

Kit 3.1: Programming

Tools – Responding to GBV Survivors in Emergencies



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Section 2

Healthcare for GBV Survivors in Emergencies



GBV Health Response Audit Tool

Purpose: Use this tool to assess the status of healthcare programming for GBV survivors during the relevant phase of emergency response and to identify priority areas for action.

Health response audit rating

| (1= not met, 5= fully met) | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Preparedness | | | | | |
| National health protocols and systems are audited to identify gaps in survivor-centred healthcare. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| National health workers are trained in clinical management of rape for both child and adult survivors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Essential drugs and equipment are stockpiled for clinical management of rape for both child and adult survivors of rape. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mechanisms for coordinated service delivery in line with survivor-centred principles are in place. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Staff involved in health programming are trained on survivor-centred principles. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adequate time has been allocated for participation of adult women and adolescent girls in health programme assessment, design and monitoring. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assessment and monitoring tools are suitable for use with: | | | | | |
| • Adult women; and | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Adolescent girls. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Information has been obtained on mandatory reporting laws. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If there are mandatory reporting laws: | | | | | |
| • Staff have been trained on them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Procedure is in place for responding to mandatory reporting requirements while ensuring best interests of the child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Health response audit rating (continued)

| (1= not met, 5= fully met) | 1 | 2 | 3 | 4 | 5 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Safety and security risks associated with healthcare are identified and addressed, including: | | | | | |
| <ul style="list-style-type: none"> Risks to health workers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <ul style="list-style-type: none"> Risks to children, adolescents and women accessing health services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immediate response | | | | | |
| Health providers are supported to deliver post-rape care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adequate supplies of essential drugs and equipment are procured and maintained for clinical management of rape for both child and adult survivors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Technical support is provided for establishment of inter-agency referral system to link survivors with psychosocial, safety and legal support . | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health services are well-coordinated with other available services and assistance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Different groups of survivors are catered for, including children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ongoing response and recovery | | | | | |
| National legislation and health policies and systems are audited to identify gaps in survivor-centred healthcare. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Technical support and funding are provided for GBV protocols to be developed and implemented within the national health system. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Technical support is provided for training of national health workforce in clinical management of rape and crisis care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinical services and methods are of good quality and appropriate to the context and culture. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinical care is delivered by compassionate and skilled health workers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health workers are supervised and supported to prevent vicarious trauma. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Health response audit rating (continued)

| (1= not met, 5= fully met) | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Ongoing response and recovery (continued) | | | | | |
| Participation of different segments of the community has been considered, including: <ul style="list-style-type: none"> Representatives from marginalized groups in the community (e.g., young people with disabilities, young people out of school, married girls, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <ul style="list-style-type: none"> Well-respected community members (e.g., elected officials, local authorities, teachers, traditional birth attendants, community elders, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <ul style="list-style-type: none"> Representatives from different ethnic, religious and socio-economic groups. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Health Facility Readiness for Clinical Management of Rape Services Checklist

Purpose: This checklist can be used in an initial assessment and/or during ongoing monitoring of health facility capacity and readiness for delivering clinical management of rape survivor services. It may need to be adapted to the context as appropriate.¹

Date:

Location:

Health facility:

Completed by:

| | Available | | If not available, what are the plans? | Recommendation(s) |
|--|-----------------------|-----------------------|---------------------------------------|-------------------|
| | Yes | No | | |
| 1. Protocol | | | | |
| Written medical protocol in appropriate language | <input type="radio"/> | <input type="radio"/> | | |
| 2. Personnel | | | | |
| Trained (local) healthcare professionals (on call 24 hours/day) | <input type="radio"/> | <input type="radio"/> | | |
| Staff who have received training in clinical management of rape (number) | <input type="radio"/> | <input type="radio"/> | | |
| For female survivors, a female healthcare provider speaking the same language is optimal. If this is not possible, a female health worker (or companion) should be in the room during the examination. | <input type="radio"/> | <input type="radio"/> | | |

¹ This tool was developed by UNICEF South Sudan and will need to be reviewed and adapted as appropriate before being used in other contexts. Particular attention should be paid to ensure conformity with national essential drug lists and treatment protocols.



Health Facility Readiness for Clinical Management of Rape Services Checklist (continued)

| | Available | | If not available, what are the plans? | Recommendation(s) |
|---|-----------------------|-----------------------|---------------------------------------|-------------------|
| | Yes | No | | |
| 3. Furniture/Setting | | | | |
| Room (private, quiet, accessible, with access to a toilet or latrine) | <input type="radio"/> | <input type="radio"/> | | |
| Examination table | <input type="radio"/> | <input type="radio"/> | | |
| Light, preferably fixed (a torch may be threatening for children) | <input type="radio"/> | <input type="radio"/> | | |
| Access to an autoclave to sterilize equipment | <input type="radio"/> | <input type="radio"/> | | |
| Weighing scale and height chart for children | <input type="radio"/> | <input type="radio"/> | | |
| Others, specify: | <input type="radio"/> | <input type="radio"/> | | |
| 4. Supplies | | | | |
| 'Rape Kit' for collection of forensic evidence; could include: | | | | |
| <ul style="list-style-type: none">• Speculum (preferably plastic, disposable, only adult sizes) | <input type="radio"/> | <input type="radio"/> | | |
| <ul style="list-style-type: none">• Tape measure for measuring the size of bruises, lacerations, etc. | <input type="radio"/> | <input type="radio"/> | | |
| <ul style="list-style-type: none">• Paper bags for collection of evidence | <input type="radio"/> | <input type="radio"/> | | |



Health Facility Readiness for Clinical Management of Rape Services Checklist (continued)

| | Available | | If not available, what are the plans? | Recommendation(s) |
|--|-----------------------|-----------------------|---------------------------------------|-------------------|
| | Yes | No | | |
| 4. Supplies (continued) | | | | |
| 'Rape Kit' for collection of forensic evidence (continued) | | | | |
| • Paper tape for sealing and labeling containers/bags | <input type="radio"/> | <input type="radio"/> | | |
| • Supplies for universal precautions (gloves, box for safe disposal of contaminated and sharp materials, soap) | <input type="radio"/> | <input type="radio"/> | | |
| • Resuscitation equipment | <input type="radio"/> | <input type="radio"/> | | |
| • Sterile medical instruments (kit) for repair of tears, and suture material | <input type="radio"/> | <input type="radio"/> | | |
| • Needles, syringes | <input type="radio"/> | <input type="radio"/> | | |
| • Cover (gown, cloth, sheet) to cover the survivor during the examination | <input type="radio"/> | <input type="radio"/> | | |
| • Sanitary supplies (pads or local cloths) | <input type="radio"/> | <input type="radio"/> | | |
| • Pregnancy tests | <input type="radio"/> | <input type="radio"/> | | |
| • Pregnancy calculator disk to determine the number of weeks of a pregnancy | <input type="radio"/> | <input type="radio"/> | | |



| | Available | | If not available, what are the plans? | Recommendation(s) |
|---|-----------------------|-----------------------|---------------------------------------|-------------------|
| | Yes | No | | |
| 5. Drugs | | | | |
| For prevention of HIV/AIDS transmission (first option) | | | | |
| • Zidovudine (AZT) 300mg/ Lamivudine (3TC) 150 mg (combined pill) | <input type="radio"/> | <input type="radio"/> | | |
| For prevention of HIV/AIDS transmission (second option) * Note: Both drugs are needed if combined pills are not available. | | | | |
| • Zidovudine (AZT) 100mg* | <input type="radio"/> | <input type="radio"/> | | |
| • Lamivudine (3TC) 150mg* | <input type="radio"/> | <input type="radio"/> | | |
| For prevention of pregnancy (first option) | | | | |
| • Levonorgestrel 1.5 mg (norlevo) | <input type="radio"/> | <input type="radio"/> | | |
| For prevention of pregnancy (second option) * Note: These options work only if a family planning programme is there and a trained professional is available to insert IUD, specifically for survivors coming within 7 days; it cannot be helped with ECP, e.g. 6th and 7th day after a rape. | | | | |
| • Progesteron only pills ('mini pills') | <input type="radio"/> | <input type="radio"/> | | |
| • Combined oral contraceptive pills* | <input type="radio"/> | <input type="radio"/> | | |
| • IUD | <input type="radio"/> | <input type="radio"/> | | |



