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A stylized illustration of a woman with dark skin and curly black hair, wearing a green top. She is being embraced from behind by two hands, one light-skinned and one dark-skinned. The background is a warm, golden-brown color with a large yellow circle behind the woman's head.

MONITORING AND EVALUATION GUIDELINES

**to track the effectiveness of an
integrated gender-based violence
service delivery at the GBVPU**

UNITED NATIONS OFFICE ON DRUGS AND CRIME

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2022



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Contributions:

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List of Acronyms

CCPA	Child Care Protection Act, 3 of 2015
CLLL	Childline Lifeline
CM3	Conduct a social investigation and complete form
CSPO	Court support and preparation officer
ESP	Essential services package
FCP	First Contact Persons
FH	Friendly Haven
GBV	Gender-Based Violence
GBVAW	Gender-Based Violence Against Women
GBVPU	Gender-Based Violence Protection Unit
J88	Medico-legal report
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
MDT	Multi-Disciplinary Team
M&E	Monitoring and Evaluation
MGEPEWSW	Ministry of Gender Equality, Poverty Eradication and Social welfare
MLREC	Ministry of Labour, Industrial Relations and Employment Creation
MOHSS	Ministry of Health and Social Services
NAMPOL	Namibian Police Force
NCS	Namibia Correctional Services
NGO	Non-Governmental Organisations
NRM	National Referral Mechanism
OFL	Office of the First Lady
OOJ	Office of the Judiciary
OPG	Office of the Prosecutor General
PEP	Quick Reference Guide
PTSD	Post-Traumatic Stress Disorder
QRG	Quick Reference Guide
SOP	Standard Operating Procedures
STI	Sexually transmitted infections
TiP	Trafficking in Persons
UNODC	United Nations Office on Drugs and Crime
VoT	Victims of Trafficking

Glossary of terms

GLOSSARY TERM	GLOSSARY DEFINITION
Activity	Actions taken or work performed through which inputs, such as funds, technical assistance and other types of resources are mobilized to produce specific outputs.
Agency	An administrative division or institution (as of a government)
Backlog	A build-up of work that needs to be completed
Background	Refers to the circumstances or events that precede a phenomenon or development
Baseline	Information gathered at the beginning of a project or programme against which variations that occur in the project or programme are measured.
Benchmark	Reference point or standard, including norms, against which progress or achievements can be assessed. A benchmark refers to the performance that has been achieved in the recent past by other comparable organizations, or what can be reasonably expected to have been achieved in similar circumstances.
Blueprint	A complete plan that explains how to do or develop something
Checklist	A list of tasks to be completed. It helps to ensure consistency and completeness in carrying out a task
Collaboration	the act of working together with other people or organizations to create or achieve the same goal.
Coordination	The act of making all the people involved in a plan or activity work together in an organized way
Effectiveness	Refers to the extent to which the interventions achieved its objectives, and its results
Essential Services	A core set of services provided by the health care, social service, police and justice sectors
Essential service package	Refers to a United Nations guidance tool identifying the basic services to be provided to all women and girls who have experienced gender-based violence, including services that should be provided by the health, social services, police and justice sectors.
Evaluation	Is the systematic assessment of an activity, project, programme, performance and achievement against the overall goal/objective
Evidence-based	Findings that supported by a large amount of scientific research
Gender Based Violence	Encompasses a wide range of harmful actions perpetrated against women, men, girls and boys, where the basis of the action is a person's gender
Gender Based Violence Protection Unit (GBVPU)	This is a specialized centres administered by the Namibian Police Force where medical, law enforcement and social service agencies coordinate the professional evaluation, treatment, protection, investigation, case review and ongoing advocacy for children and adult victims/survivors of sexual and physical violence.

GLOSSARY TERM	GLOSSARY DEFINITION
Goal	A specific end result desired or expected to occur as a consequence, at least in part, of an intervention or activity.
Guidelines	Information intended to advise people on how something should be done to achieve an intended goal or objective.
Indicator	Is a variable that is used to assess the achievement of results in relation to the stated goals/objectives.
Inputs	The financial, human, material, technological and information resources used for development
Means of verification	is the source of information that gives evidence that an objective has been achieved in terms of the relevant performance indicator
Monitoring	Is the routine checking of information on progress, so as to confirm that progress is occurring against the defined direction or target.
Multi-Disciplinary Team (MDT)	This refers to a team or grouping of medical, law enforcement, social service agencies and other professionals who coordinate and provide specialized investigation, treatment, protection, case review and ongoing advocacy for children and adult victims/survivors of all forms of violence
Outcome	Represent changes observed in the institutional and behavioral capacities that occur as a result of the completion of outputs towards the achievement of goals
Outputs	Are changes in skills or abilities and capacities of individuals or institutions, or the availability of new products and services that result from the completion of activities. They are achieved with the resources provided and within the time period specified.
Purpose	The aim that someone wants to achieve, or that something is intended to achieve
Results	Are changes in a state or condition that derive from a cause-and-effect relationship. There are three types of such changes - outputs, outcomes and impact - that can be set in motion by a development intervention. The changes can be intended or unintended, positive and/ or negative.
Standard operating procedure	Is a set of instructions that describes all the relevant steps and activities of a process necessary to complete tasks in accordance with set standards
Target	Specifies a particular value that an indicator should reach by a specific date in the future.
Tool	Is any instrument or simple piece of equipment that you use to do a particular kind of work.
Victim	Refers to men/women and boys/girls who have experienced or are experiencing gender-based violence
Victimise	To treat someone intentionally or unintentionally in an unfair way, especially because of their race, sex, beliefs, vulnerability etc.

Background

UNODC has provided capacity building to the Namibian Gender Based Violence criminal justice practitioners since 2016. Since NAMPOL is the lead national agency in managing the Gender Based Violence Protection Units (GBVPU), it will take leadership on the execution of the Monitoring and Evaluation Guidelines and track the progress of the interagency cooperation in the management of Gender Based Violence (GBV) cases.

The Monitoring and Evaluation process will assist in tracking cases, outcomes, and guide case management actions to be taken by service providers. This process will ensure accountability of the service providers and empowerment of the survivor. A coordinated multisectoral response at the GBVPU will ensure that all criminal justice agencies understand the dynamics of GBV to focus on evidence-based assistance to GBV victims. Better coordination will improve linkages between the different criminal justice agencies at the GBVPU, contributing to complementary actions, tracking of cases and reducing backlogs. From the perspective of a victim, this means that s/he will be met with the same understanding of individual rights and will receive the same high-quality response from all criminal justice officials, within the GBVPU. As such, the victim will have greater confidence in the system and increase her willingness to cooperate with the investigation and prosecution. This effective systematic response will further prevent secondary victimisation and contribute to the well-being of victims and survivors, further ensuring confidentiality of information. Specific criteria will be considered in assessing the multiagency coherence, (included in both the UNODC Blueprint for Action and Module 5 of the Global Programme on Essential Services for Women and Girls Subject to Violence

Taking into consideration all of these developments, there is a need to have a Monitoring and Evaluation Guideline in place to assess the effectiveness of an integrated Gender Based Violence service delivery at the GBVPU and that the services offered meet the required standards. The Monitoring and Evaluation Guidelines will serve as a tool for NAMPOL, as the lead agency for auditing and to assess effectiveness of GBV services at GBVPU. It will also provide guidelines and benchmarks to use to measure the effectiveness of the GBV services provided and provide the tools to needed do so.

The Theory of Change

The Theory of Change underpinning this project is that: If (1) criminal laws and justice policies are gender responsive; (2) criminal justice institutions and actors improve capacity to deliver gender-responsive justice and protection; and (3) men, women and girls, particularly those facing multiple forms of discrimination, are empowered to access the criminal justice system, then (4) men, women and girls will have access to improved gender-responsive criminal justice processes. This situation will then contribute to promoting gender equality and empowerment and a reduction in the levels of secondary victimization through inadequate responses by criminal justice institutions and actors.

The Concepts of Monitoring and Evaluation

It is important that there is a clear distinction of the concepts of Monitoring and Evaluation, although these concepts are closely interrelated, they are different in meaning and their processes. Below are the distinguishing aspects of monitoring and evaluation.

Monitoring is the routine checking of information on progress, so as to confirm that progress is occurring against the defined direction. It commonly involves monthly to quarterly reporting, on outputs, activities and use of resources (e.g. people, time, money, and materials). It should be used to ensure that what has been planned is going forward as intended and within the resources allocated.

Monitoring: the primary responsibility for monitoring at the project level lies with the various implementing organizations.

Evaluation is used to ensure that the direction chosen is correct, and that the right mix of strategies and resources were used to get there. It can typically be formative (helping to develop learning and understanding within stakeholders) or summative (i.e. indicating the degree of achievement). It typically focuses on outcomes and their relationship with outputs.

Evaluation: the primary responsibility for evaluation lies with all GBV Service Providers. . It would be the responsibility of the implementing organization to find appropriate evaluators to carry out terminal and possibly mid-term evaluators, with NAMPOL playing a supporting role (as necessary) on oversight and quality assurance.

The monitoring and Evaluation Guidelines

These guidelines recognize the work and legislation, other national and international guidelines in place that are being used to govern the work on the GBVPU in Namibia. These include the national legislation adopted, and the SOP developed for the implementation of the GBVPU across the country, and finally the recommended UN Joint Programme essential service package for women and girls who have experienced gender-based violence.

