This is the sixth in a planned series of HOW TO GUIDES that document how Reproductive Health (RH) activities were implemented in the field. The Guide was prepared by Beth Vann, a UNHCR Consultant who provided technical assistance, from January to April 2000, to the development of a monitoring and evaluation system for Sexual and Gender Violence Programme in the refugee camps in Kigoma and Ngara, Tanzania. The field-based work was action-oriented and participatory involving all actors working in Sexual and Gender Violence prevention and response in Tanzania. This document describes the steps taken in developing the system and gives examples of the protocols and monitoring tools drafted for field-testing. Partners working in the field were trained in the use of the tools during the consultancy.

Each HOW TO GUIDE documents one field experience and illustrates an innovative approach to a particular area of RH. The Guide is not meant to present a definitive solution to a problem. Rather, its recommendations should be used and adapted to suit particular needs and conditions of each refugee setting.

If you have any questions about this Guide, please contact UNHCR - Tanzania or the Health and Community Development Section, UNHCR Geneva.

Finalised by:
UNHCR/Health and Community Development Section
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Other HOW TO Guides:

❶ Crisis Intervention Teams: Responding to Sexual Violence in Ngara, Tanzania January 1997
❷ From Awareness to Action: Eradicating Female Genital Mutilation with Somali Refugees in Eastern Ethiopia - May 1998
❸ Reproductive Health Education for Adolescents - Prepared by International Rescue Committee - Guinea - February 1998
❹ Building a Team Approach to Prevent and Respond to Sexual Violence in Kigoma - Tanzania - December 1998
Strengthening Safe Motherhood Services- Tanzania – November 1998

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What is the purpose of this HOW TO GUIDE?

Increased attention has been focused in recent years on security and safety of refugee women and children. One result of this attention is the initiation of programmes to address sexual and gender-based violence (SGV). UNHCR and NGOs are developing such programmes in Tanzania, Kenya, Guinea, and other countries.

Initiatives for SGV prevention and response involving multiple sectors and actors in refugee settings are a relatively new phenomenon and include psychosocial and health care, security, and protection. These are not new sectors of humanitarian activity, but combined into one package in the context of SGV programming, something new is emerging. Systems, procedures, and standards for these new SGV projects, which are useful and replicable across regions ands –terms/definitions, data collection and analysis, programme strategies and intended outcomes, monitoring and evaluation -- have not yet been established.

The purpose of this GUIDE is to offer a framework for developing programme monitoring and evaluation tools and systems. The GUIDE describes one effort to do so, in the Tanzania SGV programme. This GUIDE can assist UN agencies, NGOs, refugees, and host governments to identify programme monitoring needs and establish tools and systems that are useful and meaningful in developing multi-sectoral SGV programmes in any country.

Hopefully, the Tanzania experience will be only one step in the process of establishing standards in the "new field" of multi-sectoral SGV programmes. If types of sexual and gender-based violence, incidence rates, programme activities, and outcomes can be measured in similar fashion across different programmes and different countries, there will be valuable knowledge gained, which can guide development of this important work.

What is the background of the SGV programme in Tanzania?

In Tanzania, multi-sectoral activities for prevention and response to SGV are being funded by UNHCR (UN Foundation – Ted Turner) in 1999 and 2000. Before this initiative, SGV counselling and health care services were provided by an international NGO in four camps. The UN Foundation funds are being used to augment existing services and expand the programme to include UNHCR staff in all sectors working with eight NGOs along with host government police, courts, the refugee affairs ministry and all 11 refugee communities in the four districts of Western Tanzania.

In January 2000, UNHCR sent a consultant to Tanzania for three months to provide technical assistance to *support and facilitate the development of a monitoring system for sexual and gender violence to be used in the field, including reporting, data collection and analysis.*

How did the consultant learn about the issues and needs in the field?

Familiarisation with SGV issues in the refugee community, programme objectives and activities, and report/referral systems occurred via camp visits, stakeholder interviews, and record reviews.

Visits were made to all eleven refugee camps in western Tanzania. Camp visits included:

- transect walk and general camp tour
- tour of health facility, community services, drop-in centres/women's centres
- interviews with SGV refugee staff
- meetings with refugee leaders (women and men)
- meetings with beneficiaries of SGV programmes
- detailed review of record keeping systems, log books, forms, reports, and referral processes

Interviews and discussions included:

- UNHCR Protection, CS, Field, Programme, Head of office, others
- NGOs in Health, Community Services, SGV, and related services
- UN agencies, Red Cross, and other organisations providing related services
- National NGOs involved in women's rights, human rights, and SGV prevention/response
- Chief of police
- Magistrate or court representative
- Camp Commanders (Tanzania Ministry of Home Affairs)
- Record reviews with NGOs and UNHCR – record keeping systems, reports, forms, and referrals.

Discussion points included:

- Programme objectives, activities, and expected outcomes
- Data collection methods and data analysis
- Programme monitoring, planning, evaluation – intra/inter agency, district/regional
- Referral and reporting systems
- Co-ordination and information sharing among actors

What is the refugee situation and SGV programme in Tanzania?

The SGV programme is being implemented in the Kigoma and Kagera regions of western Tanzania. This is an area along the Burundi border, with Lake Tanganyika to the south and the border of Rwanda to the north. These two regions encompass four districts (Kigoma, Kasulu, Kibondo, Ngara) where there are eleven camps[1] with approximately 460,000 total refugees. The majority are Burundian, second highest in number are Congolese, and the remainder include Rwandese and mixed nationalities/ethnicity.

The multi-sectoral SGV programming in Tanzania involves the following actors:

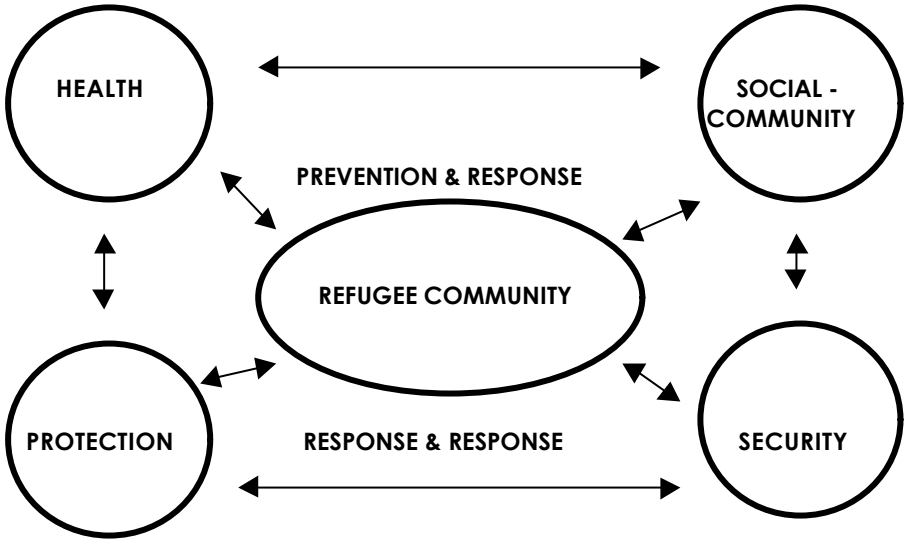
- Four NGOs in Health (international and national NGOs)
- Seven NGOs in Community Services (international and national NGOs)
- UNHCR staff in working in Protection, Health, Community Services, Field and Security sectors.
- Tanzanian government: Police, Court and criminal justice system and Ministry of refugee affairs (camp level commanders)
- 11 Refugee communities (each equivalent to a town of 20-50,000 people)

This is a large and complex undertaking, which requires procedures and activities for each actor, as well as co-operation, collaboration, and co-ordination among the entire team of actors. All of the issues and problems discovered should be viewed as normal "growing pains" for a new programme – especially one of this size and magnitude.

This report focuses on the challenges of data analysis and programme monitoring, and there will be much discussion of problems, deficits, and the efforts to resolve those problems. It must be noted, however, that the Tanzania programme provides compassionate, confidential, and caring assistance to survivors of sexual or gender-based violence. Refugees in each camp and staff from each sector are actively engaged in this large and comprehensive programme.

[1] KIGOMA REGION…Kigoma: Lugufu camp. Kasulu: Mtabila, Muyovosi, Nyarugusu camps. Kibondo: Mkugwa, Karago, Mtendeli, Nduta camps. KAGERA REGION…Ngara: Lukole camps A and B.

The multi-sectoral programme design in Tanzania is:



The arrows indicate that the four main sectors, with refugees at the centre, work together on both Prevention & Response:

- ⇒ Health – examination, treatment
- ⇒ Community – counselling and support, socialisation/reintegration, advocacy
- ⇒ Protection – protection, police, legal justice system
- ⇒ Security – physical safety, prevention

Multi-sectoral SGV activities in place - Tanzania

- **U** Activities for prevention and response, involving all sectors
- **U** Community awareness campaigns
- **U** Community services – counseling, advocacy, psycho-social assistance
- **U** Health – examination, treatment
- **U** Protection – monitoring and follow up, legal support
- **U** Security – camp level prevention; aid in response to SGV; police response
- **U** Refugee leaders and groups engaged in SGV prevention and response
- **U** Training and capacity building with police and courts
- **U** Inter-agency groups at camp level (including refugees) and district level for discussion of SGV issues and problem resolution

What was discovered about programme monitoring and evaluation?

Given the size of the programme, the multiple partners and variety of sectors, there was confusion of roles and responsibilities between and among the different actors. There were inconsistencies in definitions of SGV, data collection and analysis, and a general lack of focus on evaluation of outcomes.

A great deal of information was being collected, mainly in lengthy narrative form, which remained in log books in NGO offices. Inconsistencies were found in all locations in classification of types of SGV incidents, counting incidents, data collection and reporting, information sharing, and inter-sectoral referrals and co-ordination.

Programme strategies in prevention and response were driven more by impressions and a subjective "sense" of problems and needs than by analysing data and monitoring outcomes.

After three weeks of assessment and familiarisation, an action plan for the mission was developed in collaboration with UNHCR and implementing partners. First, clear systems for reporting, referral and inter-sectoral co-ordination needed to be established. Once this was accomplished, systems needed to be developed for data analysis, programme monitoring and evaluation within NGOs, within UNHCR, and among and between all actors.

Through a series of participatory meetings, the roles, responsibilities, referral and reporting pathways, and co-ordination mechanisms were established. Once these were clear to all, then UNHCR and NGOs were able to define intended programme outcomes and design tools (for data collection, reports, information sharing and co-ordination) to evaluate outcomes and gain an understanding of the impact of the programme. This was accomplished via a participatory workshop with UNHCR and NGO partners and meetings with UNHCR staff.

The following sections describe all of these processes in detail.

Roles, Responsibilities, Referrals, Inter-sectoral Co-ordination

Findings

In most camps, there was confusion about roles, responsibilities, expectations, and referral pathways. A protocol and referral/co-ordination manual was drafted at an interagency workshop five months prior to this consultancy, but was unfinished and unused. Differing reporting methods, expectations, role confusion, and co-ordination problems included:

- **Definition and Quantification of Incidents**: Each NGO, and UNHCR, classified and counted types of SGV cases differently. Given the variety of definitions and classifications, monthly reports of SGV incidents ranged from 0 reports to over 50, depending on the camp and the NGO. Thus, monthly data was not a reliable tool for guiding programme activity. Examples:
  - "Abduction" in one camp might be counted as "Attempted Rape" in another camp
  - One incident might be counted twice or three times – as Abduction, Forced Marriage, and Rape.
  - Some counted marital rape as "Rape", others counted it as "Domestic Violence".
  - In some NGOs, incidents were routinely called "Domestic Violence" which were actually family problems with no gender component and no violence, no psychological abuse, no threats. Other NGOs did not count such domestic problems.
  - Some NGOs tried to track all SGV in the camp, regardless of who responds; others count and monitor only cases being served by their agency. Often, the number of cases reported by CS and Health NGOs were different, although both would assert that they had each served and counted all reported cases.
  - "Rape" totals included rapes which occurred in the camp, in the local environment outside the camp, and those prior to arriving at the camp (during flight, often in the home country). In newer camps, rape reports were high, implying a security problem in the camp needing action; in fact, most if not all of those reported rapes occurred during flight and were reported at the time of camp registration due to the SGV programme's outreach activities.