Health Facility Readiness for Clinical Management of Rape Services Checklist (continued)

| | Available | | If not available, what are the plans? | Recommendation(s) |
|--|-----------------------|-----------------------|---------------------------------------|-------------------|
| | Yes | No | | |
| 5. Drugs (continued) | | | | |
| For treatment of STIs (first option) | | | | |
| • Azithromycin 250mg f/c (blister) | <input type="radio"/> | <input type="radio"/> | | |
| • Azithromycin dihydrate 200mg base/5ml suspension, 15ml | <input type="radio"/> | <input type="radio"/> | | |
| • Cefixime 200 mg f/c (blister) | <input type="radio"/> | <input type="radio"/> | | |
| • Cefixime 100 mg/5ml powder for suspension, 30ml | <input type="radio"/> | <input type="radio"/> | | |
| For treatment of STIs (other option) | | | | |
| • Ciprofloxacin 500 mg stat | <input type="radio"/> | <input type="radio"/> | | |
| • Togamicine 1gm stat | <input type="radio"/> | <input type="radio"/> | | |
| • Doxycycline 100 mg | <input type="radio"/> | <input type="radio"/> | | |



Health Facility Readiness for Clinical Management of Rape Services Checklist (continued)

| | Available | | If not available, what are the plans? | Recommendation(s) |
|--|-----------------------|-----------------------|---------------------------------------|-------------------|
| | Yes | No | | |
| 6. Administrative supplies | | | | |
| Medical chart with pictograms | <input type="radio"/> | <input type="radio"/> | | |
| Forms for recording post-rape care | <input type="radio"/> | <input type="radio"/> | | |
| Medical examination form for police for potential evidence collection | <input type="radio"/> | <input type="radio"/> | | |
| Referral forms | <input type="radio"/> | <input type="radio"/> | | |
| Consent forms | <input type="radio"/> | <input type="radio"/> | | |
| Information pamphlets for post-rape care (for survivors and their parents/ caregivers) | <input type="radio"/> | <input type="radio"/> | | |
| Safe, locked filing space to keep records confidential | <input type="radio"/> | <input type="radio"/> | | |



Participatory Health Service Assessment and Monitoring Tool

Purpose: To assist in participatory assessment and monitoring of quality standards for health service delivery for GBV survivors.

Part A: Instructions provides guidance on how to assess and monitor whether services are meeting good practice standards for GBV-related health service delivery.

Part B: Good Practice Standards Checklist is a list of minimum standards that services are working toward.

Part A: Instructions

Step 1

Organize a meeting with all staff of the health service and with stakeholders from the community

1.1 The purpose of the meeting is to help health facility staff identify areas of achievement and areas for improvement in order to meet good practice standards in survivor-centred service delivery, and/or to help them monitor progress toward achieving these standards.

Step 2

Introduce the good practice standards

2.1 Review and discuss the standards set out in **Part B: Good Practice Standards Checklist** to assess whether each standard has been met. If appropriate, use observation to see how each standard is being met – for example, observe the private space where survivors are examined or interviewed.

- If the standard has been met, tick 'Met'.
- If the standard has not been met, tick 'Not met'.
- If action is underway toward meeting the standard, tick 'Working toward'.

2.2 When this exercise has been completed, compile a list of the standards marked 'Not met' and 'Working toward,' and discuss strategies for achieving these standards.

2.3 Identify what steps will be taken and by whom to improve each area where the standard has not yet been met.

2.4 Agree on a time for reviewing progress toward meeting the standards.

Step 3

Review and document progress

3.1 At the agreed follow-up time, follow steps 1 and 2 above. Compare the new list of standards marked 'Not met' and 'Working toward' to the original list to measure changes and improvements in meeting the minimum standards.

3.2 Agree on a strategy and timeframe for addressing those standards still not met, and repeat step 3 until all standards are met.



Part B: Good Practice Standards Checklist

| Health sector good practice standards | Met | Working toward | Not met |
|--|-----------------------|-----------------------|-----------------------|
| Healthcare can be accessed without police involvement. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A safe and private environment is available for medical examination and treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health workers are trained on confidentiality. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Protocols for CMR for adult survivors are in place and followed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Protocols for CMR for child survivors are in place and followed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical examination and treatment is provided by trained staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Appropriate equipment and supplies, including drugs, for adult survivors are available. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Appropriate equipment and supplies, including drugs, for child survivors are available. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patients are referred for additional healthcare as needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Follow-up healthcare is provided. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health workers know how to give information and make referrals for protection, safety or psychosocial support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health services ¹ are available for survivors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sexual violence health data is collected and analysed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The community is aware of health services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

¹ Basic mental health services for survivors of sexual violence include crisis support provided by social workers and primary healthcare workers. Specialized mental health services may be necessary for survivors who require additional support to cope with severe mental disorders or suffering which prevents them from resuming normal activities. These specialized services include assessment and treatment by psychologists and psychiatrists.



Client Satisfaction Survey

Purpose: To help monitor the quality of survivor-centred health service delivery of sexual violence.

Part A: Information About Assessing Client Satisfaction

Part B: Sample Questionnaire

Part A: Information About Assessing Client Satisfaction¹

Overview of the survey

The client satisfaction questionnaire is a client exit survey designed to assess the level of satisfaction survivors of sexual violence feel with the health services they have received.

The survey aims to help healthcare services identify areas for improvement in their service provision and to monitor progress toward that improvement.

Before using the questionnaire, you will need to go through the survey with representatives from women's groups, children's groups and other organizations representing survivors to make sure the questions are appropriate for your context and to see if anything needs to be added.

The questionnaire is organized around five key areas in the provision of services to survivors of sexual violence: (1) accessibility of services, (2) confidentiality of services, (3) options available, (4) friendliness of staff and (5) friendliness of the centre/services.

How to use the survey

The questionnaire should be administered to clients after they have received healthcare services.

The questionnaire can be filled out by clients themselves (if they can read and write) or through an interview. Make sure you protect the client's privacy by providing a private space where survivors can fill out the form or be interviewed. Ensure to use interviewers who the community thinks are appropriate and who have not been involved in delivering services.

The exit survey can be implemented as a baseline to identify any areas that need strengthening in the provision of services. It should then be used to assess whether changes that have been made are leading to increased client satisfaction.

How to analyse the survey

A response of 'yes' indicates that a survivor is satisfied with the specific item, while a response of 'no' indicates dissatisfaction with that item. To calculate the percentage of satisfied clients for each question, count the total number of 'yes' responses, divide by the total number of responses, and multiply by 100 [% = (# of 'yes' responses ÷ # of total responses) x 100].

In addition to analysing the level of client satisfaction for each question, a percentage can be calculated for the average level of satisfaction in each of the five key areas, as well as an average for overall satisfaction with the services.

Questions with fewer than 80 per cent satisfied respondents indicate the need for improvement. Action should be taken with service providers and representatives from women's and children's groups to address these areas.

If more information is needed to understand why clients are not satisfied with an item or to elicit their suggestions for improving that area, focus groups and interviews can be conducted.

¹ Material adapted from: International Planned Parenthood Foundation, *Your Comments Count! Assessing the Youth-Friendliness of Services*, <https://www.ippfwhr.org/sites/default/files/Youth_friendly_EN.pdf>, accessed 6 March 2017.



Part B: Sample Questionnaire

Before we start, you need to know that this questionnaire is voluntary and confidential. You do not have to take this questionnaire, and your identity will never be revealed. Its purpose is to collect information about health services, to help make improvements in the quality of care that survivors of receive.

Facility:

Date:

Questionnaire administered by:

About you

If you are a client:

Sex

- Female
- Male

Age

- I am 15–19 years old
- I am 20–24 years old
- I am 25–49 years old
- I am 50 years or older

Or if you are a caregiver or guardian of a minor or someone in your care:

Sex of child/person in my care

- Female
- Male

Age of child/person in my care

- The child is 0–5 years old
- The child is 6–12 years old
- The child is 13–18 years old
- The person in my care is over 18 years old

1. Did you/your child receive health services?

- Yes – Continue the interview
- No – Do not continue the interview

2. Was the service easy to find?

- Yes No
- Not applicable

3. Did you have to pay for the service?

- Yes No
- Not applicable

4. Did you receive information about what services were available and what your options were?

- Yes No

5. Is this facility open at times you could attend (i.e., before and after school, in the evenings or on weekends)?

- Yes No



Part B: Sample Questionnaire (continued)

About the options

6. Was there a same-sex staff member to examine you or accompany you during the examination?

- Yes No

7. Could you choose to have a support person with you?

- Yes No
 Not applicable

8. Were you given enough information about the treatment you received?

- Yes No
 Not applicable

9. Were you referred to another place if a service could not be provided?

- Yes No
 Not applicable

About confidentiality

10. Could you get the help you needed without drawing unwanted attention to yourself?

- Yes No
 Not applicable

11. Did the staff respect confidentiality and privacy? Were they trustworthy?

- Yes No

12. Were you examined/interviewed in private without being overheard?

- Yes No
 Not applicable

About the staff

13. Was the staff friendly?

- Yes No
 Somewhat

14. Was the staff open-minded and non-judgemental?

- Yes No
 Somewhat

15. Did the staff use language you could understand?

- Yes No
 Somewhat

16. Did the staff let you express your problems and needs in your own words?

- Yes No

17. Would you recommend to a friend that they come here for healthcare if they have experienced sexual violence?

- Yes No

18. Was there anything that made it difficult for you to get medical care, or are there any improvements that you can suggest?



