STANDARD OPERATING PROCEDURES FOR PREVENTION OF AND RESPONSE TO SGBV in NAIROBI KENYA

Developed in collaboration with:

- United Nations High Commissioner for Refugees (UNHCR)
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- Kituo Cha Sheria
- Refugee Consortium of Kenya (RCK)
- International Rescue Committee (IRC)
- The Jesuit Refugee Service Urban Emergency Programme (JRS-UEP)
- Women’s Rights Awareness Programmes (WRAP)
- Heshima Kenya
- Hebrew Immigrant Aid Society (HIAS) Refugee Trust of Kenya
- MEGEN
- Kenyatta National Hospital Gender Based Violence Recovery Centre (KNH GBVRC)
- Medecines Sans Frontieres
- RefugePoint
- Centre for Domestic Training and Development
- The Children’s Department

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1. Introduction

Recognising the prevalence of sexual and gender based violence (SGBV) and its devastating impact on women and children in particular, as well as families and communities, these Standard Operating Procedures (SOPs) have been agreed upon to facilitate joint action by all actors to prevent and respond to SGBV. The prevention of and response to SGBV require the establishment of a multi-sectoral working group to enable a collaborative, multi-functional, inter-agency and community based approach. These SOPs, developed by representatives of the organizations listed on the cover, establish clear procedures, roles, and responsibilities for each actor involved in the response to SGBV. The SOPs reflect a community and rights-based approach to the problem.

This document is divided into six sections: (1) Definitions of SGBV, (2) Guiding Principles, (3) Reporting, Referral, and Case Information Management, (4) Responsibilities for Prevention and Response, (5) Coordination and (6) Monitoring and Evaluation. The SOPs detail the minimum procedures for prevention and response and which agencies will be responsible for actions in the four main sectors: health, psychosocial, legal/justice and security, as well as considering support from the education sector and the community.

Guiding Policies
This GBV SOPs for urban refugees in Nairobi is based on Kenyan law and policy, as well as international best practices and existing guidelines for the prevention of and response to SGBV.


- The Children’s Act (2001) defines a child as any person under the age of 18, and it does not distinguish between Kenyan and refugee children. Thus, refugee children enjoy the same rights and have the same obligations as Kenyan children under the Act.
  The Act gives refugee children several rights, for example: to receive free primary education, the provision of which shall be the responsibility of the government and the parents; to be protected against harmful practices such as early marriage, forced marriage and female circumcision; and to be protected against discrimination.
- The Prohibition of Female Genital Mutilation Act (2011) outlaws the practice of FGM, possessing the tools to perform FGM, assisting or procuring someone for FGM, fails to report FGM, and verbally abusing someone who has not undergone FGM or is marrying someone who has not undergone FGM.
- The Penal Code (2009) outlaws physical assault and any other torture or harm of a person. This includes wife beating.

Kenyan Government National Guidelines

  o Medical Management
  This manual was developed to aid in training health care providers, doctors, clinical officers, laboratory technicians and nurses to deliver post-rape care, register care sites, support supervision and monitor the systems. It should be used in its entirety. Module 1 focuses on legal aspects of care while module 2 focuses on managing post-rape care.
• Gender Commission Training Manual
• Gender Policy?

International Guidelines: All available at http://oneresponse.info/GlobalClusters/Protection/GBV/ 
• Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, IASC, 2010
• Establishing Gender-Based Standard Operating Procedures (SOPs) for Multi-sectoral and Inter-organisational Prevention and Response to Gender-based Violence in Humanitarian Settings, IASC, 2008.
• Guidelines for Gender-Based Violence interventions in Humanitarian Settings, IASC, 2005
• WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. WHO 2007
• Sexual and gender-based violence against refugees, returnees, and internally displaced persons, UNHCR, 2003.
• GBV Information Management System User Guide (www.gbvims.org)

UNHCR Guidelines: All available at www.refworld.org
• UNHCR is a member of the IASC and participated in the development and roll out of the GBV SOPs, GBV IMS, CMR Guidelines as well as developing specific SGBV guidelines for working with refugees. All listed above.
• As an agency of the United Nations, UNHCR is required to uphold and promote the rights of women and girls, to mainstream a gender perspective in all our policies and operations, and to work towards the empowerment of women and the elimination of violence against them. These responsibilities, which are core to UNHCR’s protection mandate, have been reflected in UNHCR’s Executive Committee Conclusions and UNHCR policies since the early 1990s including the Agenda for Protection which references strengthening protection mechanisms for prevention and response to SGBV.
• UNHCR takes a lead role in facilitating the development of the SOPs. A UNHCR plan of action on prevention of and response to SGBV should follow the SOPs and be reflected in UNHCR’s Country Operations Plan and in sub-agreements with implementing partners to effectively enable full implementation of the procedures. The results should be reported on in the UNHCR Annual Protection Report.
2. Definitions of SGBV

UNHCR and implementing partners use an expanded definition of SGBV based on Articles 1 and 2 of the UN General Assembly Declaration on the Elimination of Violence against Women (1993) and Recommendation 19, paragraph 6, of the 11th Session of the CEDAW Committee:

“... gender-based violence is violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty....While women, men, boys and girls can be survivors of gender-based violence, women and girls are the main survivors.

...shall be understood to encompass, but not be limited to the following:

a. Physical, sexual and psychological violence occurring in the family, including battering, sexual exploitation\footnote{Specific procedures for dealing with sexual exploitation are further elaborated in UNHCR’s Code of Conduct which includes the Secretary General’s Bulletin on Sexual Exploitation and Abuse (2003).}, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.

b. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in education institutions and elsewhere, trafficking in women and forced prostitution.

c. Physical, sexual and psychological violence perpetrated or condoned by the State and institutions, wherever it occurs.”

The underlying root cause of SGBV is the historically unequal power relations between men and women, which have led to domination over and discrimination against women by men\footnote{Declaration on the Elimination of Violence against Women, 1993.}. Poverty, culture and substance abuse are factors which exacerbate these unequal power relations.

The six core GBV types were created for data collection and statistical analysis of GBV. They should be used only in reference to GBV even though some may be applicable to other forms of violence which are not gender-based.

1. **Rape**: non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

2. **Sexual Assault**: any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. *This incident type does not include rape, i.e., where penetration has occurred*. FGM/FGC is an act of sexual violence that impacts sexual organs, and as such will be classified as a sexualized act. This harmful traditional practice should be categorized under sexual assault.

3. **Physical Assault**: an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

4. **Forced Marriage**: the marriage of an individual against her or his will.