National Legislation Governing the Work on GBV in Namibia

In Namibia, various acts of parliament have made provision for many statutory offences. In this section, different offences created by statute law will be identified as well as both common law and statutory crimes that this SOPs manual covers.

- a. The Constitution of the Republic of Namibia
- b. Combating of Domestic Violence Act (No. 4 of 2003)
- c. Combating of Rape Act (No. 8 of 2000)
- d. Child Care and Protection Act (No. 3 of 2015)
- e. Immoral Practices Amendment Act (Act No. 7 of 2000)
- f. Common Law
- g. Criminal Procedure Amendment Act (No. 24 of 2003)
- h. Prevention of Organised Crimes Act (No. 29 of 2004) (Section 15)
- i. Combating of Trafficking in Persons (Act No. 1 of 2018) (Section 3(1))
- j. Married Persons Equality Act (No. 1 of 1996)

National Guidelines

- National Standard Operating Procedures for the Multi-disciplinary team relating to the Management of Gender-Based Violence and Violence against Children in Namibia
- National Referral Mechanism and Standard Operating Procedures for the identification, protection, referral and safe return of victims of trafficking (VoTs) in Namibia.

International guidelines

- UNODC, Blueprint for Action: an Implementation Plan for Criminal Justice Systems to Prevent and Respond to Violence against Women: (<https://www.unodc.org/documents/justice-and-prison-reform/ Strengthening Crime Prevention and Criminal Justice Responses to Violence against Women.pdf>)
- UN Women, UNFPA, WHO, UNDP and UNODC, Essential services package for women and girls subject to violence (<https://www.unwomen.org/en/digital library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>)
- UNODC Gender in the Criminal Justice System Assessment Tool: <https://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/E-book.pdf>

An integral part of understanding how well your program has performed is having a Monitoring and Evaluation Guideline (M&E Guideline) and applying it to the specific context of your program. M&E frameworks describe the overall approach to the evaluation of a program, policy, system or organization over a period of time. It helps you set out and record the activities you need to complete to assess your program's performance over time to assess whether your program is on the right track.

The focus of this component is on assessing the functioning of the GBVPU and whether they are fulfilling their mandate and implementing the policies of government as prescribed. The Guideline will provide a basic understanding of the procedures, standards and guiding principles for planning, monitoring and evaluation of the GBVPU.

This document serves to outline the monitoring and evaluation processes to track the effectiveness of an integrated multi-disciplinary gender-based violence service delivery at the GBVPU in line with (i) the national standard operating procedures (SOP) developed for the multi-disciplinary team relating to the management of gender-based violence and violence against children in Namibia and other international guidelines (ii) Essential services package for women and girls subject to violence. It should enable the respective GBVPU facility to identify key obstacles that are undermining progress towards achieving the required service delivery so that the necessary remedial actions can be put in place.

- Recognize the relevance and integration of national legislation, other international guidelines and the SOPs governing the work on GBVAW.
- Serve as an instrument for supervision, auditing and to test the effectiveness of the previously introduced GBV interventions at GBVPU.
- Assess the presence and quality of multisectoral services provided at the GBVPUs
- Assess the coordination, accountability and collaboration of multisectoral services in meeting the holistic needs of survivors
- Provide the tools to needed to do the assessment of the GBVPUs services.
- Assess the impact of capacity building interventions and to determine further skills gaps and needs
- Encourage GBVPUs to evaluate their functioning and quality of services on a regular basis
- Ensure standardization of the functioning of the GBVPU facilities
- Assess the impact of prevention services on communities
- Ascertain the views of survivors of the quality and impact of service delivery at GBVPUs

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Monitoring and Evaluation Tools

Effectiveness - refers to the extent to which the interventions achieved its objectives, and its results. Therefore, measuring effectiveness of the GBVPUs means assessing the extent to which these facilities are able to provide GBV victims/survivor with the multi-disciplinary care services as outline in the SOP and recommended by the Essential services package for women and girls subject to violence and developing the tools to measure this effectiveness. The ESP serves as a recommended benchmark for a minimum package that needs to be provided by the multi-disciplinary team when dealing with GBV survivors while the SOP outline the procedures for the multi-disciplinary efforts in relation to the management of GBV and violence against children in Namibia. There are five different tools developed to assess the effectiveness of the GBVPUs and will be explained respectively and how they should be used.

TOOL 1: National Gender-Based Violence Standard Operating Procedure Checklist

The SOPs manual describes the clear procedures, roles and responsibilities for each sector, and how these are utilized within a Gender-Based Violence Protection Unit (GBVPU) or any other office. The goal of these SOPs is to improve the quality and consistency of services for survivors and to standardize the response to Gender-Based Violence (GBV) and Violence against Children (VAC). The checklist developed below aims to assist in auditing and to test the effectiveness of the multi-disciplinary GBV services at the GBVPU. The tool will be used by the criminal justice service executives (i.e. Police Commissioner or Deputy Police Commissioner) as custodians of the GBVPU centres, the senior police officials (e.g. GBVPU managers) based at the GBVPU in checking the effectiveness of GBV services being provided at the GBVPUs and identifying strengths, weaknesses and opportunities for improvement.

The checklist also do incorporate localized components of the Essential services package for women and girls subject to violence (ESP) which provides guidelines on the minimum packages that should be given to victims/survivors of GBV by the multi-disciplinary agencies from police and justice, health and social services sectors. This tool is administered during a scheduled assessment visit to a GBVPU by an assessor (e.g. GBVPU Manager, Police Commissioner or Deputy Police Commissioner), upon completion of the assessment, a report need to be compiled on the findings of this tool, with acknowledgements of strengths (compliance to the SOP), weaknesses (areas that need improvement) and recommendations on how effective service delivery could be achieved by respective sectors.

These findings need to be shared with the respective sectors coordinators and assist in the development of an action plan to address the identified challenges and acknowledge and adopt best practices where there is efficiency. The reports compiled will be used to track the progress of improvement and effectiveness of service delivery.

Each component of the checklist need to be rated out of 5 available options based on the findings and observations, the ratings are from 1 to 5, (i.e. **1 = Very weak; 2 = Weak; 3 = Satisfactory; 4 = Good; 5 = Very Good**). If a sector (criminal justice service, Social service or Health services) has 10 components to be assessed in total, this makes up a total of 50 (i.e. 10 components X 5 (which is the highest mark)). Therefore, a final scoring will be out of 50 points (denominator), and the final scoring (i.e. total of all checklist components ratings) will be calculated as a percentage of the denominator. The percentage obtained will then be used to measure where the GBVPU services are in terms of the scorecard

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Criminal justice services					
Core elements 1.1 "Promotion and support of organizations and initiatives seeking to end violence and increase women's equality", 1.2 Support efforts to raise awareness and promote the unacceptability of men's and boy's violence against women 1.3 Stopping violence and prevent future violence against women 1.4 Encouraging women to report violence perpetrated against them	OBSERVATIONS/COMMENTS				
	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD				
	1	2	3	4	5
CHECKLIST COMPONENTS					
PREVENTION	Outreach in support of organizations and initiatives seeking to end violence and increase women's equality				
	Use all available resources, including the media and champions if appropriate, to deliver the message that violence is unacceptable and unjustified.				
	Work or support initiative that work with men and boys as a significant part of the solution to addressing violence against women and girls.				
	Stopping violence and prevent future violence against women Take action to prevent further violence through:				
	<ul style="list-style-type: none"> • early intervention • quick response and removal of the victim/survivor and relevant others from violence, • arrest and removal of the perpetrator from the scene of violence 				
	Encouraging women to report violence perpetrated against them				
	Use Police records and data to identify GBV hotspots, trends of reporting to police services.				
	Ensuring that police can be contacted and is available 24 hours a day, 365 days a year				
	Availability - Police and justice services are available to every victim/survivor regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, sexual orientation, marital status, disabilities or any other characteristics that need to be considered.				
	Accessibility - Ensure access to police services is available 24 hours per day, 365 days per year <ul style="list-style-type: none"> • Police stations have women and child friendly spaces • procedures and directions are available in multiple formats to maximize access (for example, written, electronic, oral, via media, via telephone) 				

Criminal justice services				
Core elements 2.1 Availability 2.2 Accessibility 2.3 Responsiveness 3.3 Relevant information and evidence is collected from the victim/survivor and witnesses	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD			
	OBSERVATIONS/COMMENTS			
	1	2	3	4
CHECKLIST COMPONENTS				
INTAKE	Recording details of the case as per survivor's report. Registering a case on the database /Police records			
	After registering a core case, the victim/survivor is referred to the appropriate professionals at the unit/relevant office (social worker or medical officer)			
	In cases of rape, the police officer contact the state medical officer and accompany the victim/survivor to be examined as soon as possible and complete a rape kit and collect evidence			
	The first-line responder should conduct a crisis intervention to secure the survivor's safety			
	The victim/survivor is referred to a social worker or Medical Officer			
	The victim/survivor should be referred to a social worker as soon as possible and within 48 hours for therapeutic counselling, risk assessment and a forensic interview.			
	<ul style="list-style-type: none"> In cases of sexual or domestic violence other than rape, the victim/survivor is issued with a J88 document before being referred to a medical officer for treatment and open a criminal case. 			
	<ul style="list-style-type: none"> In case of rape, the Police officer should accompany the survivor to access medical examination from a nurse/doctor and get a copy of the J88 form. 			
	If the survivor decides not to open a criminal case, she/he is referred to a social worker for psychosocial intervention, which includes providing services to the perpetrator, (if known).			
	Refer/Report client to the social worker for psychosocial support			