Health Service Monitoring Sheet

Purpose: To help monitor the quality of survivor-centred health service delivery for survivors.

| Section 1 – General information | | | | |
|---|--|-------------------------|-----------------------|-----------------------|
| Date of visit (DD/MM/YY) | | Name of monitor | | |
| Province/State | District | Sub-District | | |
| Town/Village/Camp | Neighbourhood | Name of health provider | | |
| Name of facility | Type of facility <input type="radio"/> Static health facility <input type="radio"/> Mobile health service | | | |
| Key informant information | | | | |
| Name | Sex M/F | Position/Role | Phone number | |
| | | | | |
| | | | | |
| Section 2 – Observation | | | Yes | No |
| The purpose of this section is to observe whether the health service meets standards | | | | |
| 1. Is there a quiet/private place where rape survivors can wait prior to being seen by a health worker? | | | <input type="radio"/> | <input type="radio"/> |
| 2. Is there a private room available for medical examination and treatment of sexual violence (SV) survivors? | | | <input type="radio"/> | <input type="radio"/> |
| 3. Are there written protocols for clinical management of adult SV survivors? | | | <input type="radio"/> | <input type="radio"/> |
| 4. Are there written protocols for clinical management of child SV survivors? | | | <input type="radio"/> | <input type="radio"/> |
| 5. Are there adequate equipment and supplies, including drugs, for treatment of adult survivors? | | | <input type="radio"/> | <input type="radio"/> |
| 6. Are there adequate equipment and supplies, including drugs, for treatment of child survivors? | | | <input type="radio"/> | <input type="radio"/> |



| Section 2 – Observation (continued) | | Yes | No |
|---|--|-----------------------|-----------------------|
| 7. Is sexual violence data collected and analysed? | | <input type="radio"/> | <input type="radio"/> |
| 8. Are patient records/case files stored securely? | | <input type="radio"/> | <input type="radio"/> |
| 9. Is patient consent sought for treatment and referral? | | <input type="radio"/> | <input type="radio"/> |
| 10. Is the facility a friendly and accessible environment for particularly at-risk populations, including people with disabilities, children born of rape, children recruited and used by armed groups, etc.? | | <input type="radio"/> | <input type="radio"/> |
| 11. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Section 3 – Review of records and key informant interviews | | Yes | No |
| Key informants for this section will most likely be health facility staff who are on site and implementing the GBV services. | | | |
| 1. Are health services free? | | <input type="radio"/> | <input type="radio"/> |
| 2. Can survivors access healthcare without first going to police or other authorities? | | <input type="radio"/> | <input type="radio"/> |
| 3. Are female health workers available to examine and treat rape survivors? | | <input type="radio"/> | <input type="radio"/> |
| 4. If female health workers are not available, is a trained female staff member (e.g., nurse) available to be present during an examination by a male health worker? | | <input type="radio"/> | <input type="radio"/> |
| 5. Are translators available for clients who speak other languages? | | <input type="radio"/> | <input type="radio"/> |
| 6. Are support persons allowed to accompany child survivors during examination? | | <input type="radio"/> | <input type="radio"/> |
| 7. Are support persons allowed to accompany adult survivors during examination? | | <input type="radio"/> | <input type="radio"/> |
| 8. Are support persons allowed to accompany survivors with disabilities if requested? | | <input type="radio"/> | <input type="radio"/> |
| 9. Are health workers trained on clinical management of rape? | | <input type="radio"/> | <input type="radio"/> |



| Section 3 – Review of records and key informant interviews (continued) | | Yes | No |
|--|--|-----------------------|-----------------------|
| 10. Are health workers trained to provide basic crisis support? | | <input type="radio"/> | <input type="radio"/> |
| 11. Are health workers trained to give information and make referrals for safety or psychosocial support if necessary? | | <input type="radio"/> | <input type="radio"/> |
| 12. Are health workers trained on survivor-centred principles of safety, confidentiality, self-determination and non-discrimination? | | <input type="radio"/> | <input type="radio"/> |
| 13. Is there a referral pathway and system in place? Are referrals made? | | <input type="radio"/> | <input type="radio"/> |
| 14. Are other health facility staff (e.g., nurses, administrative staff) trained on GBV? | | <input type="radio"/> | <input type="radio"/> |
| 15. Is ongoing training provided/planned? | | <input type="radio"/> | <input type="radio"/> |
| 16. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

17. Services offered and % of eligible clients receiving services

| Services | Yes | No | % of eligible child survivors receiving service in last month | % of eligible adult survivors receiving service in last month |
|--------------------------|-----------------------|-----------------------|---|---|
| Wound care | <input type="radio"/> | <input type="radio"/> | | |
| STI preventive treatment | <input type="radio"/> | <input type="radio"/> | | |
| STI treatment | <input type="radio"/> | <input type="radio"/> | | |
| Pregnancy testing | <input type="radio"/> | <input type="radio"/> | | |
| Emergency contraceptive | <input type="radio"/> | <input type="radio"/> | | |
| HIV PEP | <input type="radio"/> | <input type="radio"/> | | |



17. Services offered and % of eligible clients receiving services (continued)

| Services | Yes | No | % of eligible child survivors receiving service in last month | % of eligible adult survivors receiving service in last month |
|-----------------------------------|-----------------------|-----------------------|---|---|
| HIV VCT | <input type="radio"/> | <input type="radio"/> | | |
| Crisis support | <input type="radio"/> | <input type="radio"/> | | |
| Community outreach | <input type="radio"/> | <input type="radio"/> | | |
| Forensic health services | <input type="radio"/> | <input type="radio"/> | | |
| Mental health evaluation and care | <input type="radio"/> | <input type="radio"/> | | |

18. Equipment and supplies received

| Supplies | Date last received (if never received, put N/A) | Organization | If UNICEF, describe any issues with quality, relevance and/or use |
|--------------------------------|---|--------------|---|
| Medical equipment and supplies | | | |
| Drugs | | | |



Health Service Monitoring Sheet (continued)

19. Do referral pathways exist for the following services? **If yes**, # of referrals made in last month: _____

| Services | Yes | No | % of eligible child survivors referred in last month | % of eligible adult survivors referred in last month |
|--|-----------------------|-----------------------|--|--|
| Other healthcare (e.g., RH, fistula management) | <input type="radio"/> | <input type="radio"/> | | |
| Case management | <input type="radio"/> | <input type="radio"/> | | |
| Psychosocial assessment and support | <input type="radio"/> | <input type="radio"/> | | |
| Safety services | <input type="radio"/> | <input type="radio"/> | | |
| Other social welfare services (e.g., child protection) | <input type="radio"/> | <input type="radio"/> | | |
| Police | <input type="radio"/> | <input type="radio"/> | | |
| Legal services | <input type="radio"/> | <input type="radio"/> | | |
| Other | <input type="radio"/> | <input type="radio"/> | | |



Section 4 – End user monitoring: review of client satisfaction surveys and/or focus group discussions/key informant interviews

The purpose of this section is to obtain survivor and/or community feedback on health services and any improvements that should be made.

each should be with adolescent girls/younger women. Be sure to move to a quiet space for the discussions. Partner staff should not be present for the discussions to ensure participants can speak freely about the service.

Where client satisfaction surveys have been administered, review as many as possible to identify any trends in the responses. Document key strengths and concerns.

of interviews/discussions _____

When conducting interviews or focus group discussions, it is important to conduct at least three interviews or two group discussions based on the questions below. At least one of

| | Number | Age(s) | Sex of informant/ participants |
|---|--------|--------|--------------------------------|
| Individual informant or group 1 participant profile | | | |
| Individual informant or group 2 participant profile | | | |
| Individual informant or group 3 participant profile | | | |

Questions

1. Are community members aware of GBV services at the health facility?
2. Why do you think survivors access the health services?
3. Why do you think survivors *do not* access the health services?
4. Do you believe health workers provide non-judgemental and compassionate help for survivors?
5. Do you believe health workers keep survivors' details and information private and confidential?
6. Are there any individuals/families/groups within the community who would find it harder to use the health service if they were raped? *Probe specifically: age groups; religious/ethnic groups; children or women with disabilities; children/families away from centre of community; poorest families (who they are); displaced people vs. host families; LGBTI girls and women; etc.*
7. Do you have any ideas on how this could be addressed?
8. If you have seen information or awareness messages about healthcare for GBV, what are the main messages you recall?