5. **Denial of Resources, Opportunities or Services**: denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

6. **Psychological / Emotional Abuse**: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.
3. Guiding Principles

All actors agree to extend the fullest cooperation and assistance to each other in preventing and responding to SGBV and agree to adhere to the following set of guiding principles:

Guiding Principles for the Programme
1. Engage the community fully in understanding and promoting gender equality and power relations that protect and respect the rights of women and girls.4
2. Ensure equal participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory assessment5.
3. Ensure coordinated multi-sectoral action by all actors.
4. Strive to integrate and mainstream actions.
5. Ensure accountability at all levels.
6. The framework for all programming should be based on international legal principles, including those set out in refugee law, international human rights law and international humanitarian law.
7. All staff providing services, including interpreters6 in the programme should sign the UNHCR Code of Conduct or a similar document setting out the same standards of conduct.

Guiding Principles for Individuals
1. Ensure the safety of the survivor and his/her family at all times.
2. Respect the confidentiality7 of the affected person(s) and their families at all times.
3. Respect the wishes, rights, and dignity of the victim(s)/survivor(s) when making any decision on the most appropriate course of action to prevent or respond to an SGBV incident, while also bearing in mind the safety of the wider community as well as the individual concerned.
4. Ensure non-discrimination in the provision of services.
5. Apply the above principles to children, including their right to participate in decisions that will affect them. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide8 and the appropriate procedures should be followed. Special procedures for working with child survivors and child perpetrators are described in the section on responses.

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3 Please refer to Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response, UNHCR, May 2003, p. 29 for more details on guiding principles.
4 See SGBV Guidelines, UNHCR, Involving the family and the community, pp. 80-84.
5 See UNHCR’s Tool for Participatory Assessment in Operations, 2006.
6 See SGBV Guidelines, UNHCR, p. 29 for further guidance on working with interpreters.
7 Confidentiality: Refugees and other persons of concern to UNHCR provide information for their own protection with the understanding that this information will not be shared with others without their consent. UNHCR has an obligation to respect the confidentiality of personal case histories as elaborated in UNHCR’s Confidentiality Guidelines, IOM/71/FOM/68 24 August 2001.
4. Reporting, Referral and Case Information Management

4.1 Reporting and Referral

Reporting
The survivor has the freedom and the right to report an incident to anyone. S/he may report to:
- Anyone whom the survivor perceives can be of assistance;
- Health clinics or Gender Violence Recover Centres
- Community leaders;
- School teachers, parents, peers, friends, health workers;
- UNHCR and NGOs; or
- Police

Hotlines in Nairobi include:
- Kimbilio Trust (Hotline) 0800720072 [www.kimbilio.or.ke](http://www.kimbilio.or.ke) Only Swahili and English speakers.
- MSF sexual violence hotline 0711400506 24 hours
- Liverpool VCT Youth Hotline for Sexual Violence Survivors 0800720121, [one2one@liverpoolvct.org](mailto:one2one@liverpoolvct.org), FaceBook ID: One2One Youth hotline, Skype ID: one2one-youthhotline
- Child line 116

All of the actors who become aware of a survivor of SGBV have a responsibility to inform the survivor of the services available.

Incidents of sexual exploitation involving humanitarian workers must be reported according to the UN Secretary General’s Bulletin on Sexual Exploitation and Abuse, 2003.


Reporting Mechanism

Referral
- The person who receives the initial report will act in accordance with the referral mechanism (see page 8).
- A survivor has the freedom to exercise his/her choice not to report and should a person choose not to, s/he should still be supported in any way possible.
- Health assistance is the priority for cases involving rape and other bodily injuries. In the case of rape, assistance may include wound care, counselling, emergency contraceptive and post-exposure prophylaxis to prevent HIV, other STIs and tetanus, and collection of forensic evidence. Service providers should inform the survivor of the medical care available.
- Survivors can request that UNHCR be notified by actors providing medical, psychosocial and legal advice that they have been assaulted. This will enable UNHCR to document in ProGres.
- All service providers in the referral network must be knowledgeable about the services provided by any actor to whom they refer a survivor. See URPN Agency Director for information on agencies’ services, referral pathway and referral focal points.
- Service providers should translate the referral framework into the language(s) used by the local population, and into child-friendly and pictorial, easy-to-understand versions.

Special Procedures for Child Survivors
- All agencies agree to act in the best interests of the child
- All agencies must involve the Children’s Department in cases of neglect so that appropriate action can be taken and to monitor that any decision to separate children from their parents is
made according to the safeguards elaborated in Article 9 of the Convention on the Rights of the Child (CRC).

- Actors should be trained to meet the psycho-social needs of child survivors.
- Actors should be aware that some perpetrators are family members. The child should therefore be interviewed when no other family member is present; however, the parents/guardians must be informed that an interview is going to be conducted.
- Based on the right to participate in making decisions that affect their lives, child survivors should be informed of the availability of health, psychosocial, safety, and legal/justice assistance and be made aware of the limitations of those services.
- An assessment of the implementation of the Sexual Offences Act by the Federation of Women Lawyers of Kenya in 2010 highlighted that the Act does not adequately heed Article 39 of CRC which requires party states to make provision for rehabilitation of children who are victims of sexual abuse. There is inadequate focus on this beyond a mention of provision to be made for treatment orders granted for victims of sexual offences.
4.2 Reporting and Referral Mechanism

REPORTING:

Survivor tells someone about the incident
Accompany the survivor to the health post/psychosocial partner/police based on the survivor’s wishes.

OR

Survivor refer herself/himself
to one of the service providers below

1. IMMEDIATE 48 HOUR RESPONSE:

The service provider must:

- Provide a safe, caring environment and respect the confidentiality and wishes of the survivor;
- Ascertain the immediate needs of the survivor and make an appropriate referral;
- Provide information on SGBV related services available from the other service providers.

<table>
<thead>
<tr>
<th>Health Centre:</th>
<th>Psychosocial support</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIZ supported City Council Clinics location in Eastleigh, Kasarani, Riruta, Kasarani, Wangige, Ruiru, Kangemi, Mama Lucy Kibaki Hospital, Mbagathi Hospital MSFF Gender Violence Recovery Centre, Eastleigh Gender Violence Recovery Centre at Nairobi Women’s Hospital or Liverpool VCT Kenyatta Hospital</td>
<td>GIZ Heshima JRS RCK HIAS MSF RefugePoint</td>
</tr>
</tbody>
</table>

IF THE SURVIVOR WANTS TO PURSUE POLICE/LEGAL ACTION
IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS

<table>
<thead>
<tr>
<th>Safety/Security:</th>
<th>Legal/Justice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency: Nearest Police Station</td>
<td>Agency: RCK or Kituo Cha Sheria.</td>
</tr>
</tbody>
</table>

- Refer and accompany survivor to police (family, friend, or staff)
- Police will record the survivor’s statement in the occurrence book and issue an occurrence book number to the survivor for future follow up.
- If a Gender Desk Police Officer is available they will take statement, issue official form to record medical information (P3 Form) and conduct investigation.
- Survivor takes form to the health worker who has provided her with medical care for completion.
- Survivor returns completed form to police.
- Police continue to investigate with the aim of arresting alleged assailant and prosecuting in court.
- A survivor is required to give evidence in court but the Sexual Offences act allows courts to conduct cases ‘in camera’ and this has increased confidence in the court system, so more survivors are willing to report and testify.
- RCK/Kituo can also accompany to court and provide emotional and legal support.
4.3 Individual Case Management

Actors agree to use a GBVIMS compatible intake form and consent form (templates attached for case workers and health workers). HIAS is the lead agency to receive GBVIMS data for compilation and sharing of non identifiable data with GBV WG members through monthly statistical reports.