- **Incident Reporting and Referral Pathways**: Each NGO was using a different form, with different information, for documenting incidents of SGV. Sometimes, these forms were used as the method for informing UNHCR of an incident in a camp and referring the case to the Protection Officer. This was problematic due to the differences in forms and inconsistencies in completing and forwarding them.

  In general, a survivor can/should report an incident of SGV to anyone with whom she/he feels comfortable. Hopefully, that person will assist the survivor in obtaining help, such as health care, psycho-social assistance, security and protection. In practice, the referral pathways and procedures between health, community services, police, and UNHCR protection were often unclear. Frequently, one actor did not know whether a survivor had been seen/attended by another actor.

- **Confidentiality**: There has clearly been much awareness raising concerning the need for confidentiality in SGV work. Staff and volunteers in all organisations, at all levels, maintain strict confidentiality, an essential ingredient that leads to increased reporting of incidents. On the other hand, the concepts of confidentiality and respect can be taken to extremes, which can be unhelpful, when a multi-sectoral response is needed. Information sharing is necessary and can be undertaken, even within the context of sensitive and confidential information. By not sharing information–even non-identifying data--with UNHCR, police, refugee leaders, and camp commanders, some NGOs were unable to identify and address SGV problems in the camps. There were problems in inter-sectoral, inter-agency co-ordination for prevention and response.

- **Documentation / Legal Evidence**: All police reports require a medical evidence form to be completed by a doctor in the health centre. Any delay of this form will delay police and court response. There was confusion and misunderstanding concerning the completion and routing of this form. Health practitioners completed the form inconsistently and often incorrectly. Many were fearful of court subpoena and possible retaliation by the perpetrator as consequences of completing the form. Exactly who is responsible for returning the completed form to police was not clear, and completed forms were sometimes lost.

- **Police Response**: Community Services NGOs were reluctant to participate or assist if a survivor chose to report the case to police. This was partially due to fears of retaliation. Also, most SGV staff are refugees and there was a concern that these staff would have no recognition or respect with police. Neither police nor MHA were routinely included in camp level SGV discussion and co-ordination meetings. Police are frustrated and not highly motivated concerning follow up of SGV cases. This involves both lack of awareness about these crimes and the perception that most victims change their minds and ask to have charges dropped (a perception that could be changed by sharing reliable data). In short, there was no partnership and collaboration between NGOs and Tanzanian officials in handling these cases. There was general confusion of roles, much frustration, and some mistrust.

- **Role of Protection Officer**: SGV cases were referred to UNHCR Protection inconsistently in each location. There were no clear criteria for referral to Protection and expectations of Protection response varied considerably. Conversely, Protection often had not clearly delineated its role/function to non-UNHCR actors.

- **Progress reports, feedback**, and data were not consistently shared among all actors, including the refugee community. Although all actors generally worked co-operatively with each other, there was not a cohesive and collaborative team approach for SGV prevention and response.

Actions Taken

The consultant facilitated two-day participatory planning meetings with all NGO implementing partners in Health and Community Services and UNHCR staff in each district. The purpose of these meetings was to finalise protocols, practices, procedures and to ensure participation and agreement of all actors.

Other actors, including police, MHA, and refugee community leaders had participated in the initial discussions leading to the first draft of the protocol five months earlier. UNHCR and NGO partners in each district agreed to discuss the revised drafts of the Protocol with those actors, and solicit their feedback. Any comments were incorporated into the final document.

Finalisation of the Protocol required discussion, negotiation, and agreement on a number of issues. This process was essential in order to reach consensus and understanding on both philosophical and practical issues, to discuss expectations, build a co-operative and collaborative team, and ensure commitment and follow through.

Results and Suggestions

The Protocol developed for Tanzania is included as Appendix I. It can be used as a guide by other programmes to develop their own based on variances such as staffing and funding resources, laws, and cultural issues. The main topics are listed as follows, with highlights of the issues discussed and resolved.

- **Definition of terms for types of SGV and methods for counting**. Primarily CS and Health NGOs will use these definitions, and they represent the most common types of SGV seen in Tanzania. They are very specific due to the problems with defining and counting cases in the past. Many examples are included so that any volunteer or staff member can accurately classify an incident. As stated in the Protocol, the definitions and terms used within the SGV programme do not necessarily reflect the laws of the country. Some incidents are violations of human rights and meet the general definition of sexual/gender-based violence, but may not technically be against the law in Tanzania. Additionally, a community services or health worker is not expected to know details of the law; that is the role of the police and public prosecutor.

  The definitions fall into five general categories that are appropriate for any country:

  - **U** Sexual Assault (rape, attempted rape)
  - **U** Sexual Exploitation/Abuse (including sexual harassment)
  - **U** Harmful Traditional Practices (early/forced marriage, FGM, etc.)
  - **U** Domestic Violence (spouse abuse)
  - **U** Other Gender-based Violence.

- **Guidelines for all actors**. Reflects the ethical and philosophical foundation for the SGV programme and includes guidance for issues such as confidentiality and respect.

- **Co-ordination and feedback mechanisms**. Clarifies the different methods the team will use for sharing information to ensure inclusion of all actors in programme monitoring, evaluation, and development of response and prevention activities.

- **Protocols for each sector**. Each sector developed their own specific protocol. Refugee Community, Health, and Community Services are the major actors and their protocols are longer and more detailed than the others. These individual protocols are essential tools for training and also for role clarification among the different sectors.

- **Procedures and pathways for referrals**. In order to finalise this section, there was discussion of the issues, problems, frustrations, needs, and expectations concerning roles, responsibilities, and inter-agency / inter-sectoral procedures and collaboration. These challenging discussions were valuable team building activities.

- **Roles and responsibilities in training and awareness activities**. This section was created to solve training co-ordination problems and assist the actors in clarifying their sectoral expertise and role in training others.

- **Standardised "Incident Report Form" and instructions**. The new form is a hybrid of the five different forms which were being used by the various NGOs and UNHCR. The goal is to gather information in a uniform fashion, in order to establish reliable data that can be compared across camps, across districts, and country-wide. In addition to data gathering and general good record keeping practices, the form provides information necessary for police intervention, medical examination and treatment, and functions as a referral and information-sharing tool between agencies assisting an individual case.

UNHCR and IPs established plans for training staff in the finalised protocols and forms, for implementation effective April 1, 2000. UNHCR Protection Officers and/or Community Services Officers in each field- or sub-office will oversee implementation. The agreement is that all actors, all sectors will use the new tools for three months. The team will reconvene in at the end of three months for review, refinement, and make any necessary revisions. The document will then be available in English and a second language (perhaps Kiswahili or French).

Data Analysis, Programme Monitoring and Evaluation

Findings

As stated earlier, programme strategies and activities were guided by subjective impressions and not by analysis of data and evaluation of intended outcomes. None of the NGOs had a system for compiling data which was useful and effective for analysing incidence rates, types, risk factors, contributing/causative factors, survivor details, perpetrator details, or case outcomes. Trends were sometimes analysed subjectively at camp level co-ordination meetings with refugee leaders. Data and facts were not consistently shared with refugee communities, nor with other actors such as police or MHA.

Monthly IP reports to UNHCR contained inconsistent information and it was not possible to glean an understanding of problems and successes across a region. It was impossible to review all NGO reports and gather a clear picture of SGV in the camps in Tanzania – incidence rates, types, risk factors, contributing/causative factors, survivor details, perpetrator details, outcomes of programme strategies and activities, etc.

Periodically, there would be a comparison of total numbers across camps and regions. These totals have questionable usefulness, in that they are a reflection of the tremendous variety in case classification and counting mechanisms. The totals are not a reliable measure of incident rates. As shown in the following table, review of data can give an alarming – or at best confusing -- view of the incidence of SGV.

RESULTS OF INCONSISTENT CASE DEFINITIONS AND DATA GATHERING:
Sample of Incident Rates Based on November 99 NGO Monthly Reports

Camp	Total SGV Reports	Total Population	Incidence Rate per 10,000
Mtabila	16	34,500	4.64
Muyovosi	25	34,600	7.23
Nyarugusu	59	52,000	11.35
Mkugwa*	10	1,227	81.50
Mkugwa*	20	1,227	163.00
Kanembwa	17	17,304	9.82
Mtendeli	22	44,812	4.91
Nduta	46	44,892	10.25
Lukole A & B	18	101,000	1.78

NOTES:
--Formula: Total SGV Reports / Total Population x 10,000 = Incidence/Prevalence Rate
--*In November, CS in Mkugwa was in transition to another agency. Both the outgoing and incoming agencies reported SGV data this month, using information from the same records/log books.
--These incidence rates are NOT an accurate measure of SGV in Tanzania camps and should NOT be quoted or used as such. They are shown here to illustrate their unreliability.

One would expect fluctuations in data across camps in a countrywide programme. Differences in numbers would normally be due to influences such as: community awareness levels, environment and risk factors, length of time the programme has been operational in an individual camp, cultural differences between refugee groups, staffing and resource levels, special events or problems unique to one camp, etc. Varying data collection methods, however, primarily influences the dramatic and consistent differences in incidence rates.

Intended outcomes of programme activities in both Health and Community Services were also not specifically defined or actively used. Although each organisation submits objectives and intended outcomes as part of their project proposals, the majority were not using those as working documents for the practices on the ground. Those that were using these objectives/outcomes as working tools tended to focus on processes rather than programme impact (i.e., hiring and training staff, implementing community awareness campaigns, etc.).

UNHCR temporary project staff (Tanzanian lawyers) were gathering and analysing historical SGV case data from the Tanzanian criminal justice system. They had also established systems for tracking current police and court cases. Specific problems impeding court process had been identified, and staff were developing work plans to address these problems. Examples include: incorrect filing of charges to the court, lack of knowledge of law, lack of witness transport to trial. Project staff in each district were working independently of each other and there was no system for sharing lessons and best practices.

Actions Taken

1. Health and Community Services NGOs and UNHCR project staff attended an intensive three-day interactive and participatory workshop on programme monitoring and evaluation. Participants were the NGO national managers responsible for programme design, implementation, and management and the UNHCR project staff.

   During the workshop, participants defined the goals, objectives, and activities of their sector's programme strategies. Based on these, the group drafted expected outcomes. The next question was, "What information do we need in order to know whether we achieved what we expected, and why or why not?" The group then created new formats for data collection and narrative to analyse and report progress toward achieving outcomes. (Details of intended outcomes and monitoring/evaluation report formats are discussed below.)

   The content of this workshop was not new information for the participants. It was, however, the first time that most participants put the concepts into actual practice and worked on specific skills in the area of programme monitoring and evaluation. There is tremendous variance among agencies in understanding, knowledge, and skill.

2. Informal teaching sessions were conducted with each NGO implementing partner concerning their individual programme and ideas/plans for programme monitoring and programme development.

3. The Consultant provided coaching, guidance, and support to UNHCR SGV project staff. Job descriptions were revised to support their focus on oversight and co-ordination.

Results and Suggestions

Expected Outcomes:

Expected outcomes were established for response in the sectors of Health, Social/Community, and Protection. One outcome was established for Prevention. The following four pages give details of the intended programme outcomes established in the workshop.

Development of both skill and comfort in setting and measuring outcomes is a process that takes time, trial, and error. Continuing review and revision of the intended outcomes and their measurements are required to continue forward motion in developing sound programme monitoring practices. Given most programme managers' nascent knowledge and skill in this area, continuing training and discussions will be very useful.

Tanzania SGV Multi-Sectoral Programme For Prevention And Response

HEALTH CARE RESPONSE: OUTCOME INDICATOR -- 15 March 2000

(Note: this is only one of many health care objectives and intended programme outcomes. The outcome described here is to be monitored and reported monthly in reports shared with other sectors and with UNHCR. Agencies may choose to monitor additional objectives and outcomes.)