Section 3

Strengthening Psychosocial Support for GBV Survivors in Emergencies



Psychosocial Response Audit Tool

Purpose: Use this tool to assess the status of psychosocial programming for GBV survivors during the relevant phase of emergency response, and to identify priority areas for action.

Psychosocial response audit rating

| (1= not met, 5= fully met) | 1 | 2 | 3 | 4 | 5 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Preparedness | | | | | |
| National social service and social protection policies and customary systems are reviewed against survivor-centred principles. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social service and community workers are trained in crisis care, case management and culturally appropriate psychosocial support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specialized mental health services are advocated for, including psychological or psychiatric evaluation, treatment and care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community education is delivered to promote help-seeking and promote community compassion and acceptance of GBV survivors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Safety and security risks associated with psychosocial care have been identified and addressed, including: | | | | | |
| <ul style="list-style-type: none"> Risks to psychosocial staff and volunteers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <ul style="list-style-type: none"> Risks to children, adolescents and women accessing psychosocial services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assessment and monitoring tools are suitable for use with: | | | | | |
| <ul style="list-style-type: none"> Adult women; and | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <ul style="list-style-type: none"> Adolescent girls. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychosocial staff and volunteers are trained on guiding principles for survivor-centred care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adequate time has been allocated for participation of adult women and adolescent girls in psychosocial programme assessment, design and monitoring. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immediate response | | | | | |
| Safe spaces are established for children and women to seek help and receive information, advocacy and referral for healthcare, safety options and meeting basic needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Psychosocial response audit rating (continued)

| (1 = not met, 5 = fully met) | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Immediate response (continued) | | | | | |
| Social workers and volunteers are trained in crisis support for survivors of recent sexual assault or other traumatic GBV incidents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Technical support is provided for establishment of inter-agency referral system to link survivors with health, safety and legal support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community sensitization on sexual violence consequences and services is delivered to promote help-seeking and promote community compassion and acceptance of those affected. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychosocial healing activities, such as traditional cleansing ceremonies, do not cause further harm to survivors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The needs of different groups of survivors are catered for, including children and adolescents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ongoing response and recovery | | | | | |
| Case management and supportive case work services are established to provide ongoing emotional, practical and problem-solving support, referral and advocacy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social and economic empowerment activities are delivered for survivors and other vulnerable children and women, including formal and non-formal education, livelihoods and social protection. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community education campaigns are conducted to reduce stigma attached to GBV and to promote social acceptance of and support for survivors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tailored psychosocial care services are developed for specific populations, such as women and their children born of rape, children recruited and used by armed groups, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relevant government and non-government mental health and social service partners have been involved in psychosocial programme assessment and design. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychosocial activities are of good quality and are appropriate to the context and culture. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychosocial services are well-coordinated with other services and assistance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychosocial workers receive supervision to monitor their practice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Participatory Psychosocial Service Assessment and Monitoring Tool

Purpose: To help assess and monitor practice standards for GBV psychosocial care service delivery.

Part A: Instructions provides guidance on how to assess and monitor whether services are meeting good practice standards for GBV psychosocial service delivery.

Part B: Good Practice Standards Checklist is a list of minimum standards that services are working toward.

Part A: Instructions

Step 1

Organize a meeting with all staff of the psychosocial service and with stakeholders from the community

1.1 The purpose of the meeting is to help staff identify areas of achievement and areas for improvement in order to meet good practice standards in survivor-centred service delivery, and/or to help them monitor progress toward achieving these standards.

Step 2

Introduce the good practice standards

2.1 Review and discuss the standards set out in **Part B: Good Practice Standards Checklist** to assess whether each standard has been met. If appropriate, use observation to see how each standard is being met – for example, observe the private space where survivors are examined or interviewed.

- If the standard has been met, tick 'Met'.
- If the standard has not been met, tick 'Not met'.
- If action is underway toward meeting the standard, tick 'Working toward'.

2.2 When this exercise has been completed, compile a list of the standards marked 'Not met' and 'Working toward,' and discuss strategies for achieving these standards.

2.3 Identify what steps will be taken and by whom to improve each area where the standard has not yet been met.

2.4 Agree on a time for reviewing progress toward meeting the standards.

Step 3

Review and document progress

3.1 At the agreed follow-up time, follow steps 1 and 2 above and compare the new list of standards marked 'Not met' and 'Working toward' to the original list to measure changes and improvements in meeting the minimum standards.

3.2 Agree on a strategy and timeframe for addressing those standards still not met, and repeat step 3 until all standards are met.



Part B: Good Practice Standards Checklist

| Psychosocial care and support sector good practice standards | Met | Working toward | Not met |
|--|-----------------------|-----------------------|-----------------------|
| Staff/volunteers are trained on confidentiality. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trained staff/volunteers can provide relevant information and referral for healthcare, police and safety options to people seeking help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trained staff/volunteers can provide basic crisis support to individuals and families. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trained staff/volunteers can provide case management for survivors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resources are available to meet immediate basic needs (e.g., clothing and food). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Short-term safety options are available in the community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trained staff/volunteers are available to provide information and education to families of survivors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Group activities are available for peer support, community reintegration and promoting economic empowerment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Traditional healing or cleansing practices are used that survivors perceive as helpful in their recovery and that promote the human rights of survivors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community outreach and education about sexual violence and other forms of GBV take place. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The community is aware of the existence of support services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Client Satisfaction Survey

Purpose: To monitor the quality of psychosocial service delivery for GBV survivors.

Part A: Information About Assessing Client Satisfaction

Part B: Sample Questionnaire

Part A: Information About Assessing Client Satisfaction¹

Overview of the survey

The client satisfaction questionnaire is a client exit survey designed to assess the level of satisfaction survivors feel with the psychosocial services they have received.

The survey aims to help identify areas for improvement in their service provision to GBV survivors and to monitor progress toward that improvement.

Before using the questionnaire, you will need to go through the survey with representatives from women's groups, children's groups and organizations representing survivors to make sure the questions are appropriate for your context and to see if anything needs to be added

The questionnaire is organized around five key areas in the provision of services to survivors: (1) accessibility of services, (2) confidentiality of services, (3) options available, (4) friendliness of staff and (5) friendliness of the centre/services.

How to use the survey

The questionnaire should be administered to clients after they have received services.

The questionnaire can be filled out by clients themselves (if they are able to read and write) or through an interview. Make sure you protect the client's privacy by providing a private space where survivors can fill out the form or be interviewed. Ensure to use interviewers who the community thinks are appropriate and who have not been involved in delivering services.

The exit survey can be implemented as a baseline to identify any areas that need strengthening in the provision of services. It should then be used to assess whether changes that have been made are leading to increased client satisfaction.

How to analyse the survey

A response of 'yes' indicates that a survivor is satisfied with the specific item, while a response of 'no' indicates dissatisfaction with that item. To calculate the percentage of satisfied clients for each question, count the total number of 'yes' responses, divide by the total number of responses and multiply by 100 [% = (# of 'yes' responses ÷ # of total responses) * 100].

In addition to analysing the level of client satisfaction for each question, a percentage can be calculated for the average level of satisfaction in each of the five key areas, as well as an average for overall satisfaction with the services.

Questions with fewer than 80 per cent satisfied respondents indicate the need for improvement. Action should be taken with service providers and representatives from women's and children's groups to address these areas.

If more information is needed to understand why clients are not satisfied with an item or to elicit their suggestions for improving that area, focus groups and interviews can be conducted.

¹ Material adapted from: International Planned Parenthood Foundation, *Your Comments Count! Assessing the Youth-Friendliness of Services*, <https://www.ippfwhr.org/sites/default/files/Youth_friendly_EN.pdf>, accessed 6 March 2017.



Part B: Sample Questionnaire

Before we start, you need to know that this questionnaire is voluntary and confidential. You do not have to take this questionnaire, and your identity will never be revealed. Its purpose is to collect information about psychosocial services in order to help make improvements in the quality of care that survivors receive.