- Persons charged with collecting information from the survivor should be appropriately trained on how to fill out the forms and should carry out their responsibilities with compassion, in confidentiality, and with respect for the survivor.
- Original completed Intake Forms and Consent Forms are maintained by each agency in locked files.
- The GBVIMS Incident Recorder is password protected by each agency.

Obtaining consent:

- The survivor should be given adequate information in order to give his/her informed consent. This information should include the implications of sharing information about the case with other actors and the options/services available from the different agencies.
- Children must be consulted and given all the information needed to make an informed decision using child-friendly techniques that encourage them to express themselves. Their ability to provide consent on the use of the information and the credibility of the information will depend on their age, maturity and ability to express themselves freely (Please refer to Section 4.2 for additional information). Actors are guided by the best interests of the child when making a referral.
- Make sure that the survivor understands what the Consent Form states and implies before he/she signs or fingerprints the document.
5. Responsibilities for Prevention and Response

This section provides a brief overview of what each GBV prevention and response agency provides in terms of health, safety/security, legal/justice, and psycho-social and education. The URPN Agency Directory contains more specific information which case managers can use to inform the survivor of the assistance available to her and make an effective referral for requested services.

5.1 The Role of UNHCR

- In Nairobi, as part of its core protection mandate, UNHCR acts as the coordinating agency for SGBV in collaboration with Heshima Kenya as the lead NGO and a number of multi-sectoral actors.

<table>
<thead>
<tr>
<th>UNHCR</th>
<th>Prevention</th>
</tr>
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<tbody>
<tr>
<td><strong>Response</strong></td>
<td><strong>Prevention</strong></td>
</tr>
<tr>
<td>Responsibilities:</td>
<td>Responsibilities:</td>
</tr>
<tr>
<td>● Referral of survivors to service providers if survivors approach UNHCR offices</td>
<td>● Provide policy guidance on GBV and overall strategy on GBV issues.</td>
</tr>
<tr>
<td>● Monitoring and Evaluation of GBV programme for urban refugees.</td>
<td>● Train partners, authorities, and community volunteers on GBV response mechanisms.</td>
</tr>
<tr>
<td>● Efforts on Durable Solution to survivors.</td>
<td>● Joint co-ordination of GBV working group meetings and activities with Heshima Kenya.</td>
</tr>
</tbody>
</table>

5.2 Health/Medical

The National Guidelines on Management of Sexual Violence in Kenya \(^1\) from the Government of Kenya Ministry of Public Health & Sanitation and Ministry of Medical Services provides a clear protocol on the health response to survivors and highlights the specific needs of children. Further guidance is available from the Kenyan Ministry of Health Trainer’s Manual on Clinical Care for Survivors of Sexual Violence. \(^2\) These guidelines state that medical providers must ensure confidential, accessible, compassionate, and appropriate medical care for survivors. For sexual violence, health care includes, at least:

- Examination and history taking
- Treatment of injuries
- Prevention of disease, including STIs/HIV
- Prevention of unwanted pregnancy
- Collection of minimum forensic evidence
- Psychological/emotional support
- Medical documentation
- Follow up care

The Post Rape Care (PRC) Form \(^3\)

The PRC is a medical form filled when attending to the survivor. The form allows space for history taking, documentation and examination. It facilitates filling of the P3 form by ensuring that all relevant details are available and were taken at the first contact of the survivor with a health facility. The PRC form strengthens the development of a chain of custody of evidence by having a duplicate that can be used for legal purposes and showing what specimen were collected, where it was sent and who signed for it. The PRC form can be filled by a doctor, a clinical officer or a nurse.

**NOTE:** When the PRC form is filled and signed completely:

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\(^3\) This section is copied from page 31 of the National Guidelines on Management of Sexual Violence in Kenya.
• The Original form is to be given to the police for custody. This is the form that is produced in court as evidence;
• The Duplicate form is given to the survivor;
• The Triplicate form remains with the hospital.

The Kenya Police Medical Examination P3 Form

This is a Police form that is issued at the police station. It is filled by a health practitioner or the police surgeon as evidence that an assault has occurred. The P3 form is for all assaults and therefore not specific to sexual violence. It is therefore not as detailed as the PRC form. The P3 form is filled and returned to the police for custody. The filling of the P3 form in sexual violence cases is done free of charge. The survivor should get a copy of their PRC form when it is filled and signed and when the P3 form is being filled. The P3 form is the link between the health and the judiciary systems. The medical officer who fills the P3 form or their representative will be expected to appear in court as an expert witness and produce the document in court as an exhibit.

Key health care information for a survivor:
• Seeking health care can prevent sexually transmitted diseases, including HIV (report within 72 hours) and pregnancy (report within 120 hours), tetanus and wound care.
• A health provider can also collect forensic evidence which is essential in helping survivors of sexual violence access justice through judicial processes. Proper management of evidence helps in presenting credible evidence to Court to prove that sexual violence indeed occurred and link the perpetrator to the crime. A survivor should not wash or change clothes before seeking health care or if she has washed should bring the clothes she was wearing with her wrapped in paper. (p24 National Guidelines for Management of Sexual Violence).
• A follow up pregnancy test at six weeks is offered to all female rape survivors. If they present with a pregnancy, which they feel is as a consequence of the rape, they should be informed that in Kenya, termination of pregnancy may be allowed after rape (Sexual Offences Act, 2006). If the woman decides to opt for termination, she should be treated with compassion, and referred appropriately. (p13 National Guidelines for Management of Sexual Violence)
• Procedures for Reporting to the Police: Survivors of sexual violence should be encouraged to report to the police immediately after medical treatment. It is however, an individual’s choice and should not be forced. Police should encourage and assist anyone presenting at the police station following rape/sexual assault, to attend the nearest health facility as soon as possible, preferably before legal processes commence as both PEP and EC become less effective with passing of time. (p23 National Guidelines for Management of Sexual Violence)

