notes) in private we are happy to talk to you.

THANK YOU FOR YOUR HELP



## Adolescent Girls Focus Group Discussion Guide

Location:

Date of FGD:

Duration (start time and end time):

Name of moderator:

Name of note-taker:

Participant summary (include # of women or men):

Age range of respondents:

### Introduction:

My name is \_\_\_\_\_ and this is my colleague \_\_\_\_\_. I work for \_\_\_\_\_ and she/he works for \_\_\_\_\_. We would like to ask you some questions about the issues affecting boys, girls, women and men in your community so that we can better understand your needs and concerns.

We are not asking for your specific stories; please do not use any names. We are asking about things that you have heard of or know to be happening. The questions we are going to be asking you today are about the way that you live every day. If you feel uncomfortable at any time you can leave. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer.

We have nothing to offer other than listening; there will be no other direct benefits related to this time we spend together today.

We do not want your names, and we will not be writing your names down. We also will not present any other potentially identifying information in anything that we produce based on this conversation. We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those from all the people who speak to us.

We ask that you keep everything confidential, too. Please do not tell others what was said today.

\_\_\_\_\_ is taking notes to make sure that we do not miss what you have to say. I hope that this is OK with you?

We really want to hear what you have to say, and I want you to answer my questions however you want. There is no wrong answer to any question.

I expect our discussion to last for a maximum time of one hour to one-and-one-half hours.

Do you have any questions before we begin?

***First I would like to ask you some general questions about life, or the way you live in your community or in this area.***

How are young people spending their time in this community? Are they in school? Are they working?

What problems do young girls face in this community? (*Ask for specific examples.*)

What are the challenges that young girls face when they move around in this community?

PROBE: What are the known danger zones in this community (or in this area) where girls are at increased risk for violence? (water points, taxi terminus, homes, going to the field, going to and from school, or in schools, etc.)

How safe are young girls when they leave the community? What kinds of things might put girls at risk when they leave the community? (PROBE: going to and from school, crossing borders, going to town, visiting another area, taxi terminus)

What about boys -- are there specific types of violence that they experience? What examples can you provide? Where does it often happen?

**[If the issue of GBV has not come up use the following, if it has come up skip to the next relevant question]**

Without mentioning any names or indicating anyone, can you tell me what kinds of incidents of violence against girls take place in your community? (*Ask for specific examples.*)

PROBE: When and where does sexual violence occur in this community/area?

PROBE: How is the problem of sexual violence now? How is it different from last year and previous years?

Without mentioning any names or indicating anyone specific, who are the perpetrators of this kind of violence? (PROBE: people in authority...?)

Without mentioning any names or indicating anyone specific, which groups do you think are most at risk for sexual violence? And, why do you think these groups are more at risk? (*Ask for specific examples.*)

Who is considered powerful in this community? What gives people power in this community? (PROBE: property, spiritual leadership, position of authority, money, having a job...)

Are there ever times when girls (or anyone else) have to provide sexual favours to meet their basic needs (school fees, protection, food, housing, health care, etc.)?

Can you give any examples of young girls engaging in sexual relationships with people who are influential/powerful in the home or in this community? (*If needed you can probe for other individuals such as the omalayisha or magumaguma.*)

What about boys -- can you describe situations when this might happen to them?

PROBE: When this type of thing happens are girls or boys ever pushed into doing this by anyone (their family, etc.)?

**[If the following issues have not come up use the following questions to explore areas that have been mentioned]**

What other types of violence affect women and girls in this community/area?

PROBE:

- *What about violence between married couples or intimate partners?*
- *Can you describe any situations when men and boys say things to girls that make them uncomfortable?*
- *What kinds of cultural practices exist that you think might be harmful to women and girls in this community?*
- *At what age/stage do girls and boys get married in this community? Has the marriage pattern changed this year as compared to previous years?*
- *Can you describe times when girls are forced or made to leave the community to find new work or other opportunities?*

**Now I want to ask you a few questions about what happens after violence takes place.**

If a young girl suffers violence (use the different forms/types that were mentioned) is she likely to tell anyone about it? Who is she likely to talk to (family members, other women, health workers, community leaders, police/security or other authorities or anyone else)?

PROBE: What might keep a girl from getting help?