Criminal justice services					
Core elements 2.3 Responsiveness 3.3 Relevant information and evidence is collected from the victim/survivor and witnesses	OBSERVATIONS/COMMENTS				
	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD				
	1	2	3	4	5
CHECKLIST COMPONENTS					
STATEMENT TAKING, CASE OPENING AND PRELIMINARY INVESTIGATION	Police should take a statement under oath from the survivor/complainant in a secure, private and comfortable space.				
	Justice service providers meeting a victim/survivor are non-judgmental, empathetic and supportive.				
	Consider and prevent secondary victimization; respond to the victim/survivor's concerns but without being intrusive; and ensure the victim/survivor's privacy is maintained.				
	Ensure the victim/survivor has the opportunity to tell her story, be listened to, and have her story accurately recorded, as well as tell how the violence has impacted her.				
	In the event of applying for a protection order, the survivor/complainant should be referred to the Magistrate's court with a written statement/affidavit where a clerk of the court will assist her/him.				
	Identify all witnesses and obtain their statements;				
	When issuing a formal warning, the police officer must fill out Form 10				
	How many times a survivor has to repeat their story to different professionals involved (police, social worker, health professional, forensic service provider etc.)				

Criminal justice services				
Core elements 3.1 Cases of violence against women are given high investigation priority 3.2 Victim/survivor medical and psycho-social needs are addressed 3.3 Relevant information and evidence is collected from the victim/survivor and witnesses 3.4 A thorough investigation is conducted 3.5 Professional accountability is maintained throughout the investigation	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD			
	1	2	3	4
CHECKLIST COMPONENTS				
ASSESSMENT/ INVESTIGATION	Assure survivor that cases of violence against women are given high investigation priority and further explain to the victim/survivor the investigative and justice processes, her rights, and the services available to her throughout the justice process			
	Ensure justice actions taken do not cause further harm and hence holistic assessments are done. . Consider:			
	<ul style="list-style-type: none"> the victim/survivor's context the physical and mental trauma she has experienced potential impacts her act of reporting may have on her, her family and relevant others 			
	<ul style="list-style-type: none"> Ensure that suspects are arrested as soon as practicable. 			
	Police officer's risk assessment should identify the following:			
	<ul style="list-style-type: none"> Severity of the abuse/neglect; Impact of the offender's behaviour on the survivor; Survivor's age, physical and mental abilities; Frequency of the abuse; 			
	<ul style="list-style-type: none"> If the complainant is at high risk, assist with arrangement for emergency accommodation; Formal warnings issued for minor cases where the complainant does not wish to pursue a criminal case. Formal warnings do not apply to repeat offenders. 			
				OBSERVATIONS/COMMENTS

Criminal justice services				
Core elements 3.1 Cases of violence against women are given high investigation priority 3.2 Victim/survivor medical and psycho-social needs are addressed 3.3 Relevant information and evidence is collected from the victim/survivor and witnesses 3.4 A thorough investigation is conducted 3.5 Professional accountability is maintained throughout the investigation	OBSERVATIONS/COMMENTS			
	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD			
	1	2	3	4
CHECKLIST COMPONENTS				
COLLECTING PHYSICAL EVIDENCE	Identify and visit the scene of crime			
	Obtain statements from relevant witnesses to give credibility to the allegation and strengthen the state's case.			
	Collect clothing of both the survivor and the perpetrator where possible for the purposes of DNA analysis			
	Collecting medico-legal report, including samples of medical examination from Medical officer			
	Submit samples at lab for forensic analysis			
	The forensic interview conducted after the comprehensive risk assessment is completed or as soon as the victim/survivor is ready to share information about the incident.			
FORENSIC INTERVIEW (FOR RAPE CASES)	<ul style="list-style-type: none"> A clear description of justice processes in various languages and formats to meet the needs of different groups of women 			
	<ul style="list-style-type: none"> The roles and responsibilities of relevant justice sector actors 			
	<ul style="list-style-type: none"> Relevant information on rights and remedies, including restitution and compensation 			
	<ul style="list-style-type: none"> Information on how and where to access legal assistance and advice Information about the types of available support services and service providers and how to access them 			
	<ul style="list-style-type: none"> Available protection measures. The survivor's role and opportunities for participating in the proceedings 			
	<ul style="list-style-type: none"> The scheduling, progress and ultimate disposition of the proceedings 			

Criminal justice services					
Core Elements 4.1 Coordinated and integrated approaches to criminal, civil, family and administrative law cases 4.4 Accessible, affordable and simplified procedures to access justice 4.7 Victim / survivor centered, empowerment oriented and rights based pre-trial processes 4.8 Readiness for trial	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD				
	1	2	3	4	5
OBSERVATIONS/COMMENTS					
PREPARATION FOR COURT AND TRIAL PROCESS	CHECKLIST COMPONENTS				
	Help survivors understand the legal process and their own role in the process				
	Keeping the survivor and her/his family informed and updated on the judicial process;				
	Ensuring that practical arrangements such as transport are made;				
	Accompanying the survivor/witness to Court or arranging for a support person on the day she/he testifies				
	Ensure all relevant evidence is brought before the court:				
SUPPORT PERSONS FOR VULNERABLE WITNESSES	Arrange for Non-discriminatory interpretation for the victim/survivor's at court				
	Appoint the court support and preparation officer (CSPO) assist a vulnerable survivor/witness when testifying in Court. <ul style="list-style-type: none"> • Ensure special arrangements for vulnerable witnesses in court 				
COURT REPORTS:	Collect survivor's trauma impact report from social worker				

Criminal justice services					
Core Elements 6.1 Justice outcomes commensurate with the gravity of the crime and focused on the safety of the victim/survivor 6.2 Participation of victims /survivors at sentencing hearings, in applicable jurisdictions 6.3 Available and accessible options for reparations 6.4 Reparations that cover consequences and harms suffered by victim/survivor	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD		OBSERVATIONS/COMMENTS		
	1	2	3	4	5
	CHECKLIST COMPONENTS				
PERPETRATOR ACCOUNTABILITY AND REPARATION	Justice outcomes commensurate with the gravity of the crime and focused on the safety of the victim/survivor: <ul style="list-style-type: none">• denouncing and deterring violence against women• stopping violent behaviour• promoting victim and community safety• taking into account impact on victims/survivors and family.• Consider aggravating factors for sentencing purposes, for example, repeated violent acts, abuse of a position of trust or authority, perpetration of violence against a spouse or a person in a close relationship with the perpetrator and perpetration of violence against a person under 18 years of age.• Inform victims/survivors of any release of the offender.				
	Available and accessible options for reparations: In criminal justice matters, <ul style="list-style-type: none">• Where applicable, ensure reparations are considered in criminal cases:• restitution is considered part of the sentencing hearing• restitution and financial compensation for harms done to the victim/survivor is prioritized ahead of fines and penalties and should not preclude the victim in pursuing civil or other remedies• restitution and financial compensation are not used as a substitute for custodial sentences.				

Criminal justice services						
Core Elements 7.1 Interventions that prevent re-offending focus on victim / survivor safety 7.2 Prevention of and response to violence of women who are detained for any reason 7.3 Reduction of exposure to violence of female offenders in detention and post detention services POST-TRIAL PROCESSES	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/COMMENTS
	1	2	3	4	5	
	CHECKLIST COMPONENTS					
	Interventions that prevent re-offending focus on victim / survivor safety					
	<ul style="list-style-type: none">When ordering rehabilitation treatment for perpetrators, ensure that the treatment programme reduces recidivism and promotes victim/survivor safety.					
	<ul style="list-style-type: none">Ensure perpetrators are assessed for suitability prior to acceptance into a rehabilitation programme and that there is on-going risk assessment with the safety of victim/survivor the priority.					
	Social Worker to conduct a follow-up to continue rendering support services to the survivor after the case is concluded This means: <ul style="list-style-type: none">Consulting the victims/survivors at the time the assessment is done when the options for rehabilitation are being considered as well as for the on-going risk assessments					
	<ul style="list-style-type: none">Informing the victims/survivors of all post-trial decisions.					
<ul style="list-style-type: none">Ensure that rehabilitation is part of a conviction rather than an alternative to criminal record.						
<ul style="list-style-type: none">Ensure supervision of rehabilitation programmes.						
<ul style="list-style-type: none">Provide for appropriate consequences for perpetrators who do not satisfactory complete their programmes.						