MEDICAL PARTNERS

<table>
<thead>
<tr>
<th>Response</th>
<th>Prevention</th>
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<tbody>
<tr>
<td>GIZ supported City Council Clinics location in Eastleigh, Kasarani, Riruta, Kasarani, Wangige, Ruiru, Kangemi, Mama Lucy Kibaki Hospital, Mbagathi Hospital MSFF Gender Violence Recovery Centre, Eastleigh Gender Violence Recovery Centre at Nairobi Women’s Hospital or Liverpool VCT Kenyatta Hospital</td>
<td>Name of Organization: GIZ, RefugePoint, HIAS, HESHIMA Responsibilities:</td>
</tr>
<tr>
<td>Detailed information can be found in the URPN Agency Directory. Please consult the directory before informing a client of where to seek appropriate medical care.</td>
<td>• Inform the community of available medical services • Address barriers to survivors accessing services • Engage in behaviour change awareness raising activities to reduce incidence of GBV</td>
</tr>
</tbody>
</table>
5.3 Psychosocial

Psychosocial services for survivors of GBV include the following inter-related types of activities:

1) emotional support to assist with psychological recovery and healing from trauma;
2) case management, support, and advocacy to assist survivors in accessing needed services; and
3) support and assistance with social re-integration.

Most societies respond to psychosocial trauma and stress by adapting locally developed coping mechanisms. Often societies see healing as a collective process promoted by the conduct of spiritual and religious practices. These beliefs shape people’s behaviour and well-being. They need to be fully understood and it is important to work with communities to identify and build on these where appropriate, providing they respect human rights, as well as to consider individual counselling. It is essential to support and maintain social networks and develop group activities for survivors which also protect the individual rights of the survivors.15

**PSYCHOSOCIAL PARTNERS**

<table>
<thead>
<tr>
<th>Response</th>
<th>Prevention</th>
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<tbody>
<tr>
<td><strong>Name of the organizations:</strong> HIAS, RCK, Heshima, WRAP, RefugePoint</td>
<td><strong>Name of the organization:</strong> HIAS, RCK, Heshima, WRAP, RefugePoint</td>
</tr>
<tr>
<td>Responsibilities:</td>
<td>Responsibilities:</td>
</tr>
<tr>
<td>• Individual Counselling</td>
<td>• Awareness raising of the mental health effects of GBV</td>
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<tr>
<td>• Group Counselling</td>
<td>• Training of community members in peer support</td>
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<tr>
<td>• Family Counselling</td>
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5.4 Security/Safety

The Kenya Police is responsible for maintaining law and order in the country, as well as intervening when cases of gender based violence are reported at the police station.

**SECURITY/SAFETY PARTNERS**

<table>
<thead>
<tr>
<th>Response</th>
<th>Prevention</th>
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<tbody>
<tr>
<td><strong>Name of the organization:</strong> GIZ, RefugePoint, CDTD, HIAS</td>
<td><strong>Name of the organization:</strong> Kituo, RCK</td>
</tr>
<tr>
<td>• Provide safe and secure shelter to GBV survivors identified as at risk</td>
<td>• Engage police in increasing patrols in high risk areas</td>
</tr>
<tr>
<td>• Work with survivor to assist safe reintegration into community</td>
<td>• Engage community in community policing to improve safety of the community</td>
</tr>
<tr>
<td>• In ongoing high risk cases refer or provide resettlement</td>
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</table>

5.5 Legal/Justice

5.5.1 Police Investigation

Specific roles of the police in GBV response include:

- Record the survivor’s statement in the occurrence book and issue an occurrence book number to the survivor for future follow up.
- If a Gender Desk Police Officer is available they will take statement, issue official form to record medical information (P3 Form) and conduct investigation
- Survivor takes form to the health worker who has provided her with medical care for completion
- Survivor returns completed form to police

• Police continue to investigate with the aim of arresting alleged assailant and prosecuting in court
• A survivor is required to give evidence in court but the Sexual Offences act allows courts to conduct cases ‘in camera’ and this has increased confidence in the court system, so more survivors are willing to report and testify.
• RCK/Kituo can also accompany to court and provide emotional and legal support

Gender Desks exist in Police Stations nationwide and there are several in refugee areas. Various studies highlight that services at Gender Desks are unpredictable with some officers behaving in an unfriendly, rude and corrupt way. Accompanying clients to report to the police is generally recommended so the case worker can advocate for appropriate service.

What the Survivor Should Expect at the Police Station: At the police station, a report is entered into the Occurrence Book (OB) and the survivor is issued with a P3 form. The P3 form should be provided free of charge. An OB number should be given to the survivor. If the survivor has not been to the hospital, it is important that s/he goes there immediately after reporting. Other procedures such as writing a statement can be undertaken after initial treatment has been received. The police should record the statement of the survivor and any witnesses, and the survivor should sign it only when s/he is satisfied with what the police have written. The P3 form should be completed by an authorized health worker based on the clinical notes found in PRC Form.

5.5.2 Paralegal Counselling
• Counsellors should clearly inform the survivor of the pros and cons of existing legal options. These include an understanding of the relevant laws and the role of Gender Desk Police Officers in receiving GBV reports.
• At her request, counsellors should accompany or refer the survivor to the Gender Desk to make a report.
• Child survivors should be referred to the Children’s Department for a best-interest determination. Please note:
  - Child survivors should be consulted on the option for legal justice and made aware of the available services and their limitations;
  - The child’s needs, wishes, and feelings must be taken into consideration and every effort should be made to enable the child to express himself/herself and to take part in making the decision.

5.5.3 Special Procedures for Child Perpetrators
Juvenile offenders must be protected from suffering abuse while they are in prison. This can be achieved by:
• Fast-tracking hearings and monitoring the process;
• Assisting with their psycho-social rehabilitation;
• Promoting laws and procedures that ensure proper safeguards for juvenile offenders

---

19 See UNHCR’s SGBV Guidelines, Chapter 5, pp. 69-86 for more information on Special Considerations for Refugee Children. See also Working with Unaccompanied Children: A Community-based Approach, UNHCR.
5.5.3 Traditional dispute mechanisms
In Nairobi, the refugee community may often use traditional justice mechanisms to resolve GBV incidents which do not protect the rights of women and girls. GBV WG members do not agree with referring survivors of SGBV to these mechanisms. Attention should be given to such mechanisms by:

- In collaboration with the national justice system, determining if traditional or alternative forms of dispute resolution are legally acceptable in the host country and determine whether their administration of justice meets national and international standards of protecting the rights of women and girls.
- Providing training to any members of traditional justice systems on human rights and women’s and children’s rights and assisting the members to analyse the system from a human rights perspective and working towards introducing changes to improve the standards.
- Supporting the meaningful participation of women in such systems.