How comfortable are girls in seeking help from service providers (PROBE: health workers, police, etc...)?

If you were going to seek health services in this area where would you go? (PROBE: health centre, traditional healer, faith healer) Please describe any barriers that someone might face.

Without mentioning any names, how are girls or women who are affected by violence treated in this community? Is there ever a situation where a girl might be blamed for what has happened to her (through her behaviour, etc.)?

What do you think is the most important thing for a person to do after rape/sodomy?

Right now, if a person from your community wanted the perpetrator punished after rape/sodomy, would they be able to do this? Please describe any barriers that they might face.

What is done to help survivors of sexual violence in this community? What community structures exist to do this? What do you think would improve the safety of girls in this community?

What groups are there that women, girls, men or boys can go to for support in this community? How could these services be improved?

What could be done to prevent violence? What role do you think young people should play in preventing the violence that we have been talking about?

### **Closing**

Thank you. That is all of my questions for now. Do you have anything you would like to add? Do you have any questions for us? Do you have any questions that you think should be asked of other groups?

As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you have for women and children in your community.

Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to me or \_\_\_\_\_ (person taking notes) in private we are happy to talk to you.

THANK YOU FOR YOUR HELP

## Adolescent Boys Focus Group Discussion Guide

Location:

Date of FGD:

Duration (start time and end time):

Name of moderator:

Name of note-taker:

Participant summary (include # of women or men):

Age range of respondents:

### Introduction:

My name is \_\_\_\_\_ and this is my colleague \_\_\_\_\_. I work for \_\_\_\_\_ and she/he works for \_\_\_\_\_. We would like to ask you some questions about the issues affecting boys, girls, women and men in your community so that we can better understand your needs and concerns.

We are not asking for your specific stories; please do not use any names. We are asking about things that you have heard of or know to be happening. The questions we are going to be asking you today are about the way that you live every day. If you feel uncomfortable at any time you can leave. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer.

We have nothing to offer other than listening; there will be no other direct benefits related to this time we spend together today.

We do not want your names, and we will not be writing your names down. We also will not present any other potentially identifying information in anything that we produce based on this conversation. We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those of all the people who speak to us.

We ask that you keep everything confidential, too. Please do not tell others what was said today.

\_\_\_\_\_ is taking notes to make sure that we do not miss what you have to say. I hope that this is OK with you?

We really want to hear what you have to say, and I want you to answer my questions however you want. There is no wrong answer to any question.

I expect our discussion to last for a maximum time of one hour to one-and-one-half hours.

Do you have any questions before we begin?

***First I would like to ask you some general questions about life, or the way you live in your community or in this area.***

How are young people spending their time in this community? Are they in school? Are they working?

What are the problems/challenges that young girls and boys face when they move around in this community?

*(Ask for specific examples.)*

PROBE: What are the known danger zones in this community (or in this area) where girls are at increased risk for violence? (water points, taxi terminus, homes, going to the field, going to and from school, or in schools, etc.)

<p>How safe are young girls and boys when they leave the community? What kinds of things might put girls at risk when they leave the community? (PROBE: going to and from school, crossing borders, going to town, visiting another area, taxi terminus)</p> <p>What about boys, are there specific types of violence that they experience? What examples can you provide? Where does it often happen?</p>
<p><b>[If the issue of GBV has not come up use the following, if it has come up skip to the next relevant question]</b></p> <p>Without mentioning any names or indicating anyone, can you tell me what kinds of incidents of violence against girls take place in your community? (<i>Ask for specific examples.</i>)</p> <p>PROBE: When and where does sexual violence occur in this community/area?</p> <p>PROBE: How is the problem of sexual violence now? How is it different from last year and previous years?</p>
<p>Without mentioning any names or indicating anyone specific, who are the perpetrators of this kind of violence? (PROBE: people in authority...?)</p>
<p>Without mentioning any names or indicating anyone specific, which groups do you think are most at risk for sexual violence? And, why do you think these groups are more at risk? (<i>Ask for specific examples.</i>)</p>
<p>Who is considered powerful in this community? What gives people power in this community? (PROBE: property, spiritual leadership, position of authority, money, having a job...)</p>
<p>Are there ever times when girls (or anyone else) have to provide sexual favours to meet their basic needs (school fees, protection, food, housing, health care, etc.)?</p> <p>Can you give any examples of young girls engaging in sexual relationships with people who are influential/powerful in the home or in this community? (<i>If needed you can probe for other individuals such as the omalayisha or magumaguma.</i>)</p> <p>What about boys -- can you describe situations when this might happen to them?</p> <p>PROBE: When this type of thing happens are girls or boys ever pushed into doing this by anyone (their family, etc.)?</p>
<p><b>[If the following issues have not come up use the following questions to explore areas that have been mentioned]</b></p> <p>What other types of violence affect women and girls and boys in this community/area? PROBES:</p> <ul style="list-style-type: none"> <li>• <i>What about violence between married couples or intimate partners?</i></li> <li>• <i>What kinds of cultural practices exist that you think might be harmful to women and girls in this community?</i></li> <li>• <i>At what age/stage do girls and boys get married in this community? Has the marriage pattern changed this year as compared to previous years?</i></li> <li>• <i>Can you describe times when girls are forced or made to leave the community to find new work or other opportunities?</i></li> </ul>