Service:

Date:

Questionnaire administered by:

About you

If you are a client:

Sex

- Female
- Male

Age

- I am 15–19 years old
- I am 20–24 years old
- I am 25–49 years old
- I am 50 years or older

Or if you are a caregiver or guardian of a minor or someone in your care:

Sex of child/person in my care

- Female
- Male

Age of child/person in my care

- The child is 0–5 years old
- The child is 6–12 years old
- The child is 13–18 years old
- The person in my care is over 18 years old

1. Did you/your child receive help today?

- Yes – Continue the interview
- No – Do not continue the interview

2. Was the service easy to find?

- Yes No
- Not applicable

3. Did you have to pay for the service?

- Yes No
- Not applicable

4. Did you receive information about what services were available and what your options were?

- Yes No

5. Is this facility open at times you could attend (i.e., before and after school, in the evenings or on weekends)?

- Yes No



Part B: Sample Questionnaire (continued)

About the options

6. Was there a same-sex staff to help you?

Yes No

7. Could you choose to have a support person with you?

Yes No
 Not applicable

8. Were you given enough information about what your options were?

Yes No

9. Were you referred to another place if a service could not be provided here?

Yes No
 Not applicable

About confidentiality

10. Could you get the help you needed without drawing unwanted attention to yourself?

Yes No
 Not applicable

11. Did the staff respect confidentiality and privacy? Were they trustworthy?

Yes No

12. Were you examined/interviewed in private without being overheard?

Yes No
 Not applicable

About the staff

13. Was the staff friendly?

Yes No
 Somewhat

14. Was the staff open-minded and non-judgemental?

Yes No
 Somewhat

15. Did the staff use language you could understand?

Yes No
 Somewhat

16. Did the staff let you express your problems and needs in your own words?

Yes No

17. Would you recommend to a friend that they come here for help if they have experienced GBV?

Yes No

18. Are there any improvements that you can suggest?



Psychosocial Service Monitoring Sheet

Purpose: To help monitor the quality of psychosocial service delivery for GBV survivors.

| Section 1 – General information | | | | |
|--|--|-----------------|-----------------------|-----------------------|
| Date of visit (DD/MM/YY) | | Name of monitor | | |
| Province/State | District | | Sub-District | |
| Town/Village/Camp | | Neighbourhood | | |
| Agency/Organization | Type of facility | | | |
| | <input type="radio"/> Static/fixed PSS service/centre <input type="radio"/> Mobile PSS service | | | |
| Key informant information | | | | |
| Name | Sex M/F | Position/Role | Phone number | |
| | | | | |
| | | | | |
| Section 2 – Observation | | | Yes | No |
| The purpose of this section is to observe whether the service meets standards. | | | | |
| 1. Is there a quiet/private place where GBV survivors can wait prior to being seen by a case/support worker? | | | <input type="radio"/> | <input type="radio"/> |
| 2. Is there a private room/space available for interviews/meetings with GBV survivors? | | | <input type="radio"/> | <input type="radio"/> |
| 3. Are resources available to meet immediate basic needs of GBV survivors (e.g., clothing and food)? | | | <input type="radio"/> | <input type="radio"/> |
| 4. Are resources available for implementing case management services? | | | <input type="radio"/> | <input type="radio"/> |
| 5. Are there adequate and appropriate supplies for community outreach and education? | | | <input type="radio"/> | <input type="radio"/> |



| Section 2 – Observation (continued) | Yes | No |
|--|-----------------------|-----------------------|
| 6. Are there adequate and appropriate equipment and supplies for running identified support activities (e.g., peer-support groups for adolescent survivors)? | <input type="radio"/> | <input type="radio"/> |
| 7. Is GBV data collected and analysed? | <input type="radio"/> | <input type="radio"/> |
| 8. Are GBV client records stored securely? | <input type="radio"/> | <input type="radio"/> |
| 9. Is client consent sought for service provision and referral? | <input type="radio"/> | <input type="radio"/> |
| 10. Is the service friendly and accessible for adolescent girls? | <input type="radio"/> | <input type="radio"/> |
| 11. Is the service friendly and accessible for other marginalized groups (e.g., children born of rape, children recruited and used by armed groups, etc.)? | <input type="radio"/> | <input type="radio"/> |
| 12. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions: <hr/> <hr/> <hr/> | | |
| Section 3 – Review of records and key informant interviews | Yes | No |
| Key informants for this section will most likely be NGO partner staff who are on site and implementing the psychosocial support services. | | |
| 1. Are staff/volunteers trained on a survivor-centred approach and principles? | <input type="radio"/> | <input type="radio"/> |
| 2. Are female staff/volunteers available to interview/work with GBV survivors? | <input type="radio"/> | <input type="radio"/> |
| 3. Are staff/volunteers trained to interview/work with adult survivors? | <input type="radio"/> | <input type="radio"/> |
| 4. Are staff/volunteers trained to interview/work with child survivors? | <input type="radio"/> | <input type="radio"/> |
| 5. Are translators available and trained for clients who speak other languages? | <input type="radio"/> | <input type="radio"/> |
| 6. Are support persons allowed to be present during interviews with survivors? | <input type="radio"/> | <input type="radio"/> |
| 7. Are parents/carers allowed to accompany survivors with disabilities if requested? | <input type="radio"/> | <input type="radio"/> |
| 8. Are staff/volunteers trained to provide basic crisis support? | <input type="radio"/> | <input type="radio"/> |



| Section 3 – Review of records and key informant interviews (continued) | Yes | No |
|--|-----------------------|-----------------------|
| 9. Are staff/volunteers trained on giving information about GBV and making referrals for healthcare and immediate safety? | <input type="radio"/> | <input type="radio"/> |
| 10. Is there a referral pathway and system in place? | <input type="radio"/> | <input type="radio"/> |
| 11. Are staff/volunteers trained on case management? | <input type="radio"/> | <input type="radio"/> |
| 12. Are staff/volunteers trained on providing information, education and support to caregivers of child survivors? | <input type="radio"/> | <input type="radio"/> |
| 13. Are appropriate group activities offered (e.g., peer support, community reintegration, etc.)? | <input type="radio"/> | <input type="radio"/> |
| 14. Does the service provide community outreach and education about GBV and available supports? | <input type="radio"/> | <input type="radio"/> |
| 15. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions: <hr/> <hr/> <hr/> | | |

16. Services offered and % of eligible clients receiving services

| Services | Yes | No | % of eligible child survivors receiving service in last month | % of eligible adult survivors receiving service in last month |
|---|-----------------------|-----------------------|---|---|
| Material assistance | <input type="radio"/> | <input type="radio"/> | | |
| Crisis support | <input type="radio"/> | <input type="radio"/> | | |
| Other psychological services/ interventions | <input type="radio"/> | <input type="radio"/> | | |
| Information and referral | <input type="radio"/> | <input type="radio"/> | | |
| Case management | <input type="radio"/> | <input type="radio"/> | | |
| Family education and outreach | <input type="radio"/> | <input type="radio"/> | | |



16. Services offered and % of eligible clients receiving services (continued)

| Services | Yes | No | % of eligible child survivors receiving service in last month | % of eligible adult survivors receiving service in last month |
|---------------------------------------|-----------------------|-----------------------|---|---|
| Peer/social support activities | <input type="radio"/> | <input type="radio"/> | | |
| Economic support activities | <input type="radio"/> | <input type="radio"/> | | |
| Other psychosocial support activities | <input type="radio"/> | <input type="radio"/> | | |

17. Equipment and supplies received

| Supplies | Date last received (if never received, put N/A) | Organization | If UNICEF, describe any issues with quality, relevance and/or use |
|----------|---|--------------|---|
| | | | |

18. Do referral pathways exist for the following services? **If yes**, # of referrals made in last month: _____

| Services | Yes | No | % of eligible child survivors referred in last month | % of eligible adult survivors referred in last month |
|--|-----------------------|-----------------------|--|--|
| Post-rape medical examination and treatment | <input type="radio"/> | <input type="radio"/> | | |
| Other medical care (e.g., RH, fistula repair) | <input type="radio"/> | <input type="radio"/> | | |
| Safety services | <input type="radio"/> | <input type="radio"/> | | |
| Other social services (e.g., child protection) | <input type="radio"/> | <input type="radio"/> | | |
| Police | <input type="radio"/> | <input type="radio"/> | | |
| Legal services | <input type="radio"/> | <input type="radio"/> | | |
| Other | <input type="radio"/> | <input type="radio"/> | | |



Section 4 – End user monitoring: review of client satisfaction surveys and/or focus group discussions/key informant interviews

The purpose of this section is to obtain survivor and/or community feedback on psychosocial support services and any improvements that should be made.

Where client satisfaction surveys have been administered, review as many as possible to identify any trends in the responses. Document key strengths and concerns.