OBJECTIVE	ACTIVITIES	IMPACT / OUTCOME			
		Intended Outcomes (Impact)	Outcome/Impact Indicator	Outcome/Impact Measurement	Tools/Data Needed
Provide appropriate health examination and treatment to prevent unwanted pregnancy	Examination in accordance with Protocol and Survivor needs	Survivor asks for health care within 3 days of a rape incident	Number of days between incident and report to health center.	% of rape survivors who ask for health care within 3 days of rape	DATA: -Date of rape -Date of exam -Sex -Medication given (ECP) TOOLS: -Log books in RH/MCH -Medical records
	Treatment in accordance with Protocol and according to Survivor needs	Thorough and appropriate health examination and treatment provided within 3 days,			
	Staff training to ensure compliance with Protocol				
	Coordinate with CS agencies for cmty education on need for prompt medical care after rape.				

Tanzania SGV Multi-Sectoral Programme For Prevention And Response

PROTECTION (Legal) RESPONSE: OUTCOME INDICATOR -- 15 March 2000

(Note: this is only one of many protection objectives and intended programme outcomes. The outcome described here is to be monitored and reported monthly in reports shared with other sectors and with UNHCR. Protection actors may choose to monitor additional objectives and outcomes.)

OBJECTIVE	ACTIVITIES	IMPACT / OUTCOME			
		Intended Outcome (Impact)	Outcome/Impact Indicator	Outcome/Impact Measurement	Tools/Data Needed
Ensure prosecution of all SGV cases reported (to police) and filed in court.	-Support and facilitate witness' court appearance -Training workshops -Meetings -Case follow up -Monitor prosecution	Acquittal or Conviction within 6 months of date charges are filed.	Time between filing of charges and court case conclusion	% of total cases less than 6 months. % of total cases greater than 6 months	DATA: -Date case filed -Date concluded -# of adjournments and reasons -Court case # -Accused name -Charges filed -Details of Conclusion (sentence, conviction, etc.) TOOLS -Police/Court records -SGV Incident Report Form

Tanzania SGV Multi-Sectoral Programme For Prevention And Response

SOCIAL – COMMUNITY RESPONSE: OUTCOME INDICATOR -- 15 March 2000

(Note: this is only one of many community services objectives and intended programme outcomes. The outcome described here is to be monitored and reported monthly in reports shared with other sectors and with UNHCR. Agencies may choose to monitor additional objectives and outcomes.)

OBJECTIVE	ACTIVITIES	IMPACT / OUTCOME			
		Intended Outcomes (Impact)	Outcome/Impact Indicator	Outcome/Impact Measurement	Tools/Data Needed
Changed attitudes and behavior through awareness raising activities	Community education and awareness-raising	-Increased reports -Survivor demand for legal action -Increased witness cooperation -Referrals for assistance/reports of SGV come from many different individuals and groups -Community initiates activities/actions to address SGV problems	-# of cases reported -# cases reported to police -# Referrals from various sources -# requests from community for education -# awareness raising activities initiated by community -# cases in "Local Tribunal" decided in favor of survivor rights	% increase in each of the indicators	DATA: -Survivor name, age, sex -Address, marital status -Date and time of incident -Type of incident -Location of incident -Date reported -# of assailants -Relationship assailant/surv. -NGO case # -Referral source -Did survivor go to police? -# activities initiated by community and by NGOs -# requests for education -Local Tribunal outcomes TOOLS: forms, log books

Tanzania SGV Multi-Sectoral Programme For Prevention And Response

PREVENTION: OUTCOME INDICATOR -- 15 March 2000

All actors are involved in Prevention and have responsibility to assist with this indicator. The indicator will be monitored and reported by the SGV / CS agency.

(Note: this is only one of many prevention objectives and intended programme outcomes. The outcome described here is to be monitored and reported monthly in reports shared with other sectors and with UNHCR. Agencies may choose to monitor additional objectives and outcomes.)

OBJECTIVE	ACTIVITIES	IMPACT / OUTCOME			
		Intended Outcomes (Impact)	Outcome/Impact Indicator	Outcome/Impact Measurement	Tools/Data Needed
Develop strategies to address high risk circumstances / predisposing factors leading to SGV	-Analyze data and share information with community -Develop community-based plans for resolving risky circumstances	Reduction in specific types (or locations) of SGV cases, due to reduction of risk or elimination/reduction of predisposing factors.	-Number of issues identified and quantified (counted). -Number of these issues with prevention strategies developed and implemented	Issues identified	DATA: -Types of incidents -Location of incidents (by type) -Circumstances or predisposing events or risk factors involved in incidents TOOLS: -SGV Incident Report Forms -Information from leaders, security, police, community -Minutes from meetings

Data Compilation and Analysis, Monitoring and Evaluation:

In the workshop, participants developed a set of forms and formats for compiling and analyzing information about SGV incidents and case outcomes. The group also agreed on procedures for sharing reports with each other. The primary objectives for these new tools were that they would be easy to use in the field and useful for analyzing outcomes and reflecting on (thinking, processing, planning, revising) programme strategies and activities.

The monthly reports for each sector answer these general questions:

- ✓ What happened this month?
- ✓ What did you accomplish; what worked, what didn't work; why?
- ✓ What do you need to do next, based on this month's lessons and outcomes?

The new procedures and tools include the following (see Appendix):

1. **Guidelines for Monthly Reports**
   Defines the purposes of the monthly reports and specifies procedures for sharing and coordinating information among and between actors.

2. **Health NGOs Monthly Report**
   Includes data the group believes is most important in Health sector programme monitoring. Describes health care services and training activities. Narrative sections analyze information, activities, and outcomes and summarize plans for next month.

3. **Community Services Monthly Report**
   Describes outreach, counseling, community education, and other CS activities. Narrative sections analyze activities and outcomes. Analysis includes problems, successes, trends, and issues from data in the attached data summary.

4. **SGV Monthly Data**
   The group developed separate spreadsheets for each type of SGV because different sets of data are needed to understand and analyze different types of SGV incidents. Spreadsheets are to be kept in each camp. A "tick mark" will be made in the relevant column/row based on information from each new Incident Report Form. At the end of the month, tick marks are totaled.

5. **UNHCR Monthly Report**
   Protection staff in each field office are to compile IP reports and UNHCR information into this one page summary. UNHCR developed this report as a brief summary of data, successes and problems in the field. FO reports can be compiled into one SO report; SO reports can be compiled into one country report.

6. **Internal UNHCR case tracking systems**
   Immediately following the Programme Monitoring Workshop, there were half-day meetings within UNHCR to establish systems for internal coordination of SGV cases and a monthly summary analysis of SGV programme data and outcomes from all IPs. During these meetings, UNHCR project staff discovered they are addressing the

same issues and problems. They agreed to standardize their record keeping for case tracking and outcome notations.

UNHCR decided to be the "clearinghouse" of all data concerning SGV (including outcomes) from CS and Health NGOs, from police and courts, and from its Protection and Field sectors. For the remainder of 2000, there are SGV project staff (Field Assistants) with the capacity and time to do this. It will provide valuable information concerning outcomes and programme evaluation, and also give project staff a framework for monitoring NGO activities and reports.

How will the new system be implemented?

UNHCR and IPs agreed to implement the new systems and formats for three months (April-June), then meet again to review and revise all of these practices and documents in July. UNHCR Protection Officers and Community Services Officers will lead this review. The review is especially important given the IP programme managers' nascent skills in data analysis, programme monitoring, and impact evaluation. The new documents are ambitious and may prove to be either effective tools or confusing and unhelpful when they are put into practice. Continuing oversight, support, and refinement is needed.

The inter-agency group plans to repeat and expand this review later in the year for evaluation of 2000 and planning for 2001 and the loss of TTF. A refresher course in programme monitoring and outcome evaluation would also be helpful at this time. This would also be a good opportunity to collaborate on developing expected outcomes and indicators for 2001.

What other issues were identified that affect programme monitoring and evaluation?

Human resources – an adequate number of skilled, well-trained, motivated, and well-supported staff -- are a crucial element. The following are findings related to staffing and personnel issues.

Among all staff, varying levels of quality, competence, skill, interest, knowledge, and (gender) awareness were found. These factors influence an individual's willingness and ability to carry out job functions. In a multi-sectoral programme such as this, one individual's level of skill or interest or ability will affect the work of many others – and affect the programme's ability to prevent and respond to violence against vulnerable groups. Training is an important factor, but not the only solution. Other considerations are to review practices for selection and hiring, postings and length of hardship duty posts, supervising and supporting staff, evaluating performance, and retaining staff.

Many of the people who are drawn to SGV work are passionate and dedicated workers with strong emotional attachments to the issue and the clients. This can be a

double-edged sword. Dedicated workers persevere and can be very creative in the face of blocks, frustrations, and setbacks, and will work hard with little financial reward. On the other hand, these same characteristics can lead to territoriality, lack of cooperation, feeling indispensable and irreplaceable, and taking over for the community to "help" or "fix" instead of building the community's capacity to help itself. It is not surprising to note that both these positive and negative qualities in NGO and UNHCR staff have affected SGV programme activities in Tanzania. Possibilities for dealing with these issues include ensuring proper support, coaching, mentoring, and supervision of staff (at all levels), using existing coordination meetings as opportunities for debriefing after particularly difficult situations, and generally maintaining an awareness that these issues are important and must be dealt with.

Funding and the question of "Special Projects" vs. Mainstreaming"

A first step for any SGV programme is community awareness and mobilization. The foundation for the programme is having a common understanding of what sexual violence is, what gender-based violence is, what human rights are, and whether women and children are included when addressing human rights violations. Once this happens, survivors come forward to report incidents and ask for help. The more community awareness and mobilization takes place, the more one can expect SGV reports to increase. Once reports increase, more activity for response is needed.

All of this community building takes time – more than 12-18 months. By the end of 2000, it is expected that most of the major initial community awareness campaigns will be accomplished. That work, however, is only the beginning of a programme to deal with SGV at the community level – for example, to prevent domestic violence and harmful traditional practices.

Adequate numbers of staff in each sector must be in place in order for multi-sectoral programmes such as these to function. Mainstreaming services of "special" programmes such as SGV requires adequate continued funding to support staff on the ground in each sector and each sub/field office. Post vacancies and elimination of posts directly affects the work of many other staff, and has a negative impact on services to the refugees.

Mainstreaming and reducing the number of SGV staff in CS is contingent on success in mobilizing the community to prevent SGV cases and to manage incidents of sexual and gender violence at the community level. It is unlikely that any programme will achieve sufficient success within the first two years to justify significant staff reductions. Often, however, "special funds" are gone after the first year.

Challenges with host country police/legal justice system response to SGV are often related to much larger issues affecting all types of criminal cases. Usually, these are not systems which can be "fixed" by special one to two year funding for capacity building and training.

What are the implications for development of this "new field"?

As stated in the beginning of this GUIDE, something new is emerging in programmes like the Tanzania initiative. These programmes combine principles of "development" and "emergency response" and include multiple sectors of humanitarian aid. There is no one sector which "owns" these programmes.

It is an ongoing challenge to implement single sector programmes in the field using sound programme management strategies[2]. In programmes such as SGV, these challenges are compounded by inter-agency and inter-sectoral considerations.

If there were useful and consistent standards for programme management, many difficult questions and issues could be analyzed. Examples of such questions are:

- ✓ What is the prevalence rate of different types of SGV in different countries or regions, and what are the contributing factors?
- ✓ What are the (measurable) effects of different programme strategies -- such as peer counseling, IGA, refugee leadership, firewood distribution projects, "safe shelter"?

This GUIDE is a description of one step in one country toward the development of programme management strategies for SGV programmes. More steps are needed.