**Now I want to ask you a few questions about what happens after violence takes place.**

If a young boy suffers violence (use the different forms/types that were mentioned) is he likely to tell anyone about it? Who is he likely to talk to (family members, other women, health workers, community leaders, police/security or other authorities or anyone else)?

PROBE: What might keep a boy from getting help?

How comfortable are boys in seeking help from service providers (PROBE: health workers, police etc...)?

If you were going to seek health services in this area where would you go? (PROBE: health centre, traditional healer, faith healer) Please describe any barriers that someone might face.

Without mentioning any names, how are boys who are affected by sexual violence treated in this community?

What is done to help survivors of sexual violence in this community? What community structures exist to do this? What do you think would improve the safety of girls in this community?

What groups are there that women, girls, men or boys can go to for support in this community? How could these services be improved?

What do you think is the most important thing for a person to do after rape/sodomy?

Right now, if a person from your community wanted the perpetrator punished after rape/sodomy, would they be able to do this? Please describe any barriers that they might face.

What could be done to prevent violence? What role do you think young people should play in preventing the violence that we have been talking about?

### **Closing**

Thank you. That is all of my questions for now. Do you have anything you would like to add? Do you have any questions for us? Do you have any questions that you think should be asked of other groups?

As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you have for women and children in your community.

Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to me or \_\_\_\_\_ (person taking notes) in private we are happy to talk to you.

**THANK YOU FOR YOUR HELP**





## Focus Group Discussion Questions – More Ideas



## Focus Group Questions

At what age do women usually marry in the community? Are there cases of forced marriage? How often does this happen? Is early and forced marriage increasing or decreasing? What factors make parents/families marry their child early?

Are there traditional practices in the community that harm women and girls? Is female genital cutting harmful to women or girls? Is the practice of FGC increasing or decreasing? What motivates people to practice this?

There are men who treat their wives well and men who don't. What are some of the things that men do if they are treating their wives well? What are some things men do when they treat their wives badly?

Should a husband be allowed to physically punish his wife? Is it common for men to beat their wives? Is it common for other family members to beat women? Who? Are you aware of violence practiced by family members against men? Do female family members often beat men?

Are you aware of problems with safety and security for women and girls in the community? Examples? Which groups of women/girls are most at risk? Why? Is sexual violence a common problem in the community?

If a woman or girl is raped, where can she get help? What kind of help can she receive? If she visits a health facility, what services can she receive?

Are there circumstances when women might be partially responsible for sexual violence against them? Is it common for people in the community to blame women or girls for sexual violence when this happens? How do people show that they are to blame? What are the consequences for women and girls?

What are the effects of physical and sexual violence for women and girls? Do families treat survivors of violence differently? Husbands? Are they able to marry? Make friend? Go to school?

What actions could be taken to better ensure safety of the community? Of women and girls?

Are there types of violence that community members can prevent or stop? What types? What actions can be taken or supported to prevent violence?

Are there women's groups in the community? Are there women's centers? Where do women gather?

Where can women seek support if they are facing problems or have faced violence? Are there women in the community who are good at supporting other women? Leaders?