When conducting interviews or focus group discussions, it is important to conduct at least three interviews or two group

discussions based on the questions below. At least one of each should be with adolescent girls/younger women. Be sure to move to a quieter space for the discussions. Partner staff should not be present for the discussions to ensure participants can speak freely about the service.

of interviews/discussions _____

| | Number | Age(s) | Sex of informant/ participants |
|---|--------|--------|--------------------------------|
| Individual informant or group 1 participant profile | | | |
| Individual informant or group 2 participant profile | | | |
| Individual informant or group 3 participant profile | | | |

Questions

1. Why do you think GBV survivors access psychosocial support at this service?
2. Why do you think GBV survivors do not access psychosocial support at this service?
3. Do you believe support workers/volunteers at the service provide non-judgemental and compassionate help for GBV survivors?
4. Do you believe support workers/volunteers at the service keep details and information private and confidential?
5. Are there any individuals/families/groups within the community who would find it harder to use the GBV psychosocial support service? *Probe specifically: age groups; religious/ethnic groups; children or women with disabilities; children/families away from centre of community; poorest families (who are they); displaced people vs. host families; etc.*
6. Do you have any ideas on how this could be addressed?
7. If you have seen information or awareness messages about GBV support services, what are the main messages you recall?

Improving GBV Survivor Safety in Emergencies



GBV Survivor Safety Response Audit Tool

Purpose: Use this tool to assess the status of safety response programming for GBV survivors during the relevant phase of emergency response and to identify priority areas for safety programming .

Safety response audit rating

| (1= not met, 5= fully met) | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Preparedness | | | | | |
| National legislative and policy provisions are reviewed for safety and protection of at-risk child and adult survivors and their children, including criteria for placement of children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Existing safety and protection services and practices for children and women at risk of harm are identified, assessed and capacitated in line with good practice standards. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Development of national standards for safety services for child and adult survivors of GBV and their children is supported. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Safety and security risks associated with safety and shelter services have been identified and addressed, including: <ul style="list-style-type: none">• Risks to staff and volunteers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <ul style="list-style-type: none">• Risks to children, adolescents and women accessing safety services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adequate time and space has been allocated for participation of adult women and adolescent girls in safety service assessment, design and monitoring. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assessment and monitoring tools are suitable for use with: <ul style="list-style-type: none">• Adult women; and | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <ul style="list-style-type: none">• Adolescent girls. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relevant government and non-government partners have been involved in safety service assessment and design. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Case work and safe house staff and volunteers are trained on guiding principles for survivor-centred care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Safety response audit rating (continued)

| (1= not met, 5= fully met) | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Immediate response | | | | | |
| Community-based actors are funded and trained to provide case management services and emergency accommodation for at-risk GBV survivors and their children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Technical support is provided for development of safe shelter guidelines for child and adult survivors of GBV and their children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Funding and technical support is provided for training and supervision of case workers and shelter workers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ongoing response and recovery | | | | | |
| Funding and technical support is provided for training and supervision of case workers and shelter workers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Technical, management and functional capacity of national government and/ or non-government partners to manage safe shelters is built and supported. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training on case management for GBV survivors is provided for social workers, community and child protection workers and volunteers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Survivor-centred care | | | | | |
| Safety services are of good quality and appropriate to the context and culture. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Safety services are well-coordinated with other services and assistance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Case work and safe house staff and volunteers are trained on guiding principles of survivor-centred care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Safety needs of different groups of survivors are catered for, including children and adolescents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Case workers and safe house staff and volunteers receive supervision to monitor their practice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Safe Shelter Policy and Procedures Template

Purpose: To provide guidance on developing a policies and procedures manual for safe shelters.

Part A: Guidance

Part B: Sample Manual Outline

Part A: Guidance

What is a policies and procedures manual?

A *policy* is a guideline for action, and a *procedure* explains how the policy is put into practice. It is best to have policies and procedures agreed upon and written down so that management, staff and clients know what is expected, what to do and how to do it. This helps to minimize confusion and promote consistency in programming. A **shelter/safe house policy and procedures manual** details all of the policies and procedures for managing the service's operations. Having clear, agreed upon and written guidelines on service management and administration, safety and security, staffing, and service delivery helps to ensure consistent practice across the organization.

All staff should be familiar with policies and procedures and have access to a copy of the manual for consultation at all times. Staff should have initial training during induction; however, they will also require regular refresher trainings, particularly when policies and procedures are updated. Clients should be aware of the sections relevant to them.

Process for developing policies and procedures

Policies and procedures for shelter services should be developed in consultation with staff and survivor representatives. Where a service is already established, existing or past clients should be involved in shaping policies and procedures.

If a service is managed by a government agency or an NGO, the agency's human resources and financial management policies – such as staff recruitment, performance management, employment conditions, budgeting, accounting, etc. – should be used in the manual. However, in situations where a service is being set up and managed by an organization with no existing relevant policies, such as a women's group or community-based organization, clear policies on all of these issues will need to be developed. Where possible, human resource policies should be aligned with similar services in the community.

Don't forget to consider national legislation and policies, where appropriate. For example, services need to consider their responsibilities under labour laws, child protection laws and mandatory reporting laws.

This template offers a suggested framework for developing a policy and procedures manual for a shelter or safe house service. Not all sections may be relevant, and additional sections or information may be included.

In many cases, services may not have the time to develop comprehensive protocols immediately following a rapid-onset disaster. However, existing safe houses/shelter services could use this template to revise their policies and procedures during emergency preparedness or during ongoing response.



Part A: Guidance (continued)

Step 1

Use the template to create an outline of all of the policies and procedures to be included in the manual. Make sure all of the roles, responsibilities and tasks involved in managing the service and in service delivery are covered. Consult with staff and survivor representatives to ask if there is anything missing.

Step 2

Write an introduction that speaks directly to the people who will use the manual. Include a brief description of what is in the manual and the best way to use the manual.

Step 3

Delegate a senior person – or work as a team – to write a statement or description for each policy area and the details for each step. Make sure each step is clear and concise, while providing enough detail that anyone can follow the instructions.

Step 4

Consult with various relevant stakeholders on each section of the manual. It is helpful to hold a workshop or meeting with stakeholders where possible. Stakeholders will provide valuable feedback on whether the policies and procedures are clear and what, if anything, is missing.

Step 5

Revise the manual based on the feedback.

Step 6

Put all of the documents together in a binder or bound format with a table of contents, an introduction, policies and procedures, and all relevant forms. Make enough copies available for staff and volunteers.

Step 7

Decide the timeline for reviewing and updating policies and procedures. Annual reviews are recommended.



Part B: Sample Manual Outline

Sample shelter policy and procedures manual

The policies and procedures in this manual template have been separated into four sections:

1. Service management and administration
2. Safety and security
3. Staff management
4. Service delivery

1. Service management and administration

1.1 Service philosophy and mission statement

Describe the philosophy and purpose of the service.

1.2 Service objectives

Write clear objectives for the service.

1.3 Principles

List and describe the principles that underpin the service and service delivery, including:

- Confidentiality;
- Safety;
- Dignity and self-determination;
- Non-discrimination;
- Best interests of the child, including participation in decision-making; and
- Other relevant principles.

1.4 Target group

Describe clearly who can use the service/stay at the shelter, including:

- Age and demographic characteristics – e.g., single adult women, women and their children, married or unmarried adolescent girls, unaccompanied girls, etc.;
- Survivors of which forms of GBV – e.g., sexual assault, trafficking for sexual exploitation, intimate partner violence or other forms of domestic violence, girls escaping forced marriage, adolescents abandoned by their husbands and families, etc.; and/or
- Other.

1.5 Service access and priority

Describe how clients will be prioritized for services if there is a higher demand than capacity. For example, are there groups of clients with special needs (such as those from different cultural and linguistic backgrounds, clients with disabilities who will have priority access, etc.)?

Describe the process for referring clients to other services in situations where they cannot be accommodated, due to either not fitting the criteria or limited capacity.

1.6 Length of stay

Describe the length of time clients can remain at the shelter. For example:

- Emergency accommodation – 1 to 14 days
- Short-term accommodation – 2 weeks to 3 months
- Medium-term accommodation – 3 months to 6 months
- Long-term accommodation – 6 months plus

1.7 Services provided

Describe in detail what services are provided to which age groups – for example, accommodation; food; clothing and other non-food items (NFIs); safety planning; case management; counselling; referral; attendance and advocacy with health, legal, security and social welfare services; peer support groups; child care; economic and employment activities; formal and non-formal education; life skills; etc.

1.8 Governance structure

Provide details on how the service fits and is managed within a wider government or non-government agency. If it is an independent entity, provide details on the governance arrangements, such as management committee roles and responsibilities, finance management, legal compliance, planning, staff management, etc. Outline provisions for client representation within the governance structure, as well as complaints mechanisms for clients and staff for governance-related issues.