Social services						
CHECKLIST COMPONENTS	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/ COMMENTS
	1	2	3	4	5	
PREVENTION	Support outreach activities with Police and Justice in support of organizations and initiatives seeking to end violence and increase women's equality					
	<ul style="list-style-type: none">• Use all available resources, including the media to deliver the message that violence is unacceptable and unjustified.• Support initiatives on NGOs working with men and boys as a significant part of the solution to addressing violence against women and girls.					
	<ul style="list-style-type: none">• Provide Information on the range of existing services available for women and children who experienced GBV.• Ensure crisis information is widely available and accessible to all women and children in their own language					
	Encourage women and girls to report violence perpetrated against them, and where to report it					
	<ul style="list-style-type: none">• Ensure that social services is accessible and can be accessed 24 hours a day, 365 days a year• Provide contact details for social services, where possible					
	Availability - Police and justice services are available to every victim/survivor regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, sexual orientation, marital status, disabilities or any other characteristics that need to be considered.					

Social services

CHECKLIST COMPONENTS

CHECKLIST COMPONENTS	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/ COMMENTS
	1	2	3	4	5	
INTAKE	Social worker records the details of the reported incident					
	Provide clear and accurate information about the rights of women and girls, the range and nature of services available, and is provided in a non-blaming, nonjudgmental manner					
	Conduct an initial risk assessment to assess the victim/ survivor's safety and then take appropriate steps to ensure her/his safety in the future					
	<ul style="list-style-type: none"> • Provide with crisis counselling free of charge 					
	<ul style="list-style-type: none"> • Ensure women and girls are listened to, and believed 					
	<ul style="list-style-type: none"> • Ensure women and girls are offered a range of options including: <ul style="list-style-type: none"> • Immediate access to safe and secure accommodation • Immediate access to emergency and safe medical services such as hospitals • The ability to re-contact the service, even if she chooses not to take up any of the options offered • Ensure women and girls are supported to make informed choices 					
	Assess the survivor's emotional state (this information may later be used for court purposes);					
	Inform the victim/survivor that she/he may apply for a protection order in cases of domestic violence and explain how a protection order works in different magisterial districts;					
	Explain that issues regarding the maintenance, access and custody of children may need to be mentioned if necessary when applying for a protection order;					
	Alert the station commander if necessary about the risk of further violence against the victim/survivor;					
	Social worker must complete a CM2 form, which should be done no later than 48 hours after a report has been made.					

Social services						
CHECKLIST COMPONENTS	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/ COMMENTS
	1	2	3	4	5	
INTERVIEWING PERPETRATORS OF GENDER-BASED VIOLENCE	Arrange for interviewing of the perpetrator if known and the victim not willing to open a case					
	Having a clear and detailed account of the GBV incident/s. This may involve making contact with the victim/survivor, her/his family and/or the investigating police officer;					
	Creating a warm and non-judgmental interview environment for both the victim and perpetrator					
	Establish if the perpetrator needs help					
	Provide the perpetrator with psychosocial support					
COUNSELLING AND THERAPEUTIC CARE	Refer the perpetrator to relevant additional support social services					
	Provide therapeutic services for victims/survivors include: <ul style="list-style-type: none"> • Providing crisis intervention services; • Doing trauma-specific assessments, including full trauma history; • Using standardised measures (assessment tools) initially and periodically engaging with the family/caregiver; • Providing individualised treatment plans that are re-assessed regularly; • Providing individualised, evidence-informed treatment that is appropriate for victims/ survivors and their families; • Making referrals to other community services as needed; and • Using clinical supervision. 					
	Conduct a social investigation and complete form CM3					
	Compiling a care plan with the victim/survivor, her/his family and other key role players.					
	The Case Management Form 7 completed for follow-ups and to update the survivor's care plan					
SOCIAL INVESTIGATION						
CARE PLAN						

Social services								
CHECKLIST COMPONENTS			SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/ COMMENTS
			1	2	3	4	5	
PREPARATION FOR COURT	Help survivors understand the legal process and their own role in the process							
	Keeping the survivor and her/his family informed and updated on the judicial process;							
	Ensuring that practical arrangements such as transport are made;							
	Accompanying the survivor/witness to Court on the day she/he testifies							
COURT REPORTS	Social workers compile the professional Trauma Impact Report.							
FOLLOW-UP AND DEBRIEFING AFTER COURT APPEARANCE	Debriefing with the survivor and survivor's family							
	Follow-up counselling							
	Refer for other supporting services							
	The Case Management Form 7 completed for follow-ups and to update the survivor's care plan							
CASE CLOSURE	Final review with the survivor to ascertain that the survivor or her/his family are able to meet the outstanding goals on their own							
	Ensure that the victim/survivor is safe from harm or threats							
	Survivor's care and well-being are being supported and there are no additional concerns.							
	A social worker may also close and handover a case if the victim/survivor has moved away and lives in another district or once the case is finalised at Court.							

Health services							
CHECKLIST COMPONENTS		SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/ COMMENTS
		1	2	3	4	5	
INFORMATION	Written information on intimate partner violence and non-partner sexual assault made available in healthcare settings in the form of posters, and pamphlets or leaflets made available in private areas such as men and women's washrooms			/5			
IDENTIFICATION OF WOMEN SUFFERING INTIMATE PARTNER VIOLENCE	<ul style="list-style-type: none">• Private setting for victim/survivor• Health care providers who have been trained and sensitized on GBV• Provide information on services available and procedures• Identify whether the perpetrator is an intimate partner or non-partner.			/5			
VICTIM-CENTRED CARE	First line support includes <ul style="list-style-type: none">• Being non-judgmental and supportive and validating what the victim is saying• Providing practical care and support that responds to her concerns but does not intrude on her autonomy• Asking about her history of violence, listening carefully, but not pressuring her to talk			/5			
MANDATORY REPORTING	<p>Mandatory reporting of violence against women to the police by health service providers is not recommended.</p> <ul style="list-style-type: none">• Health service providers should offer to report the incident to the appropriate authorities, including the police, if the woman wants this and is aware of her rights.• Child maltreatment and life-threatening incidents must be reported to the relevant authorities by the health service provider, where there is a legal requirement to do so.			/5			

Health services		SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/ COMMENTS
CHECKLIST COMPONENTS		1	2	3	4	5	
MEDICAL EXAMINATION AND TREATMENT OF INJURIES	Obtain consent for medical treatment from a victim/survivor						
	<ul style="list-style-type: none"> Take a complete history, recording events to determine what interventions are appropriate If you are a male provider examining a female survivor, ask if she is comfortable with you examining her. If not, find a female provider to do the exam. 						
	<ul style="list-style-type: none"> Conduct full physical examination of the victim/survivor Guide the exam so that all injuries can be found and treated Forensic evidence collection 						
	<p>Treatment of injuries and provision of prophylaxis.</p> <ul style="list-style-type: none"> treatment of injuries sustained In case of sexual abuse or rape, provide emergency contraception to prevent unwanted pregnancies administer STI prophylaxis HIV testing and HIV Post-Exposure prophylaxis (PEP) and Hepatitis B vaccination PEP adherence counselling - Adherence is an important element of delivering PEP Sexual assault - Follow-up visits should take place at 2 weeks, 6 weeks, 3 months and 6 months after the assault. 						

Health services									
CHECKLIST COMPONENTS			SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/ COMMENTS	
	1	2	3	4	5				
MENTAL HEALTH ASSESSMENT AND CARE	<ul style="list-style-type: none">Men/Women experiencing violence should be assessed for mental health problems (symptoms of acute stress/Post-Traumatic Stress Disorder (PTSD), depression, alcohol and drug use problems, suicidality or self-harm) and be treated accordinglyIdentify and Strengthening the survivor’s positive coping methodsExplore the availability of social support <p>Recommend basic psychosocial support for the first 1-3 months and monitor recovery progress</p>								
	Document in the medical record any health complaints, symptoms and signs, including a description of survivor injuries								
DOCUMENTATION OF MEDICO-LEGAL REPORT	Provide a medico-legal report (J88) to police or social worker, including samples of medical examination								
	A follow-up visit is recommended at two weeks after the assault.								
FOLLOW-UP MEDICAL CARE	<ul style="list-style-type: none">Examine injuries only if the patient complains of pain or vaginal discharge;Check that the victim/survivor has completed the course of STI treatments; andConduct an examination to assess the victim/survivor for persistent or new STIs and treat according to the National STI guidelines.								

TOOL 2: Gender Based Violence Multisectoral Coordination Checklist

The SOP emphasized the need for regular **Case Review Meeting**, which is a formal process in which the multi-disciplinary team meets to discuss updates on all the issues ranging from safety and the criminal investigation to provision of services for the victims/survivors and their families. Case review enables the Multi-disciplinary Team (MDT) at GBVPU to monitor and assess its effectiveness, independently and collectively to ensure the safety and well-being of victims/survivors and their families. Case reviews encourage mutual accountability and help to assure that survivors' needs are met sensitively, effectively and in a timely manner.

The case review meeting could also be used to review the data reported for the period under review, the data may include number of cases recorded, the trend of GBV crimes reported, the crime hotspots identified as well as the efficiency of the referral systems in place. Police as the lead coordinating agency is responsible for the organizing of these review meeting, and the checklist will be used by Police Commissioners in assessing the effectiveness of these meetings. Minutes of the review meetings with clear recommendations, decisions made, and proposed follow-up actions need to be documented and filed as proof of meetings held. The minutes will then be presented as records of the meetings upon the visit by the Police or Deputy Police Commissioner.