LEGAL/JUSTICE PARTNERS

<p>| Name of organization: RCK, Kituo | Name of organization: RCK, Kituo |</p>
<table>
<thead>
<tr>
<th>Response</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibilities:</td>
<td>Responsibilities:</td>
</tr>
<tr>
<td>- Help the survivor report to the police, by accompanying to the police station and assist them in recording a statement and securing a P-3 form.</td>
<td>- Training on the refugee community on preservation of evidence.</td>
</tr>
<tr>
<td>- Advice the survivor on how the P-3 form should be filled by her health worker.</td>
<td>- Monitoring of the Gender Desks in Police Stations.</td>
</tr>
<tr>
<td>- Assist the survivor to press charges</td>
<td>- Target the police in GBV trainings, and inclusion of GBV component in regular police trainings.</td>
</tr>
<tr>
<td>- Observe court proceedings and support GBV survivor in the court process (pre trial and post trial counselling).</td>
<td></td>
</tr>
</tbody>
</table>

What the survivor should expect in court:

5.5.4 National Legal Instruments related to SGBV
The following have been adopted from the Sexual Offences Act, 2006:

**Section 3(1) rape:** A person commits the offence termed rape if:

a) He or she intentionally and unlawfully commits an act which causes penetration with his or her genital organs,

b) The other person does not consent to the penetration, or

c) The consent is obtained by force or by threats or intimidation of any kind.

**Section 4 attempted rape:** Any person who attempts to unlawfully and intentionally commits an act that causes penetration with his or her genital organs is guilty of attempted rape.

**Section 5(1) sexual assault:** Any person who unlawfully

a) Penetrates the genital organs of another person with

i. Any part of the body of another or that person; or

ii. An object manipulated by another or that person except where such penetration is carried out for proper and professional hygienic or medical purposes;

b) Manipulates any part of his or her body or the body of another person to cause penetration of the genital organ by any part of the other person’s body, is guilty of sexual assault.

**Section 8 defilement**

**Section 8(1):** A person who causes penetration with a child is guilty of an offence called defilement.

**Section 8(2):** A person who defiles a child aged 11 years or less shall upon conviction be sentenced to imprisonment for life.

**Section 8(3):** A person who defiles a child between the age of 12 and 15 years is liable, upon conviction, to imprisonment for not less than 20 years.
Section 8(4): A person who defiles a child between the age of 16 and 18 years is liable upon conviction to imprisonment for not less than 20 years.

Section 9(1) attempted defilement: A person who attempts to cause penetration with a child is guilty of attempted defilement.

Other acts criminalized by the Act include:
- Gang rape
- Indecent act with child or adult
- Child trafficking
- Child sex tourism
- Child prostitution
- Child pornography
- Exploitation of prostitution
- Trafficking for sexual exploitation
- Prostitution of persons with mental disabilities

The Act also allows courts to conduct cases ‘in camera’ and this has increased confidence in the court system, so more survivors are willing to report and testify.

5.6 Livelihood

Since the lack of economic opportunities increases a survivor’s vulnerability to gender-based violence as well the likelihood that the violence will occur again, it is important that GBV prevention and responsive activities include a focus on livelihood. Key activities related to the prevention of GBV and GBV response interventions are:

**LIVELIHOOD PARTNERS**

<table>
<thead>
<tr>
<th>Response</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of the organization:</strong> GIZ, Faraja, Heshima Kenya, IRC, JRS, CDTD</td>
<td><strong>Name of the organization:</strong> GIZ, Faraja, Heshima Kenya, IRC, JRS, CDTD</td>
</tr>
<tr>
<td>Responsibilities:</td>
<td>Responsibilities:</td>
</tr>
<tr>
<td>- Short term Assistance (3-6 months) financial and/or material assistance</td>
<td>- Trainings in Vocational training, Business skills, life skills.</td>
</tr>
<tr>
<td>- Long term support/integration/Recovery in terms of literacy programmes, trainings, financial services,</td>
<td>- Financial services: formal grants and savings schemes (in collaboration with Co-op bank, Equity bank and KCB).</td>
</tr>
<tr>
<td>- Ensure community participation.</td>
<td></td>
</tr>
</tbody>
</table>

To make a referral please consult the URPN Agency Directory for referral pathway and livelihood focal points

5.7 Working with the Community on Prevention and Response

Different members and structures in the displaced community have a significant role to play in designing, implementing and evaluating strategies to prevent sexual and gender based violence. Humanitarian actors should work with different sectors of the displaced community and identify volunteers from the community who will support and run activities for prevention of and response to SGBV.

**Educational Institutions**

Educational institutions can provide protection, but they can also be the places where abuses occur. Their roles and responsibilities should therefore be clearly outlined.

- As in other sectors, staff working in the education sector is obliged to prevent and respond to the abuse of children. It is also important to have a school code of conduct that clearly forbids sexual exploitation and abuse. Teachers and school authorities should be trained on sexual exploitation and abuse, SGBV and Children’s rights.
- Any solution to address child survivors should not hinder their access to schooling. Assess and monitor the integration/reintegration of abused children into schools.
### EDUCATION PARTNERS

<table>
<thead>
<tr>
<th>Response</th>
<th>Prevention</th>
</tr>
</thead>
</table>
| **Name of the organization:** Heshima Kenya, JRS, HIAS  
Responsibilities:  
- Skills provision and school enrolment for survivors of gender based violence who have been rescued and placed in safe environments.  
- Provision of scholarship to secondary boarding schools  
- Support for enrolment in apprenticeship programmes mainly hairdressing and beauty. | **Name of the organization:** Ministry of Education, GIZ  
Responsibilities:  
- Policy development by MoE; gender policy in education  
- Enhancing girls’ education through provision of uniform and other necessary learning materials to promote retention of girls in schools.  
- Capacity building to community members including teachers on GBV |

### Community Participation
- Community participation in preventing SGBV is key and changes in cultural attitudes that discriminate against women and girls are vital for the success of any SGBV prevention and response programme.  
- Ensure the community involvement is not limited to the committee, expand and encourage different groups to participate, including men and boys.  
- Ensure that all forms of community involvement respect women’s rights and the principle of “Do No Harm” must be upheld at all times. This may involve providing training in Human Rights to the community groups.  
- Refugee committees involved must be composed of 50% of women representatives or at least work proactively towards meeting this goal.  

### URBAN COMMITTEE

<table>
<thead>
<tr>
<th>Response</th>
<th>Prevention</th>
</tr>
</thead>
</table>
| Responsibilities:  
- Identified and selected community members and Community volunteer workers’ skills enhancement.  
- Volunteer workers’ training on the referral pathway and response mechanisms. | Responsibilities:  
- Women support groups trainings on GBV issues  
- Identified and selected men in the community trained on engagement of men and boys in ending GBV. |

### Women’s Groups
- Women are agents of change and should be active partners in community mobilisation to prevent and respond to SGBV.  
- Women’s informal and formal networks should play a role in SGBV prevention and response activities.  
- Women can be provided targeted leadership training to support their meaningful participation in public decision making processes including traditional justice systems to uphold women’s rights.  