Are there traditions in the community that can help women recover from the bad affects of the conflict? Ways for them to recover from violence? What things do women do to feel better about themselves? What activities help people forget bad things that have happened and make good memories?

## Assessment Toolkit Sample





## GBV Assessment Tools

### Part 1: SAFETY AUDIT

**Note:** This tool is based upon observation. It may or may not be relevant in all contexts. In areas of insecurity, you should not fill in the questionnaire while walking around the site/community; rather, take mental note of questions and observations and fill in the form later, after leaving the site/community.

**Team:**

**Geographic location:**

Overall Layout	Problem?		Comments
<i>Night lighting</i>	Yes	No	_____
<i>Walkways/movement</i>	Yes	No	_____
<i>Overcrowding</i>	Yes	No	_____
<i>Observations related to movements of women and girls outside the camp for water, firewood, etc.:</i>			

Water and Sanitation	Problem?		Comments
<i>Water points</i>	Yes	No	_____
<i>Latrines</i>	Yes	No	_____
<i>Showers</i>	Yes	No	_____

Household	Problem?		Comments
<i>Safety/privacy</i>	Yes	No	_____
<i>Cooking spaces</i>	Yes	No	_____

<b>Community</b>	<b>Presence?</b>		<b>Comments</b>
<i>Schools</i>	Yes	No	_____
<i>Markets</i>	Yes	No	_____

<b>Presence of actors</b>	<b>Presence?</b>		<b>Comments</b>
<i>State military</i>	Yes	No	_____
<i>Other armed actors</i>	Yes	No	_____
<i>Barriers/checkpoints</i>	Yes	No	_____

**Other Comments**

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## Part 2: SERVICE MAPPING

*Note: This tool is for use during interviews with service providers.*

**Team:**

**Geographic location:**

1. Organization :
2. Did you provide services before the crisis?      Yes      No
3. What type of services do you provide to survivors of GBV?
  - Health
  - Psychosocial / case management
  - Legal
  - Protection/ security
  - Sensitization / prevention

**Health**

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**Geographic location:**

4. What type of medical personnel work for your organization here?
  - Nurses: How many? \_\_\_\_\_
  - Doctors: How many? \_\_\_\_\_
  - Midwives: How many? \_\_\_\_\_
  - Gynecologists: How many? \_\_\_\_\_
  - Surgeons: How many? \_\_\_\_\_
5. Do you have GBV focal points?      Yes      No
6. Have the medical personnel received any specialized training on clinical care for survivors of GBV?  
Yes      No
7. Have the medical personnel received any specialized training on the provision of care for child survivors of GBV?  
Yes      No
8. Do you have complete post-rape kits available?      Yes      No
  - PPE
  - Emergency contraception
  - STI medicines
  - Hepatitis B vaccination
  - Tetanus vaccination
9. Do you have trained social workers on staff?      Yes      No
10. Do they have a safe, confidential space to receive survivors?      Yes      No

**Psychosocial**

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**Geographic location:**

11. What specific services do you provide?

- Basic emotional support
- Case management / psychosocial support
- Group activities
- Other? \_\_\_\_\_

12. Do you have a safe, confidential space to receive survivors?      Yes      No

13. Do you have a *maison d'ecoute* to receive survivors?      Yes      No

14. What specific age groups do your activities serve?

- Children
- Young adolescents (10-14)
- Older adolescents (15-18)
- Adult women (18+)

15. Are your psychosocial services provided by:

- Trained volunteers
- Partners (NGO, CBO, etc.)
- Staff of your organization

16. If you work with local NGOs/CBOs, what organizations are they and how many practitioners do they have on staff?

17. What kind of training have your volunteers and social workers received?

**Safety and protection**

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**Geographic location:**

18. What specific services do you provide?

- Safety and security planning for survivors
- Safe houses
- Patrols
- Others? \_\_\_\_\_

19. What specific age groups do your activities serve?

- Children
- Young adolescents (10-14)
- Older adolescents (15-18)
- Adult women (18+)

**Difficulties / Challenges**

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20. What are the significant challenges your organization faces in service provision?