This tool is administered during a scheduled assessment visit to a GBVPU by an assessor (e.g. GBVPU Manager, Police Commissioner or Deputy Police Commissioner), a report need to be compiled on the findings of this tool, with acknowledgements of strengths (compliance to the SOP), weaknesses (areas that need improvement) and recommendations on how effective coordination of multi-disciplinary team could be achieved. The reports compiled will used to track the progress of improvement and effectiveness of multi-sectoral coordination efforts.

Notes:

Multi-sectoral coordination checklist						
CHECKLIST COMPONENTS		SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY; 4 = GOOD; 5 = VERY GOOD				
		1	2	3	4	5
CASE REVIEW STANDARD	Occurrence of these meetings: Coordinated by the relevant police officers at GBVPU Frequency of meetings: Every month	/5				
	Members/attendees: All stakeholders represented and actively participating	/5				
	Challenges identified in victim/survivor case management and whether, (e.g. weak referral system, gaps in skills, attitudes, knowledge)	/5				
	Accountability: Follow up actions are taken on identified challenges and proposed solutions, with clear roles on who will follow-up on each of the issues raised	/5				
	Best practices identified and shared with other struggling GBVPU	/5				
	Clients Feedback - feedback is obtained from victims/survivors concerning their experiences and demands in relation to services by the police and justice sector, social sector and health sector	/5				
		OBSERVATIONS/ COMMENTS				

TOOL 3: Gender Based Violence Survivor Satisfaction Tool

Feedback from service users on their experiences of service received is as important as feedback from service providers. In order to improve the quality of services, it is crucial to obtain and respond to the views and needs of the service users. The GBV Victim/Survivor feedback survey is therefore used for collecting feedback at the GBVPU centres on the services provided and client satisfaction of the services being provided. This information should be collected from every survivor who visited the GBVPU to access the service available. The administration of this feedback survey should by no means supersede the right of victim's access to services at GBVPUs or depend on it, it should only be completed once the client has received all the required interventions at their disposal to capture the experience of a survivor and their satisfaction about services accessed.

In a situation where a victim/survivor is unable to complete this survey by themselves, a Police officer or a social worker can assist the victim with translation in completing this survey, but not respond on behalf of the victim. However, it is important that this survey is administered with a full consent of the victim or her guardian/parent. This survey needs to be completed anonymously and submitted into sealed box for the head of the GBVPU or Police Commissioner to review periodically to get a sense of the clients' satisfaction about the services they received. This feedback can also be shared with other stakeholders during the monthly case review multi-disciplinary meetings.

Notes:

GBV Victim Feedback survey

DECLARATION

I hereby declare that this feedback survey was completed with my full consent and active participation with the sole aim of providing feedback on my experience of accessing the GBVPU.

Facility Name/GBVPU Name _____

Region _____ Town _____

1. Victim's Age						
2. Victim's sex (Male/Female)	Female		Male			
3. Do you have any form of disability?	NO, I don't have any disability		YES, I have a disability			
4. If no to question 3, skip to question 5 (If yes, what type of disability do you have?)	Cannot walk properly		Cannot hear		Cannot see	Other
5. Highest level of education completed	Matric		College diploma		University degree	None
6. Employment status	Working full time		Working part time		Self-employed	Not working

ACCESSING GBVPU

7. Who was the first person to attend to you when you arrive at GBV unit?
8. Were you happy or satisfied with how you were received or welcomed at the GBVPU
9. Please explain your answer
10. What are the working hours of the facility, when is it opened?
11. Were you referred to the GBV unit or you came on your own will?
12. If referred by who?
13. How long did you wait before you were attended?
estimate if not sure

Police		Social Worker		Healthcare Worker		Other Specify	
Yes		No					
Everyday		Only during the day		only during the week, not the weekends			
On my own		referred		Other Specify			
social worker		friend/Family member		Local NGO		Police	Other Specify
Hours		Minutes					

SERVICES AT GBVPU

14. How satisfied or not were you with the treatment you received at the GBVPU?
(please choose only one option per person who assisted you)

Police officer		Social worker		Nurse/ Doctor	
Very satisfied		Very satisfied		Very satisfied	
It was ok		It was ok		It was ok	
Not satisfied		Not satisfied		Not satisfied	
Did not meet with a police officer		Did not meet with a Social Worker		Did not meet with a Nurse/ Doctor	

15. Please give reasons for your answer.							
16. Which services did you receive at the GBVPU?	Counselling		Medical examination		Police case opened	None	Other, Specify
17. Do you feel that you were assisted in a respectful manner?	Yes		No				
18. Please explain your answer							
19. Did the person who assisted you help you to feel comfortable?	Yes		No				
20. Please explain your answer							
21. Were you satisfied with the information or help given related to your case	Yes		No				
22. Please explain your answer							
23. Did you feel safe when reporting your case?	Yes		No				
24. Please explain your answer							
25. Were you assisted in a private space where you were free to share your details?	Yes		No				
26. Please give reasons why are you feeling like that.							

27. Did you receive all the help you needed in at the GBVPU?	Yes		No	
28. If no, where else did you receive the help you needed	Hospital		Local NGO	Other, Specify
29. Were you assisted in a private space where you were free to share your details?	Yes		No	
30. Did you need transport to go back home?	Yes		No	
31. If yes, was the transport provided for you?				
32. Based on your experience at the GBVPU, will you be willing to use this facility again?	Yes		No	
33. Please explain your answer				
34. Based on your experience at the GBVPU, will you recommend this facility to a friend/family member or any other person you know?	Yes		No	
35. Please explain your answer				

>>> THANK YOU FOR YOUR TAKING TIME TO COMPLETE THIS FEEDBACK SURVEY <<<

It is important that the criminal justice service strongly support initiatives and organizations that seek women's equality; raise public awareness about violence against men and women, its causes, and the consequences to men/women, their families and communities as well as punishment that perpetrators will face; and ensure that information about services and how to access them is readily available to all. Equally important is that the Police and Justice service need to be available to everyone and accessible 24 hours a day, 7 days a week, 365 days per year.

Notes:

[illegible]

PREVENTION REVIEW ASSESSMENT CHECKLIST

CHECKLIST COMPONENTS

	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY; 4 = GOOD; 5 = VERY GOOD	OBSERVATIONS/ COMMENTS
	1 2 3 4 5	
OUTREACH AND COMMUNITY AWARENESS OF GBV SERVICES	Usage of local and national media to promote anti-GBV message and the use of GBVPS	/5
	Distribution of IEC Material: Posters, Pamphlets, leaflets, Roadside banners	/5
	Visibility of the GBVPU: signage on roadside, at the hospital building, Police stations, Public washrooms.	/5
	Police visibility: regular patrolling of the crime and GBV hotspots, including shebeens and clubs.	/5
	GBV Campaigns: Support of organizations and initiatives seeking to end violence and increase women's equality	/5
	Identify and support community anti-GBV champions if appropriate, to deliver the message that violence is unacceptable and unjustified.	/5
	Work or support initiative that involve men and boys as a significant part of the solution to addressing violence against women and girls.	/5
	Stopping violence and prevent future violence against men/ women through: <ul style="list-style-type: none"> • early intervention • quick response and removal of the victim/survivor and relevant others from violence, • arrest and removal of the perpetrator from the scene of violence 	/5
	Encouraging men/women to report violence perpetrated against them	/5
	Use Police records and data to identify GBV hotspots, trends of reporting to police services.	/5
	Availability - Police and justice services are available to every victim/survivor regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, sexual orientation, marital status, disabilities or any other characteristics that need to be considered.	/5
	Accessibility - Ensure access to police services is available 24 hours per day, 365 days per year	/5
	Coordinated outreach activities: Involvement of other sectors (Health and Social services) on community anti-GBV outreach	/5

A key goal of any institution is to promote gender equality and empowerment. By virtue of the inclusion of this tool, it signals the attempt to obtain transformation in gender equality and empowerment. Further, it commits everyone to be sensitised and challenge gender-based discrimination, harassment and stereotyping, and to examine their own unconscious bias, with the aim of promoting an organizational culture where everyone can contribute. Achieving gender equality and the empowerment of women represents a collective, organizational and programmatic endeavour that all should share.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

#	QUESTION	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/ COMMENTS
		1	2	3	4	5	
1	Are there policies and procedures in place that set out clear standards of nondiscrimination, rights protection, and equality for staff?						
2	Are policing policies and procedures monitored for gender responsiveness, within the staff?						
3	Are policing organizations conducting research and learning about gender inclusion?						
4	Are recruitment processes tailored to target and include women and LGBTI people?						
5	Are there obstacles or deterrents to female or LGBTI personnel to remain or advance within the organisation?						
6	Is discrimination, bullying, harassment, or abuse within the police common, downplayed or tolerated?						
7	Is the organisation oriented towards crime prevention and community security?						
8	How effective are internal and external control and oversight mechanisms in monitoring and promoting gender equality?						
9	What social norms around gender (including masculinity) does the police service support or perpetuate?						
10	How can the contribution to the needs of women and men be strengthened?						