### WOMEN’S GROUPS

<table>
<thead>
<tr>
<th>Response</th>
<th>Prevention</th>
</tr>
</thead>
</table>
| **Name of Group:** HESHIMA KENYA  
Responsibilities:  
- Identifying survivors of SGBV and those vulnerable and referring them to service providers for supports  
- Providing accurate information on available resources within the community | **Name of Group:** HESHIMA KENYA  
Responsibilities:  
- Disseminating information on issues of Gender Based Violence, Child Protection, HIV and AIDS, Reproductive Health and Human Rights issues to empower the trained groups to be able to disseminate the acquired information to other community members |
Establishing women ambassador groups as community networks to strengthen community cohesion and being able to identify problems and find collective solutions
- Initiating Revolving funds to enable the women support each other since they are the pillars of homes and agents of change.
- Initiating Income Generating Activities for livelihood support and economic empowerment so as to reduce vulnerability to SGBV

Men’s Groups
Men can be agents in promoting positive masculine norms and behaviours that are non-violent.
- Men’s groups involved in SGBV prevention and response should actively promote respect for the rights of women and children.
- Provide support for such groups to strengthen their understanding of gender equality and women’s and children’s rights.

<table>
<thead>
<tr>
<th>Men's Groups</th>
<th>Response</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of Group: UNHCR/ GIZ/MEGEN</td>
<td>Responsibilities:</td>
</tr>
<tr>
<td></td>
<td>Responsibilities:</td>
<td>Training of identified and selected men on engagement of boys and men to end gender based violence.</td>
</tr>
</tbody>
</table>

Youth Groups/Children’s Clubs
Children’s groups play an important role in psycho-social support and their clubs may be places where children feel safe enough to divulge that they are being abused.
- Provide awareness-raising activities for children so that they know how and where to report abuse. This may include involving children in helping to make the referral mechanism child-friendly.
- Assess the security of children involved in reporting cases to ensure that they are not put at risk.
- Provide information and awareness on HIV/AIDS and reproductive health.

<table>
<thead>
<tr>
<th>Youth Groups/Children’s Clubs</th>
<th>Response</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of Group:</td>
<td>Responsibilities:</td>
</tr>
<tr>
<td></td>
<td>Responsibilities:</td>
<td></td>
</tr>
</tbody>
</table>


6. Coordination

Coordination involves establishing and continually reviewing methods for reporting and referrals with due respect to the wishes of the individual survivor and confidentiality. All actors party to the SOPs agree that information-sharing, coordination, and feedback will occur regularly and that regular meetings will be held as outlined below.

6.1 SGBV Working Group Meetings

Location: NAIROBI

- Meetings will be held at UNHCR or HESHIMA KENYA each month
- This meeting is a forum to share non-identifying incident information as coordinated by the UNHCR and Heshima Kenya to analyse overall trends and develop prevention strategies, and to discuss and resolve specific issues in SGBV response and prevention (including training needs, awareness need), and coordinate activities as required.
- As part of the monthly GBV WG meeting, complex individual cases will be reviewed and further action identified. The information shared at this meeting is confidential and based on the follow up that each agency has provided to any referred case. The focus is on resolving immediate problems and providing solutions to each individual case.
- UNHCR/HESHIMA KENYA will schedule the meetings and distribute minutes.

6.2 National level SGBV Coordination Meetings

National follow up is required to ensure a coherent coordinated response at the country level. UNHCR will participate in the monthly national GBV co-ordination meetings organised by the National Gender and Equality Commission (NGEC) with a view of establishing linkages of the URPN GBV working group to existing National GBV systems.

The objectives of these coordination meetings will be:
- To coordinate national activities on GBV programming.
- To communicate to GBV working group members on the policy guidelines on implementation of national gender programmes.
7. Monitoring and Evaluation Mechanisms

Each sector, health, legal/justice, psychosocial, livelihood and safety/security, will develop, share, and monitor indicators for responses to SGBV. Each sector will also collect and analyze both the qualitative and quantitative data and present the results at the monthly GBV WG coordination meeting. The parties to the SOPs agree to use:

- The monthly report forms support the collection of data in the different sectors.
- GBVIMS monthly reports will be shared at GBV WG Meetings to analyse trends and determine strategies for prevention and response
- Participatory and community based methods to monitor and evaluate the effectiveness of the SGBV prevention and response services and the roles played by the different actors.

Evaluations entail an analysis of the effectiveness and efficiency of the multi-sectoral team’s response to the survivors. Evaluation criteria should include the “sustainability” of response activities, individual solutions found, coordination and consistency, and the effectiveness of monitoring and reporting systems. It is important to agree on some basic standards and indicators, (see Practical Guide to the Systematic Use of Standards and Indicators in UNHCR Operations, UNHCR, 2006, 2nd edition).

Agreed Monitoring and Evaluation standards on which to report at the Nairobi level:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Monitoring and Evaluation Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td>• Within 72 hrs has a complete physical examination been done?</td>
</tr>
<tr>
<td></td>
<td>• Has immediate care of the injuries been given?</td>
</tr>
<tr>
<td></td>
<td>• Has information and referral for legal, mental health and social support services been offered?</td>
</tr>
<tr>
<td></td>
<td>• Incidence of reported rape</td>
</tr>
<tr>
<td></td>
<td>• Prop. of rape survivors who receive PEP &lt; 72 hrs</td>
</tr>
<tr>
<td></td>
<td>• Prop. of female rape survivors who receive ECP &lt; 120 hrs</td>
</tr>
<tr>
<td></td>
<td>• Prop. of rape survivors who receive STI presumptive treatment &lt; 2 wks</td>
</tr>
<tr>
<td><strong>Psychosocial</strong></td>
<td>• No. of clients accessing and given counselling</td>
</tr>
<tr>
<td></td>
<td>• No. of clients supported with IGA for self reliance after counselling</td>
</tr>
<tr>
<td></td>
<td>• Reduced duration from time of incident to time psychosocial support is given</td>
</tr>
<tr>
<td></td>
<td>• Keeping of data on client load</td>
</tr>
<tr>
<td></td>
<td>• No. of outreach meetings held</td>
</tr>
<tr>
<td></td>
<td>• IEC materials developed and distributed</td>
</tr>
<tr>
<td></td>
<td>• GBV community trainings held</td>
</tr>
<tr>
<td></td>
<td>• No. of GBV mobile clinics held</td>
</tr>
<tr>
<td></td>
<td>• No. of community GBV desks established in community to address GBV issues on the ground</td>
</tr>
<tr>
<td></td>
<td>• Gender balance in community mobilization</td>
</tr>
<tr>
<td></td>
<td>• Gender equity in decision-making</td>
</tr>
<tr>
<td></td>
<td>• Survivors/women at risk engaged in reintegration and/or empowerment activities</td>
</tr>
<tr>
<td>**Safety/</td>
<td>• Availability of safe houses for GBV survivors</td>
</tr>
<tr>
<td>security**</td>
<td>• Durable solution for survivors</td>
</tr>
<tr>
<td></td>
<td>• Number of Police trainings</td>
</tr>
<tr>
<td></td>
<td>• Availability of Gender Desks in police stations</td>
</tr>
<tr>
<td>**Legal/</td>
<td>• Positive prosecution of perpetrators</td>
</tr>
<tr>
<td>justice**</td>
<td>• Preservation of medico-legal evidence</td>
</tr>
<tr>
<td></td>
<td>• Advocacy against GBV</td>
</tr>
<tr>
<td></td>
<td>• Forensic Management Trainings</td>
</tr>
</tbody>
</table>