21. Do you turn away women and girls because of a lack of available resources?      Yes      No

**Other Comments**

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**Contact Person for the Organization**

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Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Part 3: KEY INFORMANT INTERVIEW

**Note:** This tool is for use during key informant interviews. The team should identify key informants before beginning the assessment. Individual interviews take time; you should take into account the available resources and time during the prioritization of key informants to be targeted. Some of these questions are sensitive; you should review ethical considerations prior to the interview, particularly considering the security of both parties. It is possible to take out some questions if necessary due to security or other concerns. Fill out the relevant sections in regards to your key informant.

**Team:**

**Interview date:** \_\_\_\_\_

**Place of interview:** \_\_\_\_\_

**Translation necessary for the interview:**      Yes      No

If yes, the translation was from \_\_\_\_\_(language) to \_\_\_\_\_(language)

**Key informant's role in the community:** \_\_\_\_\_

**Sex of key informant:**      Male      Female

**Age of key informant:**

*Important note: It is extremely unlikely that you will need to or be prepared to involve children in information collection as part of this rapid assessment. Be sure to revisit the WHO guidelines and to think through other means of gathering relevant information regarding the situation for girls under 18.*

- 10-14 years
- 15-19 years
- 20-24 years
- 25-40 years
- Over 40 years

### General Information

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1. Is the concerned population displaced as a result of the crisis?      Yes      No
  
2. What kind of community does the concerned population live in since the crisis?
  - Organized camp
  - In a host community
  - Unorganized settlement
  - Public building (school, abandoned building, etc.)
  - Returnees living in village/home of origin
  - Returnees in a secondary displacement

3. If the population lives in an organized camp, the camp is managed by which of the following:

- Government
- Armed forces
- UN agency
- NGO
- Private individual/organization
- Other – If “other,” please specify: \_\_\_\_\_

4. Are there reports of unaccompanied children in this community?                      Yes                      No

**Access to Basic Services**

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5. What services are safely available to adult women in the camp? If relevant, please note the organization offering these services.

- Food aid / food distributions \_\_\_\_\_
- Shelter \_\_\_\_\_
- Non-food items \_\_\_\_\_
- Health care (including reproductive health) \_\_\_\_\_
- Hygiene/dignity kits \_\_\_\_\_
- Education \_\_\_\_\_
- Women-friendly spaces \_\_\_\_\_
- Clean water \_\_\_\_\_
- Latrines \_\_\_\_\_
- Other – If “other,” please specify: \_\_\_\_\_

6. What services are safely available to child and adolescent girls in the camp? If relevant, please note the organization offering these services.

- Food aid / food distributions \_\_\_\_\_
- Shelter \_\_\_\_\_
- Non-food items \_\_\_\_\_
- Health care (including reproductive health) \_\_\_\_\_
- Hygiene/dignity kits \_\_\_\_\_
- Education \_\_\_\_\_
- Women-friendly spaces \_\_\_\_\_
- Clean water \_\_\_\_\_
- Latrines \_\_\_\_\_
- Other – If “other,” please specify: \_\_\_\_\_

7. What are some reasons that girl children, adolescent girls, or adult women are unable to access some of these services?
- Priority is given to men
  - No female staff providing services
  - Lack of sufficient medicines at health facilities
  - Unsafe for girls/women to travel to service locations
  - Girls/women not permitted to access their services by their families
  - Not safe for girls/women to travel to the service sites
  - Locations of services are not convenient for girls/women
  - Hours are not convenient for girls/women
  - Other – If “other,” please specify: \_\_\_\_\_
8. Do girls and women go outside the community to earn income to meet basic needs?                      Yes                      No
9. How are women and girls doing to generate income to meet basic needs? (*Select all that apply.*)
- Begging
  - Collecting firewood
  - Collecting straw
  - Having sex in exchange for money
  - Domestic work
  - Other – If “other,” please specify: \_\_\_\_\_
10. Do women and girls usually travel outside the community in groups or alone?
- Alone/individually
  - In groups

**Security and Safety of Women and Girls**

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11. What are the most significant safety and security concerns facing adult women in this community? (Check all that apply.)
- No safe place in the community
  - Sexual violence/abuse
  - Violence in the home
  - Risk of attack when traveling outside the community
  - Being asked to marry by their families
  - Trafficking
  - Unable to access services and resources
  - Don't Know
  - Other – If “other,” please specify: \_\_\_\_\_
12. What are the most significant safety and security concerns facing child and adolescent girls in this community? (Check all that apply.)
- No safe place in the community
  - Sexual violence/abuse
  - Violence in the home
  - Risk of attack when traveling outside the community
  - Being asked to marry by their families
  - Trafficking
  - Unable to access services and resources
  - Don't Know
  - Other – If “other,” please specify: \_\_\_\_\_