Part B: Sample Manual Outline (continued)

1.9 Staff structure

Provide a description of the staffing structure – use an organogram where possible to show staff relationships and reporting lines.

1.10 Document management

- Policy and procedures review and updating process
- Confidential and secure storage of client information
- Staff records
- Financial information
- Other administrative information

1.11 Rules and routines

List the shelter/safe house rules and what happens if clients do not abide by them. Rules should promote safety and empowerment of clients and staff. Rules might cover:

- The way clients are expected to behave toward other clients and staff;
- Upkeep, maintenance and use of facilities;

- Whether or not family and friends can visit and under what conditions;
- Responsibilities for caring for children; and
- Cleaning, cooking and any other routines at the safe house/shelter.

1.12 Coordination with other actors

Describe coordination arrangements with other relevant GBV response actors, including government and non-government health, psychosocial and social welfare agencies; security and law enforcement; education actors; and camp management, where relevant.

Describe coordination arrangements with other shelter/safe house/emergency accommodation services. In addition to meeting regularly, what are the processes for referral between services?

Note: *This section does not cover coordination on individual cases – see 4. Service delivery for information on case coordination.*

2. Safety and security

2.1 Client and staff security

Describe all possible security threats to clients and staff at the shelter, as well as in the community. Detail protocols for staff and clients to prevent and respond to each identified threat. Consider threats from perpetrators, their supporters, family members, community members and survivors who self-harm. The specific security protocols will depend on the type of threat. Provide information on whether clients and staff are expected to keep the safe house location confidential. In some settings, it is almost impossible to keep the location of a safe house secret; however, in other settings, such as urban areas, it is possible and can be an important security measure for certain clients. In other settings, it may be the community that is providing security to the safe house, and therefore the community is very involved in selecting the location. The policy on whether the location of the safe house is publicized or not must be made in consultation with staff, survivor representatives and community representatives.

Include details of preventative security measures and building security, such as locks on doors and windows, fencing, watchmen, security guards, security patrols by police or community, etc. Include relationships with neighbours, who may help by reporting security concerns.

2.2 Managing critical incidents

Describe what action to take in the event of a security incident or breach, such as a break-in, verbal abuse, serious threat of harm to client or staff, assault, etc. Include contact details wherever possible. Describe the process for keeping a record of the incident.

2.3 Health and safety

Describe policies and procedures for managing the health and safety of clients and staff/volunteers, covering the following:

- General health and hygiene;
- Hand-washing;
- First aid and medical emergencies;
- Universal infection control and managing blood and body fluids;
- Accidents affecting staff;
- Accidents affecting clients;
- Safety of infants; and
- Other health and safety protocols.



Part B: Sample Manual Outline (continued)

2. Safety and security (continued)

2.4 Reporting safety and security problems

Describe the process for reporting incidents of violence, abuse or exploitation taking place against

clients or staff in or outside of the shelter. Provide clear guidance on how and when staff volunteers and clients can report incidents.

3. Staff/volunteer management

3.1 Staff/volunteer recruitment policy and procedures

Describe policies and processes for recruiting staff and volunteers. Where relevant, this must be in line with organizational processes and local labour laws and policies.

- Safety and security protocols;
- Managing difficult situations;
- Case management;
- Working with children; and
- Needs of different at-risk groups.

3.2 Staff/volunteer remuneration and conditions

Describe policy and procedures for wages for staff or for reimbursing costs incurred by volunteers, where relevant. Describe relevant employment conditions, including hours of work and leave entitlements, in line with organizational and national labour laws and policies, where relevant.

Describe how ongoing training and staff development will be provided; for example, consider on-the-job training and mentoring as well as classroom-style training.

3.3 Position descriptions

Insert staff and volunteer position descriptions.

3.7 Staff supervision

Describe how staff will be formally supervised and who will supervise them. Include different types of supervision, such as one-on-one supervision sessions with a supervisor, group supervision in team meetings, etc. Be clear about the responsibilities of all parties and the purpose of different forms of supervision (e.g., for support on complex cases, staff well-being and staff development).

3.4 Code of behaviour for staff/volunteers

Insert code of behaviour for staff/volunteers, and describe the process of training and staff agreement. Make sure to include prohibitions on violence, exploitation and abuse.

Describe action taken when the code of behaviour is breached.

3.8 Staff support

Describe additional action beyond supervision for providing staff support for stress management and emotional and psychological support – for example, peer support groups, social groups, work sports or other team-based recreational activities.

3.5 Orienting new staff/volunteers

Describe the process for orienting new staff and volunteers to the organization's policies and procedures.

3.9 Exit procedures

Describe procedures for staff exit interviews, and attach exit interview form.

3.6 Staff training and development

Describe minimum initial training staff/volunteers require and how it will be delivered. For example, staff should have initial training to ensure they have relevant knowledge and competencies in:

- Understanding GBV;
- Consequences of GBV;

4. Service delivery

4.1 Rights and responsibilities of clients

Clearly explain the rights and responsibilities of clients. Some examples include:

- *You have the right to participate in decisions that affect you. You are responsible for your own decisions.*

- *You have the right to information about the rules and services. You are responsible to follow the rules.*
- *You have the right to privacy and confidentiality. You have a responsibility to respect the privacy and confidentiality of others.*



Part B: Sample Manual Outline (continued)

4. Service delivery (continued)

- *You have the right to dignity and respect. You have the responsibility to respect staff and other clients in the safe house/shelter.*
- *You have the right to be free from physical, sexual and emotional violence. You have the responsibility to help make the shelter a safe place for others.*

Describe how clients will be made aware of these rights and responsibilities.

4.2 Referral

Describe the process for receiving referrals. For example, will referrals only be accepted from particular agencies? Are self-referrals accepted?

4.3 Intake and assessment

Describe the intake and assessment processes, and attach relevant forms.

4.4 Case management and service provision

Describe case management roles and responsibilities, making sure to clarify who has primary responsibility for case management when there are other organizations involved with a client (for example, a GBV or CP programme run by an NGO, a government child protection worker, etc.).

In situations where shelter staff/volunteers have responsibility for case management, detail the following and attach relevant forms:

- Developing a case plan or support plan;
- Case plan/support plan review;
- Coordination, referral and advocacy with other services;

- Role of shelter staff in liaising with clients' family;
- Exit planning;
- Aftercare and safety planning; and
- Termination of involvement.

Make sure the different processes are documented for adult women with and without children, as well as for adolescent girls under age 18 accompanied by their children, adolescent girls without children, younger unaccompanied girls, etc.

4.5 Working with young people and children

Include all relevant additional information about the service's role with children, including children who are unaccompanied and children of clients. Clarify issues such as:

- Child protection responsibilities and protocols;
- Mandatory reporting and other statutory child protection obligations;
- Relationship with child protection/welfare committees, government child protection agencies, etc.;
- Children's access to education while at the shelter;
- Family liaisons; and
- Children's specific psychosocial needs and the role of shelter workers related to these needs.

4.6 Client complaints

Document the process for making and addressing client complaints.

Forms

1. Service management and administration

- Relevant employment/volunteer contract forms
- Visitor form
- Accident/incident form, including theft/fraud

2. Safety and security

- Security/critical incident report and follow-up form

3. Staff/volunteer management

- Relevant staff employment contracts
- Staff code of behaviour with signature form
- Staff training log

- Supervision checklist
- Staff exit questionnaire

4. Service delivery

- Intake and assessment forms
- Case plan form
- Case notes form
- Consent for release of information form
- Referral form
- Client complaint form
- Client exit questionnaire



Sample Shelter Worker Job Description

Purpose: To assist in the development of job descriptions for shelter workers.

Purpose of the position

Support workers ensure that culturally appropriate, effective services are provided to all clients living in the shelter.

In line with good practice principles for working with survivors of GBV, shelter support workers will:

- Ensure the safety of clients and other workers is maintained at all times;
- Promote and protect survivor-centred principles, beliefs and practices in all actions; and
- Ensure that shelter policy and procedures are followed at all times.

Duties

Service delivery

- Provide practical and emotional support to all clients and their children.
- Assist clients to identify their needs and goals and to develop/implement a case plan.
- Assist clients in achieving their goals, monitoring progress and reviewing case plans.
- Provide clients with information about and referrals to relevant agencies and services.
- Act as an advocate on behalf of clients with other services and stakeholders.
- Coordinate and facilitate group activities/support.
- Ensure smooth day-to-day running of the shelter.