For examples of additional specific indicators, refer to UNHCR’s SGBV Guidelines, page 104.
### 8. Signature Page for Participating Agencies and Actors

We, the undersigned, as representatives of our respective organizations, agree to:
- Abide by the procedures and guidelines contained in this document;
- Fulfil our roles and responsibilities to respond to SGBV;
- Provide copies of this document to all incoming staff in our organizations with responsibilities for SGBV response to ensure that the procedures will continue beyond the contract term of any individual staff member.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. UNHCR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. HESHIMA KENYA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. RCK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. KITUO CHA SHERIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. GIZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. JRS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. MEGEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. WRAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. CISP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. IRC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. REFUGEPOINT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. HIAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Kenyatta National Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. MSF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
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<tr>
<td>16.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annexes

1. Ministry of Health Consent Form
2. Ministry of Health Post Rape Care Form (from National Guidelines)
3. Police P3 Form
4. GBV IMS Intake Form
5. GBVIMS Consent Form
6. GBVIMS Medical Intake Form
7. GBVIMS Information Sharing Protocols
8. GBVIMS Monthly and Quarterly Statistics Report

List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAT</td>
<td>Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>DEVAW</td>
<td>Declaration on the Elimination of Violence against Women</td>
</tr>
<tr>
<td>ICCPR</td>
<td>International Covenant on Civil and Political Rights</td>
</tr>
<tr>
<td>ICERD</td>
<td>International Convention on the Elimination of All Forms of Racial Discrimination</td>
</tr>
<tr>
<td>ICESCR</td>
<td>International Covenant on Economic, Social and Cultural Rights</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
</tr>
<tr>
<td>UDHR</td>
<td>Universal Declaration of Human Rights</td>
</tr>
</tbody>
</table>
Ministry of Health Consent Form

Consent form

Name of Facility

Note to the health worker: Read the entire form to the survivor, explaining that she can choose any (or none) of the items listed. Obtain a signature, or a thumb print with signature of a witness.

I……………………………………………………………………. (print name of survivor)

authorize the above-named health facility to perform the following (tick the appropriate boxes):

| Conduct a medical examination, including pelvic examination | Yes | No |
| Collect evidence, such as body fluid samples, collection of clothing, hair combings, scrapings or cuttings of finger nails, blood samples, and photographs | Yes | No |
| Provide evidence and medical information to the police and law courts concerning my case; this information will be limited to the results of this examination and any relevant follow-up care provided | Yes | No |

Signature…………………………………………………………

Date…………………………………………………………

Witness…………………………………………………………
**Ministry of Health Post Rape Care Form**

**MOH 363**

Ministry of Health National Rape Management Guidelines: Examination documentation form for survivors of rape/sexual assault (to be used as clinical notes to guide filling in of the P3 form)

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Province Code</th>
<th>District Code</th>
<th>Facility Name</th>
<th>OP/IP No.</th>
<th>PRC reg. No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of birth</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

Contacts (Residence and Phone number)  

Disabilities (Specify)  

Orphaned vulnerable child (OVC)  

Marital Status (specify)  

Citizenship  

Date and time of Examination  

Date and Time of Assault  

No. of perpetrators  

Date | Month | Year | Hr | Min | AM  | PM  |  
|-----|-------|------|----|-----|-----|-----|  

Alleged perpetrators (Indicate relation to victim)  

Unknown  

Known  

Male  

Female  

Estimated Age  

Occupation of perpetrator  

Place Assault Occurred / Where incidence occurred  

Administrative location  

Chief complaints / Presenting Symptoms  

Circumstances surrounding the incident (survivor account) remember to record penetration (how, where, what was used? Indication of struggle?)  

Type of Assault  

Oral  

Vaginal  

Anal  

Other (specify)  

Use of condom?  

Yes  

No  

Incident already reported to police?  

Yes  

No  

(Indicate which police station)  

Date and time of report  

Date | Month | Year | Hr | Min | AM  | PM  |  
|-----|-------|------|----|-----|-----|-----|  

Attended a health facility before this one?  

Yes (Indicate name of facility)  

Were you treated?  

Yes  

No  

Were you given referral notes?  

Yes  

No  

Comments  

Significant medical and/or surgical history
<table>
<thead>
<tr>
<th>OB/GYN History</th>
<th>Parity</th>
<th>Contraception type</th>
<th>LMP</th>
<th>Known Pregnancy?</th>
<th>Date of last consensual sexual intercourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Condition</td>
<td>BP</td>
<td>Pulse Rate</td>
<td>RR</td>
<td>Temp</td>
<td>Demeanor /Level of anxiety (calm, not calm)</td>
</tr>
</tbody>
</table>

**Forensic**

- Did the survivor change clothes?  
  - Yes  
  - No
- State of clothes (stains, torn, color, where were the worn clothes taken)?
- Were the clothes put in a non-plastic paper bag?  
  - Yes  
  - No
- Were the clothes given to the police?  
  - Yes  
  - No
- Did the survivor have a bath?  
  - Yes  
  - No
- Did the survivor go to the toilet?  
  - Long call?  
  - Short call?