13. Has there been an increase in security concerns affecting girls and women since the emergency?  
Yes            No
14. Has there been a noticeable increase in rape/sexual violence being reported since the emergency occurred?  
Yes            No
15. What types of violence have women reported?
16. What types of violence have adolescent girls reported, if different from above?
17. What types of violence have girl children reported, if different from above?
18. In what context in the community does rape/sexual violence occur? (Select all that apply.)
- At home
  - When girls/women are traveling to the market
  - At latrines/bathing facilities
  - When girls/women are collecting firewood
  - At school
  - When collecting water
  - When going to access services (food aid, etc.)
  - Don't Know
  - Other – If "other," please specify: \_\_\_\_\_
19. To whom do women most often go for help, when they've been victims of some form of violence?
- Family member
  - Community leader
  - Police
  - NGO
  - UN Agency
  - Friend
  - Don't Know
  - Other – If "other," please specify: \_\_\_\_\_
20. To whom do child and adolescent girls most often go for help, when they've been victims of some form of violence?
- Family member
  - Community leader
  - Police
  - NGO working with women
  - Any female aid worker
  - UN Agency
  - Friend
  - Teacher
  - Don't Know
  - Other – If "other," please specify: \_\_\_\_\_
21. Are there reports of sexual abuse or exploitation of girls and women?      Yes      No

22. Do any of the following groups have access to the camp or community?
- Military
  - Informal militia groups
  - Police
  - Peacekeepers
  - None of the above
23. If yes, are there reports of sexual abuse or exploitation involving members from any of these groups?  
Yes            No
24. What safety measures have been put in place by police and/or peacekeeping forces to minimize any potential for risk to girls and women?
- Police/peacekeeping patrols around the community
  - Community safety groups
  - Firewood collection patrols
  - Educating girls/women on how to report incidents
  - Increased number of female staff
  - Don't know
  - Other – If "other," please specify: \_\_\_\_\_
25. Are there safe shelters or places that adult women can to go to if they feel unsafe?            Yes        No
26. Are there safe shelters or places that adolescent girls can to go to if they feel unsafe?            Yes        No
27. Are there safe shelters or places that girl children can to go to if they feel unsafe?    Yes        No

**Health Response to GBV**

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28. Are health services available for girls and women in the community/ camp? Yes        No
29. If yes, do girls and women have access to the health services at anytime?            Yes        No
30. Are there female doctors, nurses and/or midwives at the health facilities?    Yes        No
31. What are some reasons that girl or women survivors of GBV may not be able to access health services?
- Fear of being identified as survivors
  - Distance to health facility
  - No female staff
  - No availability of confidential treatment
  - Lack of trained staff
  - Don't know
  - Other – If "other," please specify: \_\_\_\_\_

**Psychosocial Response to GBV**

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32. Are there psychological and/or social support systems for adult women survivors?            Yes        No
33. If yes, what kinds of support systems are available to adult women survivors? (Select all that apply.)
- Drop-in Centers
  - Peer Support groups
  - Case management with individual counseling
  - Skills building



- Education
- Income-generating activities/vocational training
- Mental health referrals
- Other – If “other,” please specify: \_\_\_\_\_

34. Are there psychological and/or social support systems for girl-child and adolescent girl survivors?

Yes                      No

35. If yes, what kinds of support systems are available to girl-child and adolescent girl survivors? (Select all that apply.)