[2] The project management cycle of: assessment→ planning→ implementation→ monitoring→ evaluation→ planning revisions→ implementation of revisions…

Abbreviations:

CS	Community services
FO	UNHCR field office
IGA	Income generating activities
IP	Implementing partner
IRC	International Rescue Committee, a U.S.-based NGO
MHA	Tanzania Ministry of Home Affairs, which includes a section responsible for management of refugee camps and refugee affairs
NGO	Non-government organization
RH	Reproductive health
SGV	Sexual and gender-based violence, or SGV
SO	UNHCR sub-office
SitRep	Situation Report
TTF	Ted Turner Funds to the UN Foundation, through UNHCR to support the SGV programmes in East and West Africa (1999-2000)

Annexes

A. Protocols, Procedures, Practices

B. Tools and Materials for Data Compilation & Analysis and Programme Monitoring & Evaluation

Annex A

PROTOCOLS

PROCEDURES

PRACTICES

Support to Refugee Communities for Prevention & Response to Sexual and Gender-Based Violence in Western Tanzania

Developed in collaboration:

Africare, Kasulu
CORD, Kasulu
Danish Refugee Agency, Kibondo
International Rescue Committee, Kibondo
Norwegian People's Aid, Ngara
Tanzanian Red Cross Society / IFRC, Kigoma
Tanzanian Ministry of Home Affairs
UMATI, Kibondo
United Nations High Commissioner for Refugees (UNHCR)

Effective: 1 April, 2000
Next review: July 2000

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Instructions and Teaching Guide for SGV Incident Report Form

GUIDELINES FOR ALL ACTORS

1. Introduction

Prevention and response to sexual and gender-based violence (SGV) requires a co-operative team effort from many groups and organizations. These protocols were developed by representatives from each group in a collaborative effort to ***establish clear systems, roles, and responsibilities*** for each individual, group, agency, and organization involved in the prevention and response to sexual and gender-based violence affecting the refugee communities and refugee affected areas[1] in Tanzania.

These protocols are to also be used as ***teaching tools*** for anyone involved in prevention and response efforts.

Sexual Violence is any act, attempted or threatened, that is sexual in nature and is done with force or without force and without the consent of the person/survivor. This includes acts of forcing another individual, through violence, threats, deception, cultural expectations, weapons, or economic circumstances, to engage in behaviour against his or her will. Although rape and attempted rape are the crimes most often associated with sexual violence, there are an abundance of sexual crimes committed during flight, in the refugee camps and after repatriation. Wars have resulted in massive amounts of abductions, forced pregnancies, rapes, and sexual torture. Refugees fleeing their countries have also experienced sexual harassment and been forced to exchange sex for favours (such as food and resources) or prostitute themselves. Ongoing problems in refugee camps and settlements include early and forced marriages, female genital mutilation, and domestic violence.

Gender-Based Violence is physical, mental, or social abuse (including sexual violence) -- including acts, attempted or threatened, done with force or without force and without the consent of the person/survivor -- which is directed against a person because of his or her gender or gender role in a society or culture. In circumstances of gender violence, a person has no choice to refuse or pursue other options without severe social, physical, or psychological consequences. Forms of gender violence include sexual violence, sexual abuse, sexual harassment, sexual exploitation, early or forced marriage, discrimination, denial of [education, food, freedom, etc.], forced prostitution, domestic violence, female genital mutilation, and incest.

[1] Local Tanzanian communities will benefit from this work through the enhanced awareness and increased capacity of the legal and health systems. In addition, many of the NGOs involved in this SGV program are offering services to local Tanzanian communities.

2. Guiding Principles

Prevention and response to SGV requires the action, collaboration, and cooperation of many individuals and groups. All actors agree to the following principles as guides for their behaviour, intervention, and assistance.

2.1. Confidentiality

At all times, the confidentiality of the affected person(s) and their families will be respected. This means that information will be shared only with others who need to know in order to provide assistance and intervention, or as requested and agreed by the survivor. All written information will be maintained in secure, locked files. If any reports or statistics are to be made public, one responsible officer in the organization will have authority to release such information; and any identifying information (name, address, etc.) will removed.

2.2. Respect

Actions and response of all actors will be guided by respect for the wishes, the rights, and the dignity of the affected person / survivor. Examples include:

- ✓ Interviews will be conducted in private settings
- ✓ Interviews and examinations will be conducted by staff of the same sex as survivor (e.g., woman survivor to woman interviewer) unless there is no other staff available.
- ✓ Be a good listener
- ✓ Maintain a non-judgmental manner; do not judge the person or her/his behaviour
- ✓ Be patient; when possible, do not press for more information if she/he is not ready to speak about it
- ✓ Survivors will be asked only relevant questions
- ✓ Status of the virginity of the survivor is not an issue, and should not be discussed
- ✓ Avoid requiring her/him to repeat the story in multiple interviews
- ✓ Do not laugh or show any disrespect for the individual or her/his culture or family or situation

2.3. Security and Safety

Ensure the safety of the affected person / survivor and family at all times. Remember that she/he may be frightened, and needs assurance that she/he is safe. In all types of cases, ensure that she/he is not placed at risk of further harm by the assailant. If necessary, ask for assistance from camp security, police, Field Officers, or others.

Maintain awareness of safety and security of people who are helping the survivor, such as family, friends, community service or SGV workers, health care workers, etc.

2.4. Initial reports

The affected/survivor has the freedom and the right to report an incident to any of the following:

- ✓ Leaders in the community; i.e., zone leaders, religious leaders, women's group leaders, etc.
- ✓ SGV and/or CS workers in the camp
- ✓ UNHCR, MHA, Health, Community Services, or other NGO staff
- ✓ Anyone whom the affected/survivor believes can be of assistance to him/her.

The person receiving the initial report will attend to the affected / survivor according to the needs and problems identified by her/him. Consider referrals for health care, counselling, security, and legal needs. Consider escorting her/him to the health centre, Drop-In Centre, Women's Centre,
Community Services, and/or police.

3. Summary of Roles and Procedures

3.1. Summary of Roles

Refugee Community: leads the efforts to respond to and prevent SGV in their community.

Community Services NGO: supports the refugee community by leading the coordination of all SGV activities in each camp. These NGOs provide counselling, assistance, and advocacy for affected persons / survivors, training, and community education. In camps where there is a CS agency and also a separate SGV agency, the SGV agency performs these roles.

Refugee Camp Health Centre (Health NGO): medical examination and treatment. Health staff provide medical documentation of injuries, which is required for legal proceedings.

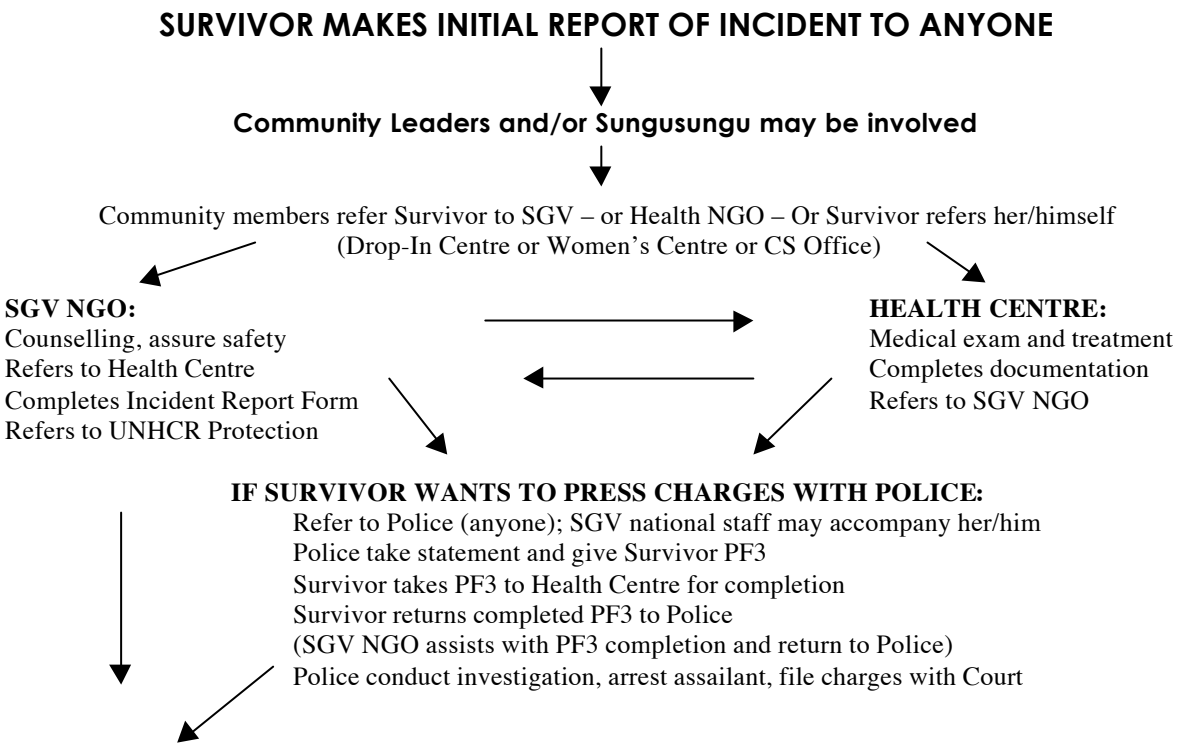
UNHCR Protection: oversees coordination of all SGV activity related to security and protection. Monitors the progress of all legal cases in the police and court system. Protection is the clearinghouse for all multi-sectoral data concerning SGV cases.

UNHCR Field Officers: monitor issues and problems in the community, assist with security issues and administrative solutions to SGV issues.

UNHCR Community Services: oversees coordination and development of all SGV activities, all sectors in a region (i.e., Kigoma and Kagera Sub-Offices).

Tanzanian Government authorities: Police, Court system, and MHA Camp Commandants provide the security, law enforcement, and judicial functions

3.2. Reporting/Referral System



FOLLOW UP AND ASSISTANCE:

COMMUNITY:

Promote community understanding and acceptance of Survivor
Assist Survivor (and often Assailant) to re-integrate to community

COMMUNITY SERVICES or SGV NGO:

Monitor Survivor's social functioning, provide counselling and assistance
Encourage participation in socialisation and self-support activities

HEALTH NGO:

Follow up medical treatment, as needed.

UNHCR (Protection, Field, CS):

Follow up and assistance with administrative solutions, as needed
Protection – monitor status of legal proceedings, assisting as needed

MHA / CAMP SECURITY:

Monitor security issues; assist as needed

POLICE / COURT:

Legal proceedings, hearings, trial, sentencing

PREVENTION OF FUTURE INCIDENTS:

ALL ACTORS: Gain understanding of the camp's SGV problems through monitoring and analysing data from all incidents. Continuously develop, implement, and review strategies for prevention and methods to improve response.

4. Coordination

Regular information sharing, coordination, and feedback among all actors will take place via regular meetings and written reports:

4.1. Camp Level SGV Meeting: In each refugee camp, there will be a regularly scheduled meeting (bi-weekly, weekly, or monthly, as agreed) for SGV actors in Health, Community Services, SGV, refugee leaders, and UNHCR. This meeting is a forum to discuss and resolve specific issues, and to coordinate activities related to SGV. In each camp, there will be one primary SGV Focal Point, usually the supervisor of the SGV program (or CS NGO), who schedules this meeting and ensures distribution of minutes.

4.2. District Level SGV Coordination Meeting: In each District, there will be a monthly meeting for SGV focal points in Health, Community Services / SGV NGOs, UNHCR, and Tanzanian authorities. This meeting is for discussion and resolution of issues, coordination of activities, and general program development for the District. At this meeting, UNHCR Protection will provide written feedback to SGV NGOs on status of legal cases.

4.3. Monthly, each NGO submits written reports to UNHCR. A District monthly statistical summary will be compiled by UNHCR and distributed to SGV focal points.

5. Terms and Definitions

There are two different sets of terms and definitions to categorise SGV cases, used by UNHCR, implementing partners, and Tanzanian authorities concerning SGV:

- Legal definitions and criminal charges, specified in Tanzania law (not included in these Protocols). Used by the Police, Court, MHA, other Tanzanian authorities, UNHCR Protection.

- Categories and definitions of SGV which are less specific than the law and more useful in a social services and community context. These terms are used by community services, health, and SGV staff, and for program reports within NGOs and UNHCR and are listed and defined below.

Perpetrator* or *Assailant is the alleged attacker.
Survivor or ***Affected Person*** is the victim of the crime.
Incident is the SGV event / crime
Case is used when referring to a court case; sometimes used to refer to a survivor
Actor is a staff member (any organization) or community member involved in prevention and response to SGV
Minor is a person under age 18

Terms To Be Used By Community Services:

5.1 Rape

(Code to be used in Incident Report Form: 1)

An act of non-consensual sexual intercourse (except between husband and wife who are not legally separated). Any penetration is considered rape, and may include: Statutory rape (of minors), even if the minor was agreeing to the act, she/he cannot legally consent due to age of under 18 years (unless she is age 15-18 and married with both her consent and her parents' consent); Gang rape, if there is more than one assailant; Male rape, sometimes known as sodomy

5.2. Attempted Rape

(Code to be used in Incident Report Form: 2)

Efforts to rape someone which do not meet with success, falling short of penetration.