This tool aims to assess the extent to which the administrative electronic database is being used at the different GBVPU's to upload and store case information, to generate reports, monitor and track cases.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

USAGE OF THE ELECTRONIC DATABASE							
#	QUESTION	SCORE/RATING: 1 = VERY WEAK; 2 = WEAK; 3 = SATISFACTORY;; 4 = GOOD; 5 = VERY GOOD					OBSERVATIONS/ COMMENTS
		1	2	3	4	5	
1	Is the Electronic database used to capture all reported cases of GBV						
2	Is the Electronic database used to capture all reported cases of GBV						
3	Do you frequently upload information on the electronic database						
4	Are you using the electronic database to generate reports						
5	Is the database user-friendly						
6	Has the Electronic database improved your filing, reporting of key statistics?						
7	Did you experience challenges in using the electronic database. Explain						

“HOW DO YOU COPE, WHEN YOU ARE CONSTANTLY BEING BOMBARDED WITH ONE TRAUMA AFTER ANOTHER?”

(VT) characterises the cumulative effects of working with survivors of traumatic life events, such as child abuse, rape or domestic violence. VT is a way of framing the emotional, physical and spiritual transformations experienced by those who work with – or learn about – traumatised populations.

This tool is being included for your reflection to assess your work-life balance. Regularly assess, how you are coping by reviewing these critical areas of function, that appear in the questionnaire.

- PHYSICALLY
- EMOTIONALLY
- SPIRITUALLY
- SOCIALLY
- MENTALLY

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

From: Saakvitne, K.W., & Pearlman, L. A., and the Staff of the Traumatic Stress Institute (1966). Transforming Pain: A workbook on vicarious traumatization for professionals who work with traumatized clients. New York:

W.W. Norton.

Self-Care Checklist

Rate how often and how well you are taking care of yourself these days by filling in the following checklist. When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making yourself the priority.

Rate the following areas in frequency 5 = Frequently

4 = Occasionally

3 = Rarely

2 = Never

1 = It never occurred to me

PHYSICAL SELF-CARE

- _____ Eat regularly (e.g., breakfast, lunch, and dinner)
- _____ Eat healthily
- _____ Exercise
- _____ Get regular medical care for prevention
- _____ Get medical care when needed
- _____ Take time off when sick
- _____ Get massages
- _____ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- _____ Take time to be sexual - with yourself, with a partner
- _____ Get enough sleep
- _____ Wear clothes you like
- _____ Take vacations
- _____ Take day trips or mini-vacations
- _____ Make time away from telephones
- _____ Other:

PSYCHOLOGICAL SELF-CARE

- _____ Make time for self-reflection
- _____ Have your own personal psychotherapy
- _____ Write in a journal
- _____ Read literature that is unrelated to work
- _____ Do something at which you are not expert or in charge
- _____ Decrease stress in your life
- _____ Notice your inner experience - listen to your thoughts, judgements, beliefs, attitude and feelings
- _____ Let others know different aspects of you
- _____ Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theatre performance
- _____ Practice receiving from others
- _____ Be curious
- _____ Say no to extra responsibilities
- _____ Other:

EMOTIONAL SELF-CARE

- _____ Spend time with others whose company you enjoy
- _____ Stay in contact with important people in your life
- _____ Give yourself affirmations, praise yourself
- _____ Love yourself
- _____ Reread favourite books, re-view favourite movies
- _____ Identify comforting activities, objects, people, relationships, places and seek them out
- _____ Allow yourself to cry
- _____ Find things that make you laugh
- _____ Express your outrage in social action, letters, donations, marches, protests
- _____ Play with children
- _____ Other:

SPIRITUAL SELF-CARE

- _____ Make time for reflection
- _____ Spend time with nature
- _____ Find a spiritual connection or community
- _____ Be open to inspiration
- _____ Cherish your optimism and hope
- _____ Be aware of nonmaterial aspects of life
- _____ Try at times not to be in charge or the expert
- _____ Be open to not knowing
- _____ Identify what is meaningful to you and notice its place in your life
- _____ Meditate
- _____ Pray
- _____ Sing
- _____ Spend time with children
- _____ Have experiences of awe
- _____ Contribute to causes in which you believe
- _____ Read inspirational literature (talks, music, etc.)
- _____ Other:
- _____
- _____

WORKPLACE OR PROFESSIONAL SELF-CARE

- _____ Take a break during the workday (e.g., lunch)
- _____ Take time to chat with co-workers
- _____ Make quiet time to complete tasks
- _____ Identify projects or tasks that are exciting and rewarding
- _____ Set limits with clients and colleagues
- _____ Balance your caseload so no one day or part of a day is “too much”
- _____ Arrange your work space so it is comfortable and comforting
- _____ Get regular supervision or consultation
- _____ Negotiate for your needs (benefits, pay raise)
- _____ Have a peer support group
- _____ Develop a non-trauma area of professional interest
- _____ Other:
- _____

BALANCE

- _____ Strive for balance within your work-life and workday
- _____ Strive for balance among work, family, relationships, play and rest
- _____

The assessment report is the final tool to be used by the assessor (e.g. GBVPU Manager, Police Commissioner or Deputy Police Commissioner) based on the findings of all the components listed in this framework. The report needs to give a comprehensive overview of how the different aspects of the GBVPU are working together, and the quality of services being offered by the GBVPU. It is important that the client satisfaction feedback results are also included in the assessment report to show that the client's needs are being accommodated and attended to. The report needs to clearly show where the gaps are and what type of gaps exist so that the assessor is in a position to offer support in addressing these gaps, where good practices and strengths have been identified, these also need to be included in the report and be recommended to other GBVPU's which are still struggling. A scorecard below with different ratings based on the assessment findings is recommended

Each component of the checklist should be rated out of 5 available options based on the findings and observations, the ratings are from 1 to 5, (i.e. **1 = Very weak; 2 = Weak; 3 = Satisfactory; 4 = Good; 5 = Very Good**). If a sector (criminal justice service, Social service or Health services) has 10 components to be assessed in total, this makes up a total of 50 (i.e. 10 components X 5 (which is the highest mark)). Therefore, a final scoring will be out of 50 points (denominator), and the final scoring (i.e. total of all checklist components ratings) will be calculated as a percentage of the denominator. The percentage obtained will then be used to measure where the GBVPU services are in terms of the scorecard

Assessment report				
NAME OF GBVPU ASSESSED AND OTHER MULTISECTORAL SERVICES IF IN DIFFERENT VICINITIES		URBAN/RURAL		
REGION		DATE OF ASSESSMENT		
ASSESSMENT COMPONENTS	OBSERVATION/ COMMENTS			
	POLICE AND JUSTICE	SOCIAL SERVICES	HEALTH SERVICES	MULTI-SECTORAL COORDINATION
1. Availability of services				
2. Quality of services available				
3. Gaps and challenges identified: (e.g. gaps in skills, staff attitudes, weak referrals system, review meetings not taking place)				
4. Clients feedback on services				
5. Need for support: (e.g. any issues that needs the intervention of the Police or Dep. Police commissioner)				
6. Good practices and strengths identified				

ASSESSMENT COMPONENTS	OBSERVATION/ COMMENTS			
	POLICE AND JUSTICE	SOCIAL SERVICES	HEALTH SERVICES	MULTI-SECTORAL COORDINATION
7. GBV community Prevention efforts				
8. SCORING/RATING	_____ %	_____ %	_____ %	_____ %
9. Overall assessment findings: (include recommendations and follow-up actions)				

FULL NAME OF THE ASSESSOR:		ASSESSOR'S SIGNATURE	
POSITION/JOB TITLE:		DATE	

THE FOLLOWING OVERALL SCORECARD IS RECOMMENDED FOR THE FINAL ASSESSMENT

RATING 1-5	PERFORMANCE LEVEL	IMPLICATION
1 (0% -20%) - Poor	Performance was consistently below expectations, and reasonable progress toward critical goals was not met. Significant improvement is needed in one or more important areas	Close monitoring of performance by Police Commissioner needed, Multi-agency coordination need to be prioritized. Need high level authorities' interventions from all stakeholders
2 (21%-40%) - Unsatisfactory	Performance failed to meet expectations, one or more of the most critical goals were not met	Monthly monitoring and support by Police Commissioner needed, Multi-agency coordination need to be reviewed, performance plan to be strictly implemented to improve services
3 (41% - 60%) - Satisfactory	Performance met expectation in terms of quality of work, efficiency and timeliness.	Quarterly monitoring and support by Police Commissioner needed, Multi-agency coordination need strengthening, Sector performance plan recommended to improve services
4 (61% - 80%) - Very satisfactory	Performance exceeded expectations. All goals, objectives, and targets were achieved above the established standards	Recognized for good service, identify lesson learnt and best practices
5 (81% - 100%) - Outstanding	Performance represents an extraordinary level of achievement and commitment in terms of quality of services and timeliness, technical skills and knowledge.	Gold standard recognition, model adopted as best practice and standard

Reporting Strategy

Reporting strategy outlines the processes to be applied or followed when reporting all the information related to the functioning and the effectiveness of an integrated gender-based violence service delivery at the GBVPU. Central to monitoring the effectiveness of an integrated gender-based violence service delivery at the GBVPU is the data collection process, without data collection there will be no evidence to prove whether there is indeed improvement or the integrated gender-based violence services offered at the GBVPU are indeed effective. There also needs to be an understating or a formalized arrangement amongst the different agencies in a form of an Memorandum of Understanding (MOU), that holds the agencies involved in the multi-disciplinary GBV services accountable to reporting their work/statistics to the GBVPU that they are attached to or supporting. In this MOU, there need to be clear timelines on the deadlines for reporting information. This can be on monthly basis, where information recorded for a particular month by each agency is then submitted or uploaded on the system (if case of an electronic database) at the end of the month or for example by the 5th of the following month to allow for capturing and uploading.