- Drop-in Centers
- Peer Support groups
- Case management with individual counseling
- Skills building
- Education
- Income-generating activities/vocational training
- Mental health referrals
- Other – If “other,” please specify: \_\_\_\_\_

36. Is there a functional referral system between health providers and organizations providing psychological or social support?                      Yes                      No

37. Are there informal community-based networks of women?                      Yes                      No

38. What are some reasons that girl or women survivors of GBV may not be able to access psychosocial support services?

- Fear of being identified as survivors
- Distance to facility
- No female staff
- No availability of confidential support
- Lack of trained staff
- Don't know
- Other – If “other,” please specify: \_\_\_\_\_

## Part 4: FOCUS GROUP DISCUSSION

**Note:** This tool should be used during small group discussions. The team should ensure participants that all information shared within the discussion will remain confidential; if the secretary takes down notes, s/he will not have any information identifying or associating individuals with responses. Some of these questions are sensitive. You should take all potential ethical concerns into consideration before the discussion. Ask the group to respect confidentiality and not to divulge any information outside of the discussion. The group should be made of like members – community leaders, women, youth, etc. – should not include more than 10 to 12 participants, and should not last more than one to one-and-a-half hours.

**Focus group discussion facilitator:**

**Secretary (if applicable):**

**Geographic region:**

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

**Location:** \_\_\_\_\_

**Translation necessary for the interview:**      Yes      No

If yes, the translation was from \_\_\_\_\_ (language) to \_\_\_\_\_ (language)

**Sex of FGD participants:**      Male      Female

**Age of FGD participants:**

- 10-14 years
- 15-19 years
- 20-24 years
- 25-40 years
- Over 40 years

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### ESSENTIAL STEPS & INFORMATION BEFORE STARTING THE FOCUS GROUP DISCUSSION

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**Introduce all facilitators and translators**

**Present the purpose of the discussion:**

- General information about your organization
- Purpose of the focus group discussion is to understand concerns and needs for women and girls
- Participation is voluntary
- No one is obligated to respond to any questions if s/he does not wish
- Participants can leave the discussion at any time
- No one is obligated to share names or personal experiences if s/he does not wish
- Be respectful when others speak
- The facilitator might interrupt discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion

**Agree on confidentiality:**

- Keep all discussion confidential
- Do not share details of the discussion later, whether with people who are present or not
- If someone asks, explain that you were speaking about the health problems of women and girls

**Ask permission to take notes:**

- No one's identify will be mentioned
- The purpose of the notes is to ensure that the information collected is precise

## QUESTIONS

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### A. We would like to ask you a few questions about the security of women and girls after the crisis:

1. In this community is there a place where women and girls worry about their security? (Day? Night?) What is it that makes this place dangerous?
2. From whom can women and girls seek assistance in case of a security problem?
3. According to you, what could be done in this community to create a safe environment for women and girls?
4. Describe what kinds of violence women and girls faced during the crisis (not only acts of violence committed by armed actors). *Adapt this question to reflect the specific context.*
5. What happens to the actors of these acts of violence against women and girls? How are they punished ?
6. Without mentioning names or indicating any one means, according to you which group(s) of women and girls feels the most insecure or the most exposed to risks of violence? Why? Which group(s) of women and girls feels the most secure? Why?
7. How does the family treat a woman or a girl who was the victim of rape or sexual assault? How do they support her?
8. What do women and girls do to protect themselves from violence? What does the community do to protect them?

### B. We would like to ask you some questions about the services and assistance available since the crisis:

9. When a woman or girl is the victim of violence, where does she feel safe and comfortable going to receive medical treatment?

10. Are there other services or support (counseling, women's groups, legal aid, etc.) available for women and girls that are victims of violence?

**C. We would like to ask you questions about a possible incident:** *Develop a short, contextually appropriate case study in which a woman is raped and is afraid to tell her family about what happened. Use this to frame the below questions. Be sure that the case study does not use a specific name for the woman, so it is clear that this exercise is hypothetical and is not linked to anyone specific in the community.*

11. How many of you believe women who have experienced violence similar to that experienced by this woman?
12. Why do women and girls hesitate to share experiences like this with other people?
13. Where could this woman go to receive appropriate assistance? What kind of assistance and support could she receive?

#### **CONCLUDE THE DISCUSSION**

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- Thank participants for their time and their contributions.
- Remind participants that the purpose of this discussion was to better understand the needs and concerns of women and girls since the crisis.
- Remind participants of their agreement to confidentiality.
- Remind participants not to share information or the names of other participants with others in the community.
- Ask participants if they have questions.
- If anyone wishes to speak in private, respond that the facilitator and secretary will be available after the meeting.