5.3. Sexual Harassment

(Code to be used in Incident Report Form: 3)

Unwanted sexual bothering of someone for sexual purposes or using sexual acts, words, sounds, or implications. May include low level physical contact, like touching. Sexual harassment can include threats of a sexual nature. NOTE: More dangerous touching, such as an assault, is Gender-Based Violence (5.5 below), not Sexual Harassment. If you are not sure whether the incident is Sexual Harassment or Gender-Based Violence, choose Gender-Based Violence.

5.4. Forced Marriage

(Code to be used in Incident Report Form: 4)

This occurs when parents or others (can include perpetrator) force someone to marry another against her/his will. This includes by exerting too much pressure, by ordering a minor to get married, for dowry-related purposes, or in other circumstances. In Tanzania, even minors must be willing partners to a marriage – parents cannot order them to marry against their will. The affected person / survivor in this category can be either a minor child or an adult.

5.5. Gender-Based Violence

(Code to be used in Incident Report Form: 5)

Physical, mental, or social abuse that is directed against a person because of his or her gender or gender role in a society or culture. In these cases, a person has no choice to refuse or pursue other options without severe social, physical, or psychological consequences. Use this category for SGV cases that do not fit into any of the other four categories.

Examples:

- A girl is not allowed to go to school because she is a girl and should remain home cooking and fetching water. She sneaks out to school, does not cook; when returning home is beaten.
- A wife does not perform her duties according to husband's expectations (refuses sex, food is late to be prepared, etc.); husband beats her or threatens to sell the family food ration if it occurs again.
- Wife or husband beating.
- Sexual abuse within a marriage.
- Trafficking in girls/women and/or boys.

NOTE FOR ALL TYPES OF SGV: For NGO reporting purposes, only one of the category codes will be listed as "Type of Incident" and counted in reports. If several types of SGV occur in one incident, the most relevant for program intervention will be listed as "Type of Incident".

Examples:

- rape + forced marriage should be counted as Forced Marriage (code 4)
- forced marriage + gender-based violence = Forced Marriage (code 4)
- attempted rape + gender-based violence = Attempted Rape (code 2)
- sexual harassment + gender-based violence = Gender-Based Violence (code 5)

5.6. Non-SGV Cases

(Not to be reported on Incident Report Form)

Some cases come to SGV workers which are not sexual or gender-based violence. It is tempting to call these cases SGV because they may be "at-risk" for SGV. These should not be categorised as SGV cases, but they should be counted when describing the program's actions and activities in reports, particularly for the area of prevention. Examples:

- Child abuse (child beating which is not gender-based)
- Family disputes, such as arguments over ration cards or non-food items
- Domestic arguments and problems; e.g., polygamy-related problems, children with behaviour problems.
- Reproductive health problems, such as impotency, infertility, STDs, unwanted pregnancy, etc.

Protocols For Specified Individuals And Groups

6. Refugee Community

6.1. Raise awareness among the community on the problems of gender violence, sexual violence, and abuse of children and the rights of women and children (see Section 16).

6.2. Promote increased respect of those rights.

6.3. Encourage the community to:

6.3.1. Form and/or strengthen peer educators, gender and youth forums

6.3.2. Establish systems to prevent SGV

6.3.3. Establish systems to expose perpetrators

6.3.4. Assist accused assailants by providing advice and support to change their behaviour

6.3.5. Assist survivors and accused assailants to seek proper assistance; e.g. escorting to the hospital, SGV counsellors, or police

6.3.6. Promote acceptance of assailants and survivors, and assist in their re-integration to the community

6.4. When necessary and appropriate, use traditional methods, such as elder advice and local tribunals to assist in resolving certain limited types of gender violence problems. These traditional methods serve to support the community, resolve minor disputes, and promote respect for the rights of each individual. NOTE: These traditional methods must *not* be used in cases of Attempted Rape, Rape, Forced Marriage, or any case with severe injury.

6.5. Help and work with agencies concerned with SGV issues, to prevent occurrences of sexual and gender violence.

7. Community Services and/or SGV NGO

7.1. The services to the affected/survivors will be given at community level. In a refugee camp[2], SGV counselling and assistance will be provided in a Drop-In Centre, Women's Centre, Community Services office, or other location. These locations will be chosen by the community as the site where survivors are likely to be most comfortable in coming forward to make reports, and most likely to be assured confidentiality and anonymity in the setting (i.e., not a place which will be known as the "rape centre" or "rape building").

7.2. In each camp, there will be a national officer responsible for the SGV program, within the NGO providing SGV programming. He or she will be assisted with refugee staff.

7.3. The SGV program should have sufficient private office space and enough furniture, such as chairs, tables, and cupboards used for serving clients.

7.4. Each NGO should be provided with basic needs, such as food and clothing, which could be readily made available to assist the affected when there is an emergency need.

7.5. The CS or SGV NGO (dependent on individual camp systems) is responsible for the client's records and data collection in the camps. Confidentiality will be maintained as described in Section 3 of these protocols. SGV Incident Report Forms will be maintained in the NGO's office outside the camps. Client log books and case notes that are kept in the counselling office in the camp will be maintained in locked and secure cabinets located in a locked and secure building.

7.6. Ensure the survivor seeks medical evaluation and treatment within 72 hours (for rape cases) or as soon as possible. This should involve escorting her/him to the hospital and serving as support person and advocate

[2] **NOTE**: SGV programming will generally ***not*** be offered in Transit Centres or Way Stations. In case any SGV incidents or Survivors are identified in these centres, the NGO will refer the case to Protection.

during evaluation and treatment. Ensure she/he complies with any suggested follow up health care and treatment. Ensure health care staff completes the medical section on the SGV Incident Report Form.

7.7. For adults, provide information concerning legal rights, options, and consequences. Respect the client's choice to report to police or not to report.

7.8. In case the survivor chooses to make a police report, offer to have the national SGV staff provide escort and assistance. Refer survivor to police to make report and obtain Police Form 3 ("PF3"). Ensure the PF3 is completed by the proper health care staff and returned to the police.

7.9. For each case, the following documentation will be completed immediately, with a copy submitted to UNHCR Protection, in a sealed envelope, within one working day:

- SGV Incident Report Form, fully completed
- Written and signed statement by survivor describing the incident in her/his own words. If survivor is illiterate, write her/his exact words, she/he can indicate signature with a thumb print.
- For complex or especially difficult situations, the national SGV camp officer will write a brief summary report describing the incident, circumstances, situation, and any follow up conducted or needed.
- Copy of completed PF3 (this can be submitted to UNHCR later if it is not available)

7.10. SGV / CS workers will interview the client, provide counselling, assistance, and follow up practising active listening, respect for survivor wishes, and supporting her/him to resolve family disputes (when appropriate, considering safety and security). Workers must strive to assist the survivor to integrate in community activities and, when appropriate, enlist the support of the family and community.

7.11. Depending on individual case circumstances and staff security, consider the following for the alleged perpetrator: a) counselling, b) medical treatment, c) assist perpetrator to re-establish relationship with the community.

7.12. For affected / survivors who are minor children:

7.12.1. Provide careful assistance and advocacy with police and health care system.

7.12.2. Ensure respect for the best interests of the child. If the child's rights/protection and family wishes are in conflict, provide family counselling, seek assistance from CS or SGV supervisor, and consider seeking assistance from elders or other family members. In these difficult situations, use special care to maintain client confidentiality.

7.12.3. Consider visiting the child at her/his blende for a private interview, away from family members. The relatives should be informed of the importance of the privacy. If the affected insists she/he needs the presence of a relative, that should be respected. In some cases it may happen that the affected may not feel free to share some information with SGV staff and will share more information with a family member.

7.12.4. The SGV staff may also hold consultation and counselling with the family, teachers, and close community of the survivor to support her re-integration to family, school and community. Again, the worker must be careful to consider the confidentiality and respect for the survivor. In many cases, however, the general situation is well known by the community, and it may be appropriate for the worker to acknowledge this and work with family, community, and teachers.

7.13. Periodically (monthly, quarterly, or other interval as agreed) compile and analyse case data in order to plan and revise program activities in response to trends and problems.

7.14. Conduct community awareness activities, and support the refugee community in conducting these activities, as described in Section 16 of these Protocols.

8. Health NGOS

Medical care in cases of rape should provide all the basic needs of the survivor, and all the findings should be recorded carefully in the clinic records with legible letters. In the refugee camp setting, this examination should be done:

- by a Medical Doctor registered in Tanzania (in the absence of a medical doctor, other clinicians could do the examination; the findings can be shared with the doctor later)
- where basic gynaecological equipment are available (maternity, MCH, drop-in centre, etc.)

8.1. **GENERAL PROCEDURES**. The Clinical Officer who examines the alleged rape survivor must take the following actions:

8.1.1. Get the consent from the patient or guardian in the case of a child for the medical examination and get a female health worker as an assistant. Explain to the survivor what you are doing, in each step of the examination; remember she/he may be re-traumatised by your examination.

8.1.2. Obtain and record the history in the patient's own words. The sequence of events, for example, time, place and circumstances must be included. Number of persons involved, parts of the body

molested, and if any weapons or objects were used. Date of the last menstrual period to assess the need for postcoital contraception. Record whether the patient came directly to the hospital or whether (s)he bathed or changed clothing.

8.1.3. Record findings but do not issue even a tentative diagnosis. Whether rape has occurred or not is a legal conclusion, not a medical one.

8.1.4. Obtain appropriate tests

8.1.5. Treat disease, psychic trauma, prevent pregnancy; counsel the patient, specially regarding her legal rights; explain clearly subsequent therapy and follow up to the survivor/guardians.

8.2. **General Physical Examination**. With female witness present record the general appearance of the patient. Note all bruises, contusions and scratches. Assess for any injury that may need further treatment (such as head injury or laceration) and refer to other facilities as indicated. Contusion may be more apparent the next day. Note torn, stained, or bloody clothing.

8.3. **Psychological trauma** . General mental status must be assessed in order to determine supportive measures required. Keep in mind of Rape Trauma syndrome that has 4 phases. I Anticipatory phase 2. Impact phase 3. Reconstitution phase and 4. Resolution phase. Refer to the relevant literature for more details.

8.4. **Gynaecological Examination**. Search for any signs of vulva, vaginal, or anal trauma, discharge, or bleeding. If possible illuminate the pudendum with an ultraviolet light (prosthetic secretions are fluorescent even when dry). Employ a water-moistened (non-lubricated) warm speculum to inspect vagina and cervix. If the survivor is a child a general anaesthetic may be required in extreme cases.

8.5. Investigation:

8.5.1. Foreign body specimens such as pubic hair, vulva and vaginal debris and finger nail scrapings should be collected in a plastic bag, sealed and handed over to the police if the survivor want to pursue the case.

8.5.2. Vaginal swab: Semen and spermatozoa analysis from posterior cervix swabs. Prepare swab slides from this. Wet smear for motility and gram stain. Wet smear with saline water for trichomoniasis Freeze specimen if examination is going to be delayed. Sperms have been found in volunteers fully or fragmented up to 18 hours post rape and rarely up to 72 hours

8.5.3. Exclude pregnancy by manual examination, history and clinical signs. Pregnancy test could be carried out exceptionally.

8.5.4. Techniques for specimen collection.

- Foreign hair: combing or by loose collection
- Vaginal swabs : From the posterior fornix. Put the smear in a clean glass slide, fix with alcohol and stain with Giemsa.
- Anal specimen should be collected using anascope.

8.6. **Treatment:**

8.6.1. Administer tetanus antitoxin if a deep laceration contains soil or dirt particles.

8.6.2. Give prophylactic aqueous penicillin G, 4.6 million units intramuscularly, to prevent syphilis and gonorrhoea. Give doxycycline 100mg x 2 for 7 days

8.6.3. Emergency contraception will be discussed with the survivor. Ask last menstrual period to exclude pregnancy and determine timing of the ovulation. Also confirm non-pregnancy state by manual uterine examination and noting lack of other symptoms and signs of pregnancy.