The data collection process needs to be a simplified and straight forward process with clear guidelines on what to report on, who to report to, and by when should the required information be reported.

- What – what to report on, which information needs to be collected?
- To whom – the responsible person where collected information needs to be sent to.
- When – when should the collected information be reported/ deadline for submitting collected information.

Data collection

Data collection takes place at all levels where there is an engagement with the victim/survivor. Therefore, there is a need to have standardized data collection tools that all the official use to collect the information needed from the victims/survivor, these could be the forms that are already being used by the Police/medical officers/Social workers/local NGOs when assisting GBV victims. Due to the nature of GBV services being provided by different agencies, there needs to be a system of using a victim's unique identifier in effectively managing a victim's case. A unique identifier can be in a form of an Identity/Passport number or a unique reference number generated by a system using a combination of a victim's name, surname and date of birth. The unique identifier is a specific marker that set apart an individual from others, will assist in terms of tracking individuals' access to different services and their journey of accessing the criminal justice services, identify if the victims are repeatedly being abused or accessing GBVPU more than once, it will also assist in avoiding duplication and double counting of the same individuals.

What to report on

The table below shows the information that can be collected at every stage of engagement with a victim/survivor. This table give a summary of the type of information that can be collected and reported to the Data/Information officer. It includes a list of indicators that need to be reported on at every stage of engaging with the victim, definitions of these indicators, persons responsible for collecting data, methods/ tools to collect data, Intervals for collecting data, person responsible for collating information and reporting. Where necessary, additional indicators might be added to the table as the project continues.

STAGE	INDICATORS	INDICATOR DEFINITION	PERSONS RESPONSIBLE FOR COLLECTING DATA	METHODS/ TOOLS TO COLLECT DATA	INTERVALS FOR COLLECTING DATA	PERSON RESPONSIBLE FOR COLLATING INFORMATION AND REPORTING
INTAKE	Number of GBV cases reported	Total number of GBV cases reported to a Police/social worker/medical officer in a given period (e.g. day, month, year) by GBV victims	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	Dedicated/ Appointed official to receive, process and report data, at GBVPU
	Number of cases referred to social worker for risk assessment	Total number of GBV cases reported in a given period, where a victim is then referred by Police to the social worker for a further risk assessment	GBVU Police/ Medical officer	Police records	Ongoing/ daily	
	Client's Key biographical details collected (age, sex, race, education level, employment status, marital status)	Victim's important biographical data like sex, age, race, education level, employment status, marital status) that might be used in data analysis to show clear disaggregation.	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	
	Type of abuse (Sexual, Physical, emotional)	The kind of abuse suffered by the victim in their reported case	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	
	Type of perpetrator linked to case (intimate/non-partner violence)	The perpetrator's relationship with the victim, whether they are an intimate partner or non-intimate partner.	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	
	Victim's unique identifier	A unique identity reference (can be a number or number with texts) that can only be linked with a particular person/victim to enable distinct tracking of an individual throughout the journey of accessing multi-agency services and reporting	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	

STAGE	INDICATORS	INDICATOR DEFINITION	PERSONS RESPONSIBLE FOR COLLECTING DATA	METHODS/ TOOLS TO COLLECT DATA	INTERVALS FOR COLLECTING DATA	PERSON RESPONSIBLE FOR COLLATING INFORMATION AND REPORTING
RISK ASSESSMENT	Number of risk assessments conducted	Total number of assessments to determine the risks of the GBV victims completed by a social worker in a given period (e.g. day, month, year)	Social Worker	Social Worker report	Ongoing/ daily	Dedicated/ Appointed official to receive, process and report data, at GBVPU
	Number of cases referred for	Total number of GBV cases reported in a given period, where a victim is then referred by the Police/social worker for	Social Worker	Social Worker report / referral slips or book	Ongoing/ daily	
	· medical examination including PEP	· a further medical examination				
	· House of safety	· house of safety if she it is not safe for her to return home				
	· Police	· Police – to open a criminal case				
	· resolved	· Case resolved - If the social worker managed to resolve the case between the victim and perpetrator				
	Type of perpetrator linked to case (intimate/non-partner violence)	The perpetrator's relationship with the victim, whether they are an intimate partner or non-intimate partner.	Social Worker	Social Worker report	Ongoing/ daily	
	Victim's unique identifier	A unique identity reference (can be a number or number with texts) that can only be linked with a particular person/victim to enable distinct tracking of an individual throughout the journey of accessing multi-agency services and reporting	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	

STAGE	INDICATORS	INDICATOR DEFINITION	PERSONS RESPONSIBLE FOR COLLECTING DATA	METHODS/ TOOLS TO COLLECT DATA	INTERVALS FOR COLLECTING DATA	PERSON RESPONSIBLE FOR COLLATING INFORMATION AND REPORTING
REFERRALS	Number of referrals made	Total number of GBV victims' referrals to access a particular made in a given period (e.g. day, month, year). <i>*Note that this indicator counts the referrals made not the number of people referred. (e.g. 1 victim can be referred for 3 services or more, therefore only the services referred for are counted)</i>	GBVPU Police/ Social worker	Client referral book/Slips	Ongoing/ daily	Dedicated/ Appointed official to receive, process and report data, at GBVPU
	Type of referrals made	The kind of referrals which the victims were send for when they reported their case to a Police officer/Social worker. They type of referrals might include the following: <ul style="list-style-type: none"> · medical examination – for treatment of injuries, PEP, STI prophylaxis · House of safety – temporary accommodation · Police – opening a criminal case · Social worker – for psychosocial/ counselling 	GBVPU Police/ Social worker	Client referral book/Slips	Ongoing/ daily	
	Number of victims eligible for PEP	Total number of GBV victims who reported to be sexual abused referred for medical examination and tested HIV negative in a given period (e.g. day, month, year). <i>**The PEP is then administered to keep them HIV negative. PEP is not given to victims who are already on ART or tested HIV positive.</i>	GBVPU Police/ Social worker	Client referral book/Slips	Ongoing/ daily	
	Number of victims who accessed referred services	Total number of GBV victims who were referred for particular services and accessed those services they were referred to, in a given period (e.g. day, month, year).	GBVPU Police/ Social worker	Client referral book/Slips	Weekly/ Monthly	
	Type services of taken	The type of services that the victims were referred to and were accessed by those victims.	GBVPU Police/ Social worker	Client referral book/Slips and service provider records	Weekly/ Monthly	

STAGE	INDICATORS	INDICATOR DEFINITION	PERSONS RESPONSIBLE FOR COLLECTING DATA	METHODS/ TOOLS TO COLLECT DATA	INTERVALS FOR COLLECTING DATA	PERSON RESPONSIBLE FOR COLLATING INFORMATION AND REPORTING
REFERRALS (CONTINUED)	Number of Perpetrators referred for rehabilitation	Total number of people who committed GBV offences and their victims opted not to lay criminal charges against them, who were then referred for rehabilitation services to prevent further abuse, in a given period (e.g. day, month, year).	GBVPU Police/ Social worker	Police records	Weekly/ Monthly	
	Number of Perpetrators who completed rehabilitation process	Total number of people who committed GBV offences who were then referred for rehabilitation services to prevent further abuse and they completed their rehabilitation process, in a given period (e.g. day, month, year).	GBVPU Police/ Social worker	Police records	Weekly/ Monthly	
	Victim's unique identifier	A unique identity reference (can be a number or number with texts) that can only be linked with a particular person/victim to enable distinct tracking of an individual throughout the journey of accessing multi-agency services and reporting	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	
SERVICES ACCESSED	Percentage of successful referrals made to social worker/ Medical Officer/ Local NGO/ Police	total number of referred services accessed by victims in a given period/ Total number of referrals made for victims in a given period	GBVPU Police/ Social worker/ Medical officer	Client referral book/Slips	Weekly/ Monthly	Dedicated/ Appointed official to receive, process and report data, at GBVPU
	number of victims/survivors who completed the victim satisfaction survey	Total number of victims who provided feedback via the GBV Victim satisfaction about the service/ treatment they received at the GBVPU in a given period (e.g. day, month, year).	GBVPU Police	Victim feedback surveys	Weekly/ Monthly	
	number of victims/survivor reporting dissatisfactions with GBVPU services accessed	Total number of victims who provided feedback via the GBV Victim satisfaction survey and indicated that they were unhappy about the service/treatment they received at the GBVPU in a given period (e.g. day, month, year).	Appointed person to collect feedback surveys	Victim feedback surveys	Weekly/ Monthly	
	number of victims/survivor reporting satisfactions with GBVPU services accessed	Total number of victims who provided feedback via the GBV Victim satisfaction survey and indicated that they were happy about the service/treatment they received at the GBVPU in a given period (e.g. day, month, year).	Appointed person to collect feedback surveys	Victim feedback surveys	Weekly/ Monthly	
	Victim's unique identifier	A unique identity reference (can be a number or number with texts) that can only be linked with a particular person/victim to enable distinct tracking of an individual throughout the journey of accessing multi-agency services and reporting	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	