Non-service delivery

- Maintain accurate records in relation to all aspects of the service, including case management plans.
- Represent the shelter positively at inter-agency/multidisciplinary forums as required, and liaise with other agencies.
- Participate in community education and awareness-raising.
- Attend and actively participate in regular staff meetings, supervision, training and staff development.
- Provide verbal and written reports as required.
- Maintain confidentiality and adhere to the shelter code of conduct at all times.
- Monitor stress and personal needs, and implement strategies to reduce stress.
- Actively participate in the maintenance of the shelter work environment, including administrative and physical aspects.



GBV Safety Service Monitoring Sheet

Purpose: To help monitor the quality of safety services for GBV survivors.

| Section 1 – General information | | | | |
|---|-----------------------|---|-----------------------|-----------------------|
| Date of visit (DD/MM/YY) | | Name of monitor | | |
| Province/State | District/Sub-District | Agency/Organization | | |
| Type of Service <input type="radio"/> Community-based (e.g., family/kinship placement or community protection model) <input type="radio"/> Alternative accommodation model (e.g., accommodation in other facility) <ul style="list-style-type: none"> <input type="radio"/> Safe house/shelter <input type="radio"/> Other alternative accommodation model (Describe) _____ _____ | | <input type="radio"/> Short-term (0–4 weeks) <input type="radio"/> Medium-term (1–6 months) <input type="radio"/> Long-term (6 months+) | | |
| Key informant information | | | | |
| Name | Sex M/F | Position/Role | Phone number | |
| | | | | |
| | | | | |
| Section 2 – Observation ¹ | | | Yes | No |
| The purpose of this section is to observe whether the shelter/other safety service meets standards | | | | |
| 1. Are the living and sanitation facilities adequate (e.g., private, clean and secure)? | | | <input type="radio"/> | <input type="radio"/> |
| 2. Does the shelter have essential equipment and supplies for meeting the basic needs of women and their children (e.g., food, clean water, material supplies for basic needs such as maintaining hygiene, toys for children, etc.)? | | | <input type="radio"/> | <input type="radio"/> |

¹ Note: It may not be appropriate to visit some shelters, especially if the location is not publicly known and the presence of UNICEF staff would draw attention to the facility. In such circumstances, observation will not be possible, and monitoring will need to focus on interviewing staff and volunteers involved in running/managing the service off-site.



| Section 2 – Observation (continued) | | Yes | No |
|---|---|-----------------------|-----------------------|
| 3. | Are there clear security protocols in place for managing client and staff safety? | <input type="radio"/> | <input type="radio"/> |
| 4. | Are there protocols in place for case management outlining roles and responsibilities of shelter/ safe house staff? | <input type="radio"/> | <input type="radio"/> |
| 5. | Are client records stored securely? | <input type="radio"/> | <input type="radio"/> |
| 6. | Is client consent sought for referral? | <input type="radio"/> | <input type="radio"/> |
| 7. | Is the facility appropriate for babies, infants and older children accompanying their mothers? | <input type="radio"/> | <input type="radio"/> |
| 8. | Is the facility friendly and accessible for adolescent girls? | <input type="radio"/> | <input type="radio"/> |
| 9. | Is the facility friendly and accessible for other marginalized groups, such as children born of rape, girls recruited and used by armed groups, etc.? | <input type="radio"/> | <input type="radio"/> |
| 10. | Use this space to note additional relevant information or issues requiring follow-up regarding the above questions: _____ | | |
| | | | |
| | | | |
| Section 3 – Review of records and key informant interviews | | Yes | No |
| Key informants for this section will most likely be NGO partner staff managing the safety service. | | | |
| 1. | Does the shelter have essential equipment and supplies for meeting the basic needs of women and their children (e.g., food, clean water, maintaining hygiene, toys for children, etc.)? | <input type="radio"/> | <input type="radio"/> |
| 2. | Are there clear security protocols in place for managing client and staff safety? | <input type="radio"/> | <input type="radio"/> |
| 3. | Are there safety/security concerns at the shelter? | <input type="radio"/> | <input type="radio"/> |
| 4. | Are there clear guidelines for how long clients can stay? | <input type="radio"/> | <input type="radio"/> |
| 5. | Are there clear guidelines and processes for monitoring and responding to the needs of child survivors, including issues such as family contact and access to education? | <input type="radio"/> | <input type="radio"/> |
| 6. | Are staff/volunteers trained on GBV, including survivor-centred principles? | <input type="radio"/> | <input type="radio"/> |
| 7. | Are staff/volunteers trained to work with adult survivors? | <input type="radio"/> | <input type="radio"/> |



| Section 3 – Review of records and key informant interviews (continued) | | Yes | No |
|--|-----------------------|-----------------------|----|
| 8. Are staff/volunteers trained to work with child survivors? | <input type="radio"/> | <input type="radio"/> | |
| 9. Are staff/volunteers provided with ongoing supervision/support? | <input type="radio"/> | <input type="radio"/> | |
| 10. Do clients have access to case management? | <input type="radio"/> | <input type="radio"/> | |
| 11. Are the clients' circumstances and needs regularly reviewed? | <input type="radio"/> | <input type="radio"/> | |
| 12. Is there a referral pathway and system in place? | <input type="radio"/> | <input type="radio"/> | |
| 13. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions: <hr/> <hr/> <hr/> | | | |

14. Services offered and % of eligible clients receiving services

| Services | Yes | No | % of eligible child survivors receiving service in last month | % of eligible adult survivors receiving service in last month |
|---------------------------------------|-----------------------|-----------------------|---|---|
| Material assistance | <input type="radio"/> | <input type="radio"/> | | |
| Crisis support | <input type="radio"/> | <input type="radio"/> | | |
| Information and referral | <input type="radio"/> | <input type="radio"/> | | |
| Case management | <input type="radio"/> | <input type="radio"/> | | |
| Peer/social support activities | <input type="radio"/> | <input type="radio"/> | | |
| Economic support activities | <input type="radio"/> | <input type="radio"/> | | |
| Other psychosocial support activities | <input type="radio"/> | <input type="radio"/> | | |



15. Equipment and supplies received

| Supplies | Date last received (if never received, put N/A) | Organization | If UNICEF, describe any issues with quality, relevance and/or use |
|----------|---|--------------|---|
| | | | |

16. Do referral pathways exist for the following services? **If yes**, # of referrals made in last month: _____

| Services | Yes | No | % of eligible child survivors referred in last month | % of eligible adult survivors referred in last month |
|--|-----------------------|-----------------------|--|--|
| GBV-related healthcare | <input type="radio"/> | <input type="radio"/> | | |
| Other healthcare | <input type="radio"/> | <input type="radio"/> | | |
| Psychosocial support | <input type="radio"/> | <input type="radio"/> | | |
| Case management (when not offered here) | <input type="radio"/> | <input type="radio"/> | | |
| Other social welfare services (e.g., child protection) | <input type="radio"/> | <input type="radio"/> | | |
| Education | <input type="radio"/> | <input type="radio"/> | | |
| Police | <input type="radio"/> | <input type="radio"/> | | |
| Legal services | <input type="radio"/> | <input type="radio"/> | | |
| Other | <input type="radio"/> | <input type="radio"/> | | |

Section 4 – End user monitoring

The purpose of this section is to get feedback from users on the safety service.

Where exit or client satisfaction surveys have been done, review as many as possible and make comments below regarding perceptions of service users about service quality and appropriateness. If no data exists, provide information and support to staff to implement a client feedback system to enable end-user monitoring in the future.

Section 5

Strengthening Access to Justice for GBV Survivors in Emergencies



Access to Justice Response Audit Tool

Purpose: Use this tool to assess the status of programming to strengthen access to justice for GBV survivors during the relevant phase of emergency response, and to identify priority areas for action.

Access to justice audit rating

| (1= not met, 5= fully met) | 1 | 2 | 3 | 4 | 5 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Preparedness | | | | | |
| Criminalization of all forms of GBV and codification of customary law are advocated for. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Government is supported to develop protocols for survivor-centred forensic health, policing and court procedures in GBV cases. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Forensic health, law enforcement and legal practitioners are trained on protocols and survivor-centred practice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immediate response | | | | | |
| Information is delivered to communities, survivors and families on legal rights and remedies within different justice systems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Referral, advocacy, and emotional and practical support is provided for survivors wishing to pursue justice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Advocacy and training is provided for applying survivor-centred principles in forensic, law enforcement and court processes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ongoing response and recovery | | | | | |
| Advocacy and technical support are provided for law reform processes to promote women's and children's equality before the law and criminalization of all forms of GBV. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NGOs and CBOs are supported to provide victim support services, including legal aid and legal literacy for communities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Survivor-centred knowledge, skills and attitudes of formal and informal justice sector actors (including police, lawyers, judges, court staff and customary justice custodians) are built and supported. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