Women who are not pregnant and who were raped should be offered Emergency Contraception

To prevent pregnancy, give PC4 (0.25mg levonorgestrel and 0.05mg ethinylestradiol), 2 tablets and another 2 tablets after 12 hours. This treatment should be used within 72 hours of the rape. Start course again if the survivor vomits.

Please note that Emergency Contraception may alter the timing of the women's next menstrual period (may be a few days earlier or later). Survivors should be informed accordingly.

8.6.4. Give metronidazole 200mg x 3 for 7 days for trichomoniasis

8.6.5. Give the survivor an appointment to see you after 7 days and inform her/him to come back to the clinic any time if (s)he notices clinical signs and symptoms of a disease.

8.6.6. A survivor with a confirmed pregnancy is counselled. Under the Tanzanian law, abortion is permitted if the health of the mother is at risk and supported by 3 different medical doctors.

8.7. Domestic Violence, other forms of Gender-Based Violence and/or Assault

8.7.1. Interview the survivor with another health worker. Any accompanying spouse, family member, police or friend should leave the treatment area. Ask if her injuries are the result of an assault, and by whom.

8.7.2. Take the survivor's history and conduct a through physical examination to note any cuts, bruises or other injuries observed.

8.7.3. Treat physical injuries and be sensitive to the emotional trauma

8.7.4. Keep detailed medical records. Such may be essential to the outcome of any legal case. They should be kept with confidentiality and include complete medical history, relevant social history, description of the physical findings including type, number, size, location, possible causes and the explanation by the survivor. Note any inconsistency between the type of injury and any explanation given by the survivor.

8.8. **If the survivor has not been to the SGV/community services refer her/him there.**

8.9. **"SGV Incident Report Form" and "PF3" (Police Form 3)**

8.9.1. In all cases, medical staff should write a medical report that is given to SGV staff to become part of the case history. This is done by completing Page 3 of the "SGV Incident Report Form", which is initiated by SGV/Community Services staff in the camp.

8.9.2. A PF3 form needs to be filled when the patient wants to follow up the case and press charges with police. This examination should be done within 24 hours of the incident, even if the woman has had a bath. The survivor will provide the form, after pressing charges with the police. Fill the form as soon as possible and return it to the police; ask assistance from Community Services/SGV staff, if they are involved in the case. Any delay of the PF3 will delay police action.

9. UNHCR Protection

Some UNHCR sub- or field offices may have SGV program staff working in Protection and/or Field. In these offices, the Protection Officer may delegate part or all of the following to those staff.

9.1. Receive incident reports and documentation from SGV agencies working in refugee camps.

9.2. Follow up cases with police and courts. This includes:

- Monitor charges filed and the progress of each case
- Review weekly "Cause List" from court and identify refugee cases; distribute copies as necessary to ensure all parties are informed
- Counsel and support clients as necessary; appear in court as observer

9.3. Provide or facilitate support for refugee witnesses and parties to attend court hearings.

9.4. Maintain records and data on all SGV cases, including information provided by all sectors.

9.5. Conduct training and awareness-raising activities, as described in Section 16 of these Protocols within UNHCR, among NGOs, government officials, police, MHA, and local communities on rights, responsibilities, and laws related to SGV.

10. UNHCR Field Sector

10.1. Work in collaboration with all actors to develop and maintain systems for responding to and preventing SGV.

10.2. When requested by Protection, assist in transporting parties to/from court.

10.3. Assist with administrative solutions to individual SGV cases and general SGV issues in the camp (e.g., separation of ration cards and/or plots, security modifications)

11. UNHCR Community Services

11.1. Work in collaboration with refugee community, all sectors in UNHCR, NGOs, and Tanzanian authorities to develop and monitor SGV prevention and response systems.

11.2. Monitor implementation and coordination of SGV services by SGV / CS NGOs.

11.3. Provide overall coordination of SGV program among and between all sectors.

12. UNHCR Health Sector

12.1. Work in collaboration with refugee community, all sectors in UNHCR, NGOs, and Tanzanian authorities to develop and monitor SGV prevention and response systems.

12.2. Monitor implementation and coordination of SGV services by Health NGOs.

13. Police

13.1. Receive complaints from survivors, provide PF3 forms, and receive completed PF3 forms. Maintain a register of PF3's distributed and returned.

13.2. In accordance with standard police procedures, arrest accused persons, conduct investigations, prepare charges, serve summons, assist with transport, appear in court, etc.

13.3. Participate in training workshops conducted by Protection and others; conduct and participate in awareness-raising activities.

14. The Court

14.1. Prepare and distribute weekly Cause Lists, indicating which accused are refugees by noting the abbreviation "RF" next to refugee cases.

14.2. In accordance with standard procedures, administer legal proceedings in cases of SGV; such as admitting cases, presiding at hearings and trial, summoning witnesses, passing judgement and sentences, etc.

14.3. Participate in training workshops conducted by Protection and others; conduct and participate in awareness-raising activities.

15. MHA Settlement Commandant

15.1. Follow up SGV incidents, in collaboration with police and UNHCR, to ensure security of accusers and accused.

15.2. In accordance with standard practices, provide authorisation for witnesses to travel to court.

15.3. Participate in the development of camp-based SGV response systems and provide feedback to UNHCR.

16. EDUCATION AND AWARENESS RAISING PLAN

Every actor is responsible for education and awareness raising. Each group will establish a plan and schedule for the activities, in coordination with other actors.

TOPIC	TARGET AUDIENCE(S)	RESPONSIBLE	METHODS
♦ Women & Children's Rights ♦ Human Rights ♦ Marriage/Inheritance Rights ♦ Rights & Responsibilities of Refugees in Country of Asylum ♦ 1998 Tanzania Sexual Offences Act ♦ Tanzania Legal Procedures	- Police - Camp security (Sungusungu) - Local refugee tribunals - Refugee leaders (women and men) - Refugee Teachers - Refugee Youth - NGO staff - UNHCR staff	UNHCR Protection (SGV program staff) Trained trainers	- Workshop/Seminar - Train-the-Trainers (TOT)
♦ Human Rights ♦ Gender Equality & Development ♦ Definitions and Consequences of SGV ♦ Prevention of SGV ♦ Community Mobilisation Techniques	Refugee community: leaders, groups, individuals, adults, youth, children	Community Services and/or SGV NGOs Trained trainers	- Workshops - Train-the-Trainers (TOT) - Discussion groups - Drama - Song - Competitions
♦ Human Rights ♦ Gender Equality & Development ♦ Basic facts of SGV ♦ Prevention of SGV	All members of refugee community: adults, youth, children	Trained trainers (refugee leaders and groups, women and men)	- Discussion groups - Drama - Song - Competitions
♦ Counselling skills ♦ Definitions and Consequences of SGV ♦ Protocols	CS / SGV workers	SGV / CS NGOs Trained trainers	- Workshops - TOT
♦ Definitions & Conseq. of SGV ♦ Examination / Treatment of SGV cases ♦ Documentation ♦ Protocols	Health workers	Health NGOs UNHCR Protection (for documentation issues) Trained trainers	- Workshops - TOT

ANNEX

Instructions and Teaching guide for the SGV Incident Report Form

SGV Incident Report Form

INSTRUCTIONS AND TEACHING GUIDE: SGV Incident Report Form

For use with 01/04/00 version of form

See Policies and Protocols for more information

TYPE OF INCIDENT After hearing survivor's story, choose one of the following:

1 = Rape
2 = Attempted Rape
3 = Sexual Harassment
4 = Forced Marriage
5 = Gender-Based Violence

ADDITIONAL TYPES OF SGV occurring within this one incident:
List any additional codes (from above) which also apply to this incident

NGO INCIDENT NUMBER
Assign a client or case or incident number, according to your NGO policies

DATE OF INTERVIEW
The date you first interview the client and learn of the incident

CAMP Name of the refugee camp where client lives

PREVIOUS INCIDENT NUMBERS FOR THIS CLIENT
If this client has been seen before, note any prior incident numbers assigned in the past. If you don't know the numbers assigned, try to list month/year of previous incidents, or somehow indicate that this client has seen before for SGV incident(s).

AFFECTED PERSON(S)

NAME Full name of survivor

AGE Age at present time

YEAR OF BIRTH What year survivor was born

SEX F for Female; M for Male

ADDRESS Full address in camp, including Village/Block, Street, Plot/House

TRIBE If unknown, write "unknown"

MARITAL STATUS Single or Married or Divorced or Separated or Widow or Lost Spouse

OCCUPATION If she/he is employed, write what occupation. If not employed, write "None"

NUMBER OF CHILDREN How many children live with her/him?

AGES OF CHILDREN List ages of those children (Example: 6 months, 2 yrs, 8 yrs)

HEAD OF FAMILY List name of head of family and relation to survivor. If Survivor, write "Survivor"

VULNERABILITY If Survivor is a "vulnerable" according to UNHCR and CS guidelines, list those vulnerabilities. (Example: UAM, or Disabled, or Elderly)

RATION CARD NUMBER If she/he has a ration card with her, write the number. If not, write "unknown"

FOR MINOR **If the survivor is under age 18, fill these lines:**

NAME OF CAREGIVER – Name of person acting as parent

RELATIONSHIP – Type of family member (Mother, Father, Aunt, etc.) or Foster Family

---

INCIDENT

LOCATION Be specific. Examples:
A4, 12, 4, 11 – the full address, if incident occurred in a blende
On path to Mtendeli Camp
Outside camp near main road entrance
In camp, Village B
In camp, near (name) Bar
Behind latrines, C2, 23
Outside Bamba Bar in town

DATE Date the incident occurred

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

TIME Time the incident occurred and specify AM **or PM.**

DESCRIPTION OF INCIDENT:
Summarise the client's story of what occurred, what were the circumstances leading up to the attack, what happened during the attack, what did she do afterwards, what did the assailant do afterwards. Be complete in this description. Use the backside of the form if you need more space.

ASSAILANT INFORMATION **Fill in as listed on the form**

FOR MINOR **If assailant is believed to be under age 18:**

NAME OF CAREGIVER – Name of person acting as parent

RELATIONSHIP – Type of family member (Mother, Father, Aunt, etc.) or Foster Family

CURRENT LOCATION -- If the survivor knows or suspects the current location of the assailant, write that information here.

WITNESSES

DESCRIBE PRESENCE OF ANY WITNESSES

Describe in detail: people walking nearby, Someone heard but not seen, Someone watching

NAME AND ADDRESS (of witnesses) Be specific, giving full addresses if possible

---

ACTION TAKEN

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

ACTION NEEDED OR PLANNED ACTION

Be specific of what action you will take, what the Survivor plans, and what other action you think is needed by anyone – and how you will ensure that such action occurs.

PRINT YOUR NAME – and - SIGN THE FORM

SURVIVOR'S STATEMENT *required for cases of Rape, Attempted Rape, and any other incident with injuries, and/or if Survivor wishes to press charges with police*.

On a blank sheet of paper, write exactly what the Survivor says happened. Include all details she/he tells you. Read it to her/him, make any necessary corrections. Have the Survivor sign it or make thumb print.

MEDICAL EXAMINATION (page 3)

Complete the top section.

If Survivor does not want to / does not need to have a medical examination, explain.

In cases of Sexual Harassment (code 3) and/or GBV (code 5) *where there are no injuries*, medical examination is not necessary if the Survivor does not wish to go to the Health Centre and does not wish to press charges with the Police.

If the Survivor has already been seen at the Health Centre, take this form to the health worker and have him/her complete it and sign it.

If the Survivor needs medical examination and has not been to the Health Centre yet, escort her and have the health worker complete the form and sign it.

THE COMPLETED INCIDENT REPORT FORM IS KEPT BY THE SGV/CS NGO, WITH A COPY TO PROTECTION WITHIN ONE WORKING DAY OF THE DAY THE INCIDENT IS REPORTED.