STAGE	INDICATORS	INDICATOR DEFINITION	PERSONS RESPONSIBLE FOR COLLECTING DATA	METHODS/ TOOLS TO COLLECT DATA	INTERVALS FOR COLLECTING DATA	PERSON RESPONSIBLE FOR COLLATING INFORMATION AND REPORTING
CASE INVESTIGATION AND EVIDENCE COLLECTION	Number of cases referred for Investigations	Total number of cases where a victims laid criminal charges against the perpetrators, and the police are conducting further investigations to gather evidence; in a given period (e.g. week, month, year).	Police	Social worker/ medical officer/ Police records	Weekly/ Monthly	Dedicated/ Appointed official to receive, process and report data, at GBVPU
	Number of J88 reports received from Medical doctors	Total number of detailed (J88) reports received from medical examinations that describe the injuries sustained by the victims	Police	Medical officer records/ Police records	Weekly/ Monthly	
	Investigation completed and submitted for Prosecution	Total number of cases where police gathered evidence about reported cases and handed them over for prosecution in court; in a given period (e.g. week, month, year).	Police	Police records	Weekly/ Monthly	
	Number of Medico-legal/ evidence submitted to lab	number of medical examination results collected by police from medical officers and submitted to forensic labs for forensic analysis	Police / Doctor	Police records/ forensic lab records	Weekly/ Monthly	
	Number of forensics results completed and submitted to police	number of forensic analysis results from a lab collected by Police to be used as evidence in court.	Forensic lab	Police records/ forensic lab records	Weekly/ Monthly	
	Number of forensics results received and presented as evidence in court	number of forensic analysis results from a lab collected by Police and presented as evidence in court.	Police	Police records	Weekly/ Monthly	
	Number of perpetrators arrested	Total number of people who committed GBV offences and arrested by police, upon their victims laying charged against them, in a given period (e.g. day, month, year).	Police	Police records	Weekly/ Monthly	
	Number of cases withdrawn	Total number of GBV cases that the victims have requested that they be withdrawn and not appear before court, in a given period (e.g. day, month, year).	Police	Police records	Weekly/ Monthly	
	Victim's unique identifier	A unique identity reference (can be a number or number with texts) that can only be linked with a particular person/victim to enable distinct tracking of an individual throughout the journey of accessing multi-agency services and reporting	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	

STAGE	INDICATORS	INDICATOR DEFINITION	PERSONS RESPONSIBLE FOR COLLECTING DATA	METHODS/ TOOLS TO COLLECT DATA	INTERVALS FOR COLLECTING DATA	PERSON RESPONSIBLE FOR COLLATING INFORMATION AND REPORTING
PROSECUTION	Number of GBV cases received	Total number of GBV cases that the Police have handed over for prosecution at court, in a given period (e.g. week, month, year).	Prosecutor	Prosecution records	Monthly/ Quarterly	Dedicated/ Appointed official to receive, process and report data, at GBVPU
	Number of GBV cases successfully prosecuted	Total number of GBV cases that were prosecuted before court and the perpetrator were found guilty of GBV crime, in a given period (e.g. week, month, year).	Prosecutor	Prosecution records	Monthly/ Quarterly	
	Number of GBV cases unsuccessfully prosecuted (merits, insufficient evidence)	Total number of GBV cases that were prosecuted before court and the perpetrator were not found guilty of GBV crime, in a given period (e.g. week, month, year).	Prosecutor	Prosecution records	Monthly/ Quarterly	
	Victim's unique identifier	A unique identity reference (can be a number or number with texts) that can only be linked with a particular person/victim to enable distinct tracking of an individual throughout the journey of accessing multi-agency services and reporting	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	
POST-TRIAL SUPPORT	Number of victims who received follow-up counselling	Total number of GBV victims who continued receiving psychosocial care/ support after their cases were finalized in court in a given period (e.g. month, quarter, year).	GBVU Police/ Social worker	Social worker/ Police records	Monthly/ Quarterly	Dedicated/ Appointed official to receive, process and report data, at GBVPU
	Number of victims who received follow-up medical care	Total number of GBV victims who continued receiving medical care/ support after their cases were finalized in court in a given period (e.g. month, quarter, year).	GBVU Police/ Social worker/ Medical officer	Social worker/ medical officer/ Police records	Monthly/ Quarterly	
	Number of victims/survivors who received comprehensive care/support until case is closed.	Total number of GBV victims / survivors who received all the multi-disciplinary agency support (e.g. Police, social service, medical care), until case is closed.	GBVU Police/ Social worker/ Medical Officer	Social worker/ medical officer/ Police records	Monthly/ Quarterly	
	Victim's unique identifier	A unique identity reference (can be a number or number with texts) that can only be linked with a particular person/victim to enable distinct tracking of an individual throughout the journey of accessing multi-agency services and reporting	GBVPU Police/ Social Worker/ Medical officer	Police/ Social Worker/ Medical officer records	Ongoing/ daily	

Reporting

Who to report to

Each and every GBVPU facility needs to appoint a dedicated data or information reporting officer who will be responsible for coordinating the reporting of all the information relating to the GBV victims from different agencies, i.e. from hospital/clinic, from social workers, from local NGO if any, shelters and house of safety if any, from court of law, and from the Police stations. In a situation where there is a central electronic database that can be accessed by all other agencies, this information can be uploaded on daily and weekly basis by officials who are assisting the victims of GBV. The data reporting officer's role will then be to clean and verify this information against the source documents on monthly basis and collate monthly statistics that is reported to the head of the GBVPU and then to the office of the Deputy Commissioner.

The Data Report Officer will need to continuously engage with, monitor and report on the usage of the electronic database to the Police Deputy Commissioner. The electronic database will become the central storage and reporting system for the programme's information, as result it need to be used optimally together with other tools developed to reflect the effective functioning of the GBVPU. UNODC and other stakeholders in consultation with the Police Deputy Commissioner may be given limited access to the Central database to review and monitor its functionality and serviceability.

When to report to:

Although the information from victims/survivors will be collected on an ongoing basis by the different agencies, all the information collected for a particular month (e.g. April 2021) need to be reported at the end of that month to a GBVPU data/information officer who will then collate all the information reported for that particular month and share it with the senior executives. The senior executives who are attending the multi-stakeholder's coordination meetings are then empowered to make data-driven decisions based on the up-to date information, and also make timely corrective actions where such are needed.

Data flow of information

A data flow diagram represents how the information flows within a system, clearly indicating the starting point and the end point of the whole process. The data flow chart below aims to visualize the process of how information is collected at the GBVPU facility from the first stage of intake, where the victim reports a case of abuse until the last point where a report is compiled. The data flow summarizes the process of collecting information, verifying it, collating and processing and the reporting stages.

Notes:

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graph TD
    Victim([GBV Victim/Survivor])
    Health[Health Service collect information from a victim during intake and treatment of victim]
    Criminal[Criminal Justice Service collect information from a victim during intake and refer for services, further support the victim with court process]
    Social[Social Service collect information from a victim during intake and risk assessment, provide psychosocial support]
    Local[Local NGO/ House of safety working with GBV victims collect information during intake]
    Submission[Submission of information/stats to GBVPU Data Officer on monthly basis]
    Verify[Data Officer verifies information against the Source documents and collate monthly stats]
    Report[GBVPU Data Officer report monthly statistics to the GBVPU manager]
    Meeting[GBVPU Manager presents dat to the monthly multi-stakeholder coordination meeting]
    Report2[GBVPU Manager report to the Dep. Commissioner's Office on the performance of the GBVPU and multi-agency coordination]

    Victim --> Health
    Victim --> Criminal
    Victim --> Social
    Victim --> Local

    Health -- Referrals --> Criminal
    Criminal -- Referrals --> Health
    Criminal -- Referrals --> Social
    Social -- Referrals --> Criminal
    Social -- Referrals --> Local
    Local -- Referrals --> Social

    Criminal --> Submission
    Social --> Submission

    Submission --> Verify
    Verify --> Report
    Report --> Meeting
    Meeting --> Report2

    Meeting -.->|Feedback on services| Health
    Meeting -.->|Feedback on services| Criminal
    Meeting -.->|Feedback on services| Social
    Meeting -.->|Feedback on services| Local
  
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Feedback mechanism

Feedback is an important element to all the stakeholders involved in the multi-agency anti-GBV work. Although there are planned regular multi-stakeholders case review meetings to give feedback on the work done by different stakeholders in supporting the GBV victims/survivors, most of these case review meetings are usually attended by senior managers and not ordinary staff who do the work. Feedback is not only important for the senior managers but also for the officials who are doing the actual work with victims of GBV, therefore, there need to be a systematic feedback mechanism in place on how the day-to-day work Police, nurses, doctors, social workers, NGO staff and other officials are provided with feedback on the work they do, as a means of finding corrective actions to improve service delivery or acknowledging the good service provided. This can be in a form of regular or scheduled staff meetings where performance data is discussed and concerns from staff are addressed. The responsibility of these meeting lies with the team leaders or managers of the agencies involved in the multi-disciplinary GBV services (i.e. criminal Justice, social services and local NGOs, and health services) who attend the case review meetings, they need to ensure that the feedback is cascaded down to their subordinates to ensure that everyone is aware of the work that needs to be done or appreciate their contribution to the successes achieved.

Notes:

NOTES



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