UNITED NATIONS
HIGH COMMISSIONER
FOR REFUGEES

CONFIDENTIAL /SIRI

SGBV INCIDENT REPORT FORM / FOMU YA UNYANYASAJI WA KIJINSIA

INSTRUCTIONS:
MAELEZO

- **> Form to be completed by NGO (SGBV) staff in either English or Kiswahili**
- **> Original to be mainted in NGO office (outside camp)**
- **> Copy to be delivered to UNHCR Protection, in sealed envelope, within 1 working day of the date the incident was reported to the NGO.**
- **> Attach to the form: Written statement by affected person / survivor**
- **> Fomu hii ijazwe na mfanyakazi wa shirika kwa kiswahili au kingereza**
- **> Nakala halisi ibaki ofisini (nje ya kambi/makazi)**
- **> Nakala rudufu itumwe ofisi ya "UNHCR Protection" ndani ya bahasha iliyofugwa katika kipindi cha siku moja tangu siku tukio lilipo ripotiwa kwa shirika**

TYPE OF INCIDENT (CODE) _____ Additional incident types, this incident (codes): _____
AINA YA TUKIO (NAMBAR) Aina nyingine ya matukio ya unyayasaji wa kijinsia yaliyotokea pamoja na la namba

NGO Incident No: Camp: Date of interview:
Nambari ya tukio: _____ Kambi: _____ Tarehe ya usaili: _____

Previous Incident Numbers for This Client (if any):

AFFECTED PERSON / MUADHIRIKA

Name / Jina _____ Age / Umri _____ Yr of Birth _____ Sex / Jinsia _____

Address / Anuani _____ Tribe / Kabila _____ Marital Status / Umeda/Olwea? _____ Occupation / Kazi _____

Number of children / Idada ya watoto _____ Ages / Umri wa watoto _____ Head of Family: / Mkuu wafamilia _____
(Jina na uhusiano na muadhirika) (Name & relationship)

Vulnerability (if EVI) / Ulemavu _____ Ration card no. / Nambari ya kadi ya mgawo wa chakula _____

(For Minor:) Name of Caregiver: Relation:
(Kwa walio chini ya miaka 18) Jina la mzimamizi: _____ Uhusiano wake: _____

INCIDENT / TUKIO

Location / Mahali tukio lilipo tukea: _____ Date / Tarehe _____ Day / Siku _____ Time / Muda _____

Description of Incident (describe in detail: situation, circumstances, what exactly occurred, what happened afterward)
Maelezo Ya Tukio (Elezea kwa makini na undani hali ilivyokuwa kabla ya tukio, ni kitu gani hasa kilitokea? Baada ya hapo ni nini kilitokea? Una amini kuwa ulikuwa haswa unenuiwa? Kwa nini? Ulijua/wajua waliokuvania kabla ya hapo? Je kuna tukio jingine liliwahi kutokea kabla ya hili siku za nyuma?

Continue on back, if needed
Endelea kuandika maelezo upande wa pili, ikihitajika

ASSAILANT INFORMATION / WATUHUMIWA

Name / Jina _____ Number of Assailants / Nambari ya watuhuniwa _____ Sex / Jinsia _____

Address / Anuani _____ Nationality / Utaifa _____ Age / Umri _____ Tribe / Kabila _____

Relationship to Survivor / Uhusiano kati ya mtuhumiwa na muadhirika _____ Marital Status / Umeda/Olwea _____ Occupation / Kazi _____

If assailant unknown, describe, including any identifying marks
Kama mtuhumiwa/watuhumiwa hajulikani, elezea alana yoyote aliyonayo au maelezo ya maumbele _____

(For Minor:) (Kwa wario chini ya maka 18) Name of Caregiver: Jina la msimamizi: _____ Relation: Uhusiano wake: _____

Current location of assailant, if known:
Behemu anapoishi mtuhumiwa, kama inajulikana: _____

WITNESSES /

Describe presence of any witnesses _____

Names and Addresses
Jina, Anuani _____

ACTION TAKEN /

Reported to /	Date Reported /	Action Taken /
POLICE/POLISI Name / Jina		
SECURITY / SUNGUSUNSU Name / Jina		
UNHCR Name / Jina		
LOCAL LEADERS/ Name / Jina		
HEALTH CARE / see page 3 of this form /		
OTHERS / Name / Jina		

MORE ACTION NEEDED AND PLANNED ACTION /

Does the person want Police/Tanzanian legal action?
Je mtu huyu atataka kwenda polisi/kuchukua hatua za kisheria? Yes / Ndio _____ No / Hapana _____

Does she/he want action by local tribunal?
Je mtu huyu atataka kwenda mahakamani? Yes / Ndio _____ No / Hapana _____

What follow up will be done by CS / SGBV workers ?
Ni hatua gani ustawi wa jamii watach ukua? _____

What more action is needed by UNHCR and others?
Hatua gani zaidi inatakiwa kutoka kwa UNHCR na wengine? _____

Form completed by (Name):
Fomu imejazwa na (Jina): Signature: Sahihi:

MEDICAL EXAMINATION / UCHUNGUZI WA KIAFYA

Survivor Name / Muadhirika, Jina: _____ Yr of Birth / Tahere ya kuzaliwa _____ Sex / Jinsia _____

If the person did NOT have a medical examination, explain reasons:
Kama mtu huuyo hakupata uchunguzi wa kiafya, eleza sababu: _____

TO BE COMPLETED BY HEALTH CENTER STAFF / IJAZWE NA MFANYAKAZI WA KITUO CHA AFYA

Date of Exam / Tarehe _____ Which IPD/OPD? / Sehemu, wagonjwa wa ndani/nje? _____ Seen by whom: / Alionwa na nani: _____

Medical Examination Findings / Matokeo ya Uchunguzi Yanaonesha Nini?

Medical Treatment Given / Alipewa Matibabu Gani?

Medical Follow-Up Recommended / Matibabu ya Ziada Yaliyoshauriwa?

Additional Comments / Ushauri wa Ziada

Name / Jina _____ Title / Cheo cha Dfisa Aliyejaza Fomi

Signature / Saini _____ _____

Agency & Stamp
Shirika, Muhuri wa shirika

Annex B

Tools and Materials for

Data Compilation & Analysis

Program Monitoring & Evaluation

Developed by NGOs and UNHCR Tanzania

To be implemented April 1, 2000

Reviewed and revised July 2000

GUIDELINES FOR MONTHLY REPORTS – Health & SGV/CS NGOs

Effective: 1 April 2000 (reports to be written in first week of May for month of April)

Purposes of Reports:

1. Summarise and analyse activities

   What we did
   What we learned
   Was our work effective?
   Why or why not?

2. Information sharing within our organization and with refugees and other organizations

3. Planning tool

4. Justification to donors for funds spent

Format for Monthly Reports:

See attached format

Report sharing:

Health

⇒ Distribute copies to: UNHCR Protection & Health, SGV NGOs, CS NGOs, camp level Health Coordinator

⇒ Share information (verbally) at camp level SGV Coordination meeting

SGV (or CS if two separate NGOs)

⇒ Distribute copies to: UNHCR Protection & Community Services, NGOs working in other sectors in the camp (Health, CS), camp level SGV Supervisor, MHA camp commandant

⇒ Share information (verbally) at camp level SGV Coordination meeting

⇒ Share data at district level SGV Coordination meeting

UNHCR

⇒ Protection court cases, Field administrative outcomes -- Share information with NGOs at district level SGV Coordination meeting

⇒ Monthly UNHCR report of all 4 sectors, copies to: Protection Officer (FO and BO), CS (FO, SO, BO), Health Officer (SO, BO), SGV Project staff in other FO/SO, Deputy Rep, Geneva (Kate Burns)

HEALTH NGOs
MONTHLY REPORT: SGV ACTIVITIES
Prevention & Response to Sexual & Gender-Based Violence

NGO:_____ **MONTH:**_____ **YEAR:**_____

CAMP(S):_____

STATISTICS:

DETAILS	**NUMBER CASES THIS MONTH**	**NUMBER CASES APRIL 2000 TO DATE**
Rape Cases		
Total Rape cases seen by Health Centre		
… # Survivors examined within 3 days of rape		
… # Survivors given Emergency Contraception		
… # Survivors given STD Prophylaxis		
… # Perpetrators given STD Prophylaxis		
… # Survivors under age 15		
… # Female survivors		
… # Male survivors		
Follow Up and Outcomes This Month (may include cases reported in previous months)		
# survivors pregnant due to rape		
# survivors who were pregnant before rape and aborted/miscarried due to trauma of rape		
# survivors returned to Health Centre with STD symptoms		
# survivors returned to Health Centre 7 days after rape		
# Assault / Trauma cases seen in Health Centre and due to Domestic Violence		

ANALYSIS OF STATISTICS
(trends, problems, successes, issues)

ACTION PLANS FOR NEXT MONTH
(to address problems and constraints identified this month)

SGV TRAINING/AWARENESS RAISING THIS MONTH

Staff Training:

Topic(s):

Number of staff attended:

Type of staff (professions) attended:

Workshop results:

Training given by Health NGO staff to others outside Health Centre:

Topic:

Date:

Target audience:

Number attended:

Workshop results:

Community Services
SGV MONTHLY REPORT
Prevention & Response to Sexual & Gender-Based Violence

This is the agreed format for April 2000 reports. You can do a separate report for each camp, or one report for all camps you cover. If you choose to write one report, activities and figures must be separated camp by camp.

NGO:_____ **MONTH:**_____ **YEAR:**_____

CAMP:_____

Planned Activities for the Month:

list activities planned, according to work plan

Activities & Achievements this Month

Awareness Raising

list each awareness raising activity separately, as shown-

Activity & Topic: _____

Date(s): _____

Attendance (# of people): _____

Targeted Groups: _____

Constraints for this activity: _____

_____

Action taken to address constraints: _____

Results of this activity

Workshop evaluation results: _____

_____

Participant action plans: _____

_____

COMMUNITY SERVICES MONTHLY SGV REPORT – Page 2 of 4

Activity & Topic: _____

Date(s): _____

Attendance (# of people): _____

Targeted Groups: _____

Constraints for this activity: _____

_____

Action taken to address constraints: _____

Results of this activity

Workshop evaluation results: _____

_____

Participant action plans: _____

_____

Activity & Topic: _____

Date(s): _____

Attendance (# of people): _____

Targeted Groups: _____

Constraints for this activity: _____

_____

Action taken to address constraints: _____

Results of this activity

Workshop evaluation results: _____

_____

Participant action plans: _____

_____

If you had more than 3 activities, use additional pages

COMMUNITY SERVICES MONTHLY SGV REPORT – Page 3 of 4
Case Management – Direct Services to Survivor / Family

Number of clients counselled and/or assisted: _____

optional information: Number of sessions: _____

Number of survivors who were assisted / counselled by community: _____
These are survivors you are NOT counseling/assisting; they are getting help from the community

Achievements:

Constraints:

Action taken to address constraints:

Outcomes
(For month of April 2000, report actual numbers. Beginning in May, calculate the percentage of change, either increase or decrease)

_____ total number SGV cases reported this month

_____ % increase/decrease over last month

_____ total number SGV cases referred to police this month

Police referrals were _____% of total SGV cases reported this month

_____ % increase/decrease in police referrals since last month

_____ total number of different referral sources this month

_____ % increase/decrease in number of different referral sources over last month

_____ total number of requests from community for education/awareness raising this month

_____ % increase/decrease over last month

_____ total number of awareness raising activities initiated by community this month

_____% increase/decrease since last month

_____ total SGV cases tried in "refugee local tribunals"

_____ % of these that were decided in favour of survivor rights
Is this higher than last month? Higher than the first month of the year?

_____ number SGV predisposing factors/high risk circumstances/locations of high incidence identified this month AND for which prevention strategies have been developed

COMMUNITY SERVICES MONTHLY SGV REPORT – Page 4 of 4

Analysis of Outcomes / Constraints:

Are the numbers showing progress or not? Why or why not?

Plan for addressing constraints and problems in these outcomes:

data/Statistical Analysis

See attached Statistics

Analysis of Statistics:

Describe trends and issues, such as age groups/locations; high or low incidence; predisposing factors, etc.

Plan of Action for addressing issues, trends, problem areas:

How do you plan to address the problems you learned about when analysing your statistics? This is a general plan – objectives and activities for next month and beyond. Below, in the next section, you will list next month's activities.

Planned Activities Next Month

Activities included in previously developed Work Plan:

Activities for next month, based on Analysis of this month's data and issues:

Attach: SGV Monthly Data Details

SGV MONTHLY DATA

NGO: _____ CAMP:_____ MONTH:_____YR:_____

TOTAL SGV INCIDENTS

TYPE OF INCIDENT	**NUMBER OF REPORTS THIS MONTH**	**NUMBER OF REPORTS APRIL 2000 TO DATE**
Rape (in/near/around camp)		
Rape (during flight in home or host country; before arrival in camp)		
Attempted Rape		
Sexual Harassment		
Forced Marriage		
Gender-Based Violence		
TOTAL SGV INCIDENTS		
Non-SGV cases served		

REFERRAL SOURCES (# cases referred by source)		
Self-referred		
Parent/Guardian/Relative		
Health Centre		
Community leader (block leader, women's rep, etc.)		
Local Tribunal		
School		
Religious Group		
Police		
Other (specify):		
TOTAL REFERRALS (should match total # SGV cases, above)		

Detailed statistics for each type of incident are included on the following pages.

ANALYSIS OF RAPE CASES (page 1 of 3)

DETAILS	NUMBERS
Location of incident	
Nearby village	
Pathway between camps	
Bush area outside camp	
Other location outside camp (list on right)	
In Camp:	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Before arriving in camp (during flight, in home country or Tanzania or other refuge country – before arriving in this camp)	
Time of Day: Number of cases that occurred…	
Early morning (midnight to 07:00)	
Day (07:00 – 17:00)	
Evening (17:00 – 20:00)	
Night (20:00 – midnight)	
Day of Week: Number of cases that occurred on…	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

ANALYSIS OF RAPE CASES (page 2 of 3)

Circumstances/Predisposing Factors: Number of cases involving	
Looking for firewood	
Outside camp travel non-firewood related	
Survivor alone in home	
Ethnic conflict (e.g., Tutsi-Hutu or other conflict)	
Other (list to the right)	
Perpetrator Information	
Number of perpetrators	
One	
Two	
Three or more	
Sex of Perpetrator	
Male	
Female	
Age of Perpetrator	
Under 12 years	
12-18 years old	
19-30 years old	
31-50 years old	
51 years or older	
Unknown age	
Nationality of Perpetrator	
Tanzanian	
Congolese or Burundian or Rwandese	
Unknown	
Perpetrator's Relationship to survivor	
Stranger	
Relative	
Friend or Family friend	
If Perpetrator is Minor (under 18 years)	
Lives with Parents (both mother and father)	
Lives in single parent household (mother or father)	
UAM in foster care	
UAM living alone/no foster care	
AM	
Living circumstances Unknown	
Former child soldiers	

ANALYSIS OF RAPE CASES (page 3 of 3)

Survivor Details	
Sex	
Male	
Female	
Age	
Under 10 years	
10-15 years old	
16-18 years old	
19-40 years old	
41 years or older	
Unknown age	
If Survivor is Minor (under 18 years)	
Lives with Parents (both mother and father)	
Lives in single parent household (mother or father)	
UAM in foster care	
UAM living alone/no foster care	
AM	
If Survivor is Adult (18 or older)	
Survivor is Head of Family	
Married	
Widow	
Separated/Divorced	
Number of children living with survivor	
1 child	
2-5 children	
6 or more children	
Assistance Received for cases reported this month	**THIS MONTH ONLY!**
Medical care	
Medical exam and treatment received	
Medical exam within 3 days of incident	
Emergency contraception received	
Police and Tanzanian justice system	
Reports to police	
Survivor does not want to report to police	
Perpetrator arrested	
Community leaders/local tribunal intervention (if any)	
Case finished, survivor satisfied	
Case finished; survivor not satisfied	

ANALYSIS OF ATTEMPTED RAPE CASES (page 1 of 3)

DETAILS	NUMBERS
Location of incident	
Nearby village	
Pathway between camps	
Bush area outside camp	
Other location outside camp (list on right)	
In Camp: (see note below for camp locations)	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Before arriving in camp (during flight, in home country or Tanzania or other refuge country – before arriving in this camp)	
Time of Day: Number of cases that occurred…	
Early morning (midnight to 07:00)	
Day (07:00 – 17:00)	
Evening (17:00 – 20:00)	
Night (20:00 – midnight)	
Day of Week: Number of cases that occurred on…	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

ANALYSIS OF ATTEMPTED RAPE CASES (page 2 of 3)

Circumstances/Predisposing Factors: Number of cases involving	
Looking for firewood	
Outside camp travel non-firewood related	
Survivor alone in home	
Ethnic conflict (e.g., Tutsi-Hutu or other conflict)	
Other (list to the right)	
Perpetrator Information	
Number of perpetrators	
One	
Two	
Three or more	
Sex of Perpetrator	
Male	
Female	
Age of Perpetrator	
Under 12 years	
12-18 years old	
19-30 years old	
31-50 years old	
51 years or older	
Unknown age	
Nationality of Perpetrator	
Tanzanian	
Congolese or Burundian or Rwandese	
Unknown	
Perpetrator's Relationship to survivor	
Stranger	
Relative	
Friend or Family friend	
If Perpetrator is Minor (under 18 years)	
Lives with Parents (both mother and father)	
Lives in single parent household (mother or father)	
UAM in foster care	
UAM living alone/no foster care	
AM	
Living circumstances Unknown	
Former child soldiers	

ANALYSIS OF ATTEMPTED RAPE CASES (page 3 of 3)

Survivor Details	
Sex	
Male	
Female	
Age	
Under 10 years	
10-15 years old	
16-18 years old	
19-40 years old	
41 years or older	
Unknown age	
If Survivor is Minor (under 18 years)	
Lives with Parents (both mother and father)	
Lives in single parent household (mother or father)	
UAM in foster care	
UAM living alone/no foster care	
AM	
If Survivor is Adult (18 or older)	
Survivor is Head of Family	
Married	
Widow	
Separated/Divorced	
Number of children living with survivor	
1 child	
2-5 children	
6 or more children	
Assistance Received for cases reported this month	**THIS MONTH ONLY!**
Medical care	
Medical exam and treatment received	
Medical exam within 3 days of incident	
Emergency contraception received	
Police and Tanzanian justice system	
Reports to police	
Survivor does not want to report to police	
Perpetrator arrested	
Community leaders/local tribunal intervention (if any)	
Case finished, survivor satisfied	
Case finished; survivor not satisfied	

ANALYSIS OF SEXUAL HARASSMENT CASES (page 1 of 2)

Time of Day	
Early morning (midnight to 07:00)	
Day (07:00 – 17:00)	
Evening (17:00 – 20:00)	
Night (20:00 – midnight)	
Perpetrator Information	
Number of perpetrators	
One	
Two	
Three or more	
Sex of perpetrator	
Male	
Female	
Age of perpetrator	
Under 15 years	
16-18 years old	
19-30 years old	
31-50 years old	
51 years or older	
Unknown age	
Nationality of perpetrator	
Tanzanian	
Congolese or Burundian or Rwandan	
Unknown	
Perpetrator's Relationship to Survivor	
Stranger	
Relative	
Friend	
Survivor Details	
Sex	
Male	
Female	
Age	
Under 10 years	
10-15 years old	
16-18 years old	
19-40 years old	
41 years or older	
Unknown age	

ANALYSIS OF SEXUAL HARASSMENT CASES (page 2 of 2)

If Survivor is Minor (under 18 years)	
Lives with parents (both mother and father)	
Lives in single parent household (either mother or father)	
UAM in foster care	
UAM living alone/no foster care	
AM	
If Survivor is Adult (18 or older)	
Survivor is Head of Family	
Married	
Widow or husband lost during fighting/flight	
Separated/Divorced	
Other Information (circumstances, predisposing factors, outcomes)	

ANALYSIS OF FORCED MARRIAGE CASES (page 1 of 1)

Husband Information	
Age	
Under 15 years	
16-18 years old	
19-30 years old	
31-50 years old	
51 years or older	
Wife (Survivor) Information	
Age of Survivor	
Under 10 years	
10–15 years old	
16-18 years old	
18 years or older	
Family information	
Parents / Family supported the marriage	
Someone/anyone in family did NOT support the marriage	
Survivor did NOT want to be married	
Husband did NOT want to be married	
School/Community Information	
Survivor dropped out of school due to marriage	
Teachers expressed concern / opposed the marriage	
Local tribunal acted on the case	
Survivor and family satisfied with case outcome	
Survivor NOT satisfied; family satisfied	
Outcomes (of cases reported this month)	**THIS MONTH ONLY!**
Divorce/annulment (ending of the marriage)	
Survivor returned to family home	
Survivor returned to school	
Other Information (predisposing factors)	

ANALYSIS OF GENDER-BASED VIOLENCE (GBV) CASES (page 1 of 2)

Incident	
Domestic violence – wife beaten by husband	
Domestic violence – husband beaten by wife	
Other Gender Violence in home/among family members	
Gender Violence outside family	
Location	
Outside camp	
In Camp: (see note below)	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Village/Block/Zone ___	
Time of Day	
Early morning (midnight to 07:00)	
Day (07:00 – 17:00)	
Evening (17:00 – 20:00)	
Night (20:00 – midnight)	
Day of Week	
Monday – Thursday	
Friday	
Saturday	
Sunday	
Within 3 days of food distribution	
Circumstances/Events leading to the incident	
Alcohol or drug abuse	
Polygamy or girl/boyfriend problem	
Food ration argument	
Other (list to the right)	

ANALYSIS OF GBV CASES (page 2 of 2)

Outcome (of cases reported THIS MONTH ONLY)	
Local leaders / tribunal acted on the case	
Survivor and Assailant satisfied with case outcome	
Survivor NOT satisfied; Assailant satisfied	
Survivor satisfied; Assailant NOT satisfied	
Separation; separate plot and ration card	
Married couple reconciled problems; living together	
Police report made; charges pending for court	
Counselling in progress; no outcome yet	
Other Information on GBV cases	

TANZANIA UNHCR MONTHLY SGV REPORT

Effective 1 April 2000

1) Agreement by all parties that there will be one report from each FO/SO:

   a) Filled by SGV Field Assistant (Kigoma, Kasulu, Kibondo) and Protection Assistant (Ngara) based on info from monthly reports submitted by Health and CS NGOs

   b) Reviewed by Protection Officer

   c) Distributed to:
      BO, SO, FO Protection
      BO, SO, FO Community Service
      SO Health
      FO/SO SGV Field Assistant/SGV Lawyer
      HQ (DOS, Desk)

NOTE: The report is a brief one-page summary of extensive information. Further details will be available in individual IP reports at field- and/or sub-office level.

2) INSTRUCTIONS for the form

   a) The report is in Excel, version 97 for Windows 95

   b) Fill only the cells highlighted in yellow.

   c) Some cells are pre-formatted to give totals. These are NOT highlighted in yellow. DO NOT fill them; it will happen automatically when you fill other cells.

   d) Note that some of the cells have a red triangle in the corner. Move the cursor over these cells and comments will pop up. These are notes for you to consider in completing the report.

   e) Keep narratives brief; be sure to include analysis about any unusual (good or bad) data.

   f) When you print the document, the yellow highlights almost disappear, showing only faintly as shading.

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Tanzania Sexual and Gender-Based Violence Program

SO/FO:_____ Month:_____ Year:_____

TYPE OF INCIDENT	NUMBER OF REPORTS						
	Camp:	Camp:	Camp:	Camp:	Camp:	**TOTAL**	**April 00 TO DATE**
Rape (in/around camp)							
Rape (before arrival in camp)							
Attempted Rape							
Sexual Harassment							
Forced/Early Marriage							
Other Gender Violence (incl. Domestic Violence)							
TOTAL ALL TYPES							

Legal Protection:
___Total number SGV cases pending in court at start of month
___Total number SGV cases filed in court this month
___Total number SGV court cases resolved this month
___# Acquittals/Convictions within 6 months of filing charges
___# Acquittals/Convictions after 6 months of filing charges
___# Cases dismissed
___Total cases pending in court end of month

Narrative: (problems, solutions, training, types of convictions and sentences, reasons for dismissals, etc.)

Health:
___ Total number rape cases seen in Health Centres for exam and treatment
___ Of these, # Rape cases seen within 3 days of incident

Narrative: (problems, solutions, issues, training, etc.)

Community Services:
___ Total SGV cases reported to UNHCR
___% increase/decrease over last month
___ # SGV cases reported to police
___# SGV cases handled by local refugee tribunals

Narrative: (problems, solutions, issues, training, etc.)

Prevention: (narrative)