**Comments:**

- Does the survivor have any details on the assailant? Is the assailant known, is there any relation? Did the survivor leave any marks on the assailant?  
  - Yes  
  - No

**Genital Examination of the survivor-indicate discharges, inflammation, bleeding**

- Describe in detail the physical status
- Physical injuries (sign in the body map)
- Outer genitalia
- Vagina
- Hymen
- Anus
- Other significant orifices

**Comments:**

- Immediate Management
- PEP 1st dose  
  - No  
  - Yes (No of tablets)
- ECP given  
  - No  
  - Yes
- Stitching/surgical toilet done  
  - No  
  - Yes (Comment)
- STI treatment given  
  - No  
  - Yes (Comment)
Kenya Police Medical Examination Report (P3 Form)

THE KENYA POLICE
MEDICAL EXAMINATION REPORT

PART 1-(To be completed by the Police Officer Requesting Examination)

From: ___________________________________________ Ref: ___________________________
_________________________________________________ Date: _________________________
To the: ___________________________________________ Hospital/Dispensary
I have to request the favour of your examination of:
Name: ___________________________________________ Age: _____________________ (If known)
Address: _________________________________________ Date and Time of the alleged offence:
_________________________________________________________________________________
Sent to you/Hospital on the: ______________________ 20__ under escort of: ________________
_________________________________________________________________________________
and of your furnishing me with a report of the nature and extent of bodily injury sustained by him/her.
Date and time report to police: ____________________________
Brief details of the alleged offence: ____________________________
_________________________________________________________________________________
Name of Officer Commanding Station: __________________________
Signature of the Officer Commanding Station: __________________________

PART II-MEDICAL DETAILS - (To be completed by Medical Officer or Practitioner carrying out examination)

(Please type four copies from the original manuscript)
SECTION ‘A’-THIS SECTION MUST BE COMPLETED IN ALL EXAMINATIONS

Medical Officer’s Ref.NO.: ____________________________
1. State of clothing including presence of tears, stains (wet or dry) blood, etc.: ________________
___________________________________________________________________________________
___________________________________________________________________________________
2. General medical history (including details relevant to offence): ___________________________
___________________________________________________________________________________
___________________________________________________________________________________
3. General physical examination (including general appearance, use of drugs or Alcohol and demeanour)
___________________________________________________________________________________
___________________________________________________________________________________

This P3 Form is free of charge
SECTION ‘B’ - TO BE COMPLETED IN ALL CASES OF ASSAULT, INCLUDING SEXUAL ASSAULTS, AFTER THE COMPLETION OF SECTION ‘A’

1. Details of site, situation, shape and depth of injuries sustained:
   a) Head and neck ..............................................................
   ..............................................................
   b) Thorax and Abdomen ...................................................
   ..............................................................
   c) Upper limbs ..............................................................
   ..............................................................
   d) Lower limbs ..............................................................
   ..............................................................

2. Approximate age of injuries (hours, days, weeks) ..............................................................

3. Probable type of weapon(s) causing injury ..............................................................

4. Treatment, if any, received prior to examination ..............................................................

5. What were the immediate clinical results of the injury sustained and the assessed degree, i.e. "harm", or grievous harm"?

DEFINITIONS:

"Harm" means any bodily hurt, disease or disorder whether permanent or temporary.

"Maim" means the destruction or permanent disabling of any external or organ, member or sense.

"Grievous Harm" means any harm which amounts to maim, endangers life, or seriously or permanently injures health, or which is likely so to injure health, or which extends to permanent disfigurement, or to any permanent, or serious injury to external or organ.

................................................................................................................................................

Name & Signature of Medical Officer/Practitioner

................................................................................................................................................

Date.........................................................................................................................................

This P3 Form is free of charge
SECTION “C”. TO BE COMPLETED IN ALLEGED SEXUAL OFFENCES
AFTER THE COMPLETION OF SECTIONS “A” AND “B”

1. Nature of offence………………………………………………………….Estimated age of person
examined………………………………………………………………………………

2. FEMALE COMPLAINANT
   a) Describe in detail the physical state of and any injuries to genitalia with
      special reference to labia majora, labia minora, vagina, cervix and
      conclusion………………………………………………………………………………………….

   b) Note presence of discharge, blood or venereal infection, from genitalia or
      on body externally……………………………………………………………………………….

3. MALE COMPLAINANT
   b) Describe in detail the physical state of and any injuries to
      genitalia………………………………………………………………………………………….

   c) Describe in detail injuries to anus…………………………………………………………………….

   d) Note presence of discharge around anus, or/ on thighs, etc.; whether recent
      or of long standing……………………………………………………………………………….
SECTION "D"

4. MALE ACCUSED OF ANY SEXUAL OFFENCE

   a) Describe in detail the physical state of and any injuries to genitalia especially penis...

   b) Describe in detail any injuries around anus and whether recent or of long-standing...

5. Details of specimens or smears collected in examinations 2, 3 or 4 of section "C" including pubic hairs and vaginal hairs...

6. Any additional remarks by the doctor...

   Name & Signature of Medical Officer/Practitioner

   Date.................................

This P3 Form is free of charge
GBVIMS Intake and Initial Assessment Form

Instructions
1. This form must be filled out by a case manager, health practitioner, social worker or other authorized person providing services to the survivor.

2. Note that questions followed by an asterisk * must remain on the intake form and must be answered. These questions are a part of a minimum essential dataset on GBV. Some questions are followed by both an asterisk * and a circle ○; these are customizable, and the italicized text of these fields is intended to be adapted to each context and can be modified. Questions that are unmarked may be modified by your agency or removed if they are not necessary for your program and/or case management.

3. Unless otherwise specified, always mark only one response field for each question.

4. Please feel free to add as many questions to this form as needed in your context and/or attach additional pages with continued narrative, if needed.

Before beginning the interview, please be sure to remind your client that all information given will be kept confidential, and that they may choose to decline to answer any of the following questions.

1. Administrative Information

Incident ID*: Survivor code: Caseworker code:

Date of interview (day/month/year) *: Date of incident (day/month/year) *:

☐ Reported by the survivor or reported by survivor’s escort and survivor is present at reporting* (These incidents will be entered into the Incident Recorder)

☐ Reported by someone other than the survivor and survivor is not present at reporting (These incidents will not be entered into the Incident Recorder)

2. Survivor Information

Date of birth (approximate if necessary) *:

Sex*: ☐ Female ☐ Male

Country of origin*○:

☐ Country names here ☐ Etc.

☐ Etc.

Clan or ethnicity:

Nationality (If different than country of origin):

Religion:

Current civil / marital status*:

☐ Single ☐ Married / Cohabitating ☐ Divorced / Separated

☐ Widowed

Number and age of children and other dependants:

Occupation:

Displacement status at time of report*:

☐ Resident ☐ IDP ☐ Refugee ☐ Stateless Person

☐ Returnee ☐ Foreign National ☐ Asylum Seeker ☐ N/A

Is the client a Person with Disabilities? * ☐ No ☐ Mental disability ☐ Physical disability ☐ Both

Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?*

☐ No ☐ Unaccompanied Minor ☐ Separated Child ☐ Other Vulnerable Child

Sub-Section for Child Survivors (less than 18 years old)

If the survivor is a child (less than 18yrs) does he/she live alone? ☐ Yes ☐ No (If “No”, answer the next two questions)

If the survivor lives with someone, what is the relation between her/him and the caretaker?

☐ Parent / Guardian ☐ Relative ☐ Spouse / Cohabitating ☐ Other: _____________________

What is the caretaker’s current marital status?

☐ Single ☐ Married / Cohabitating ☐ Divorced / Separated ☐ Widowed ☐ Unknown / Not Applicable

What is the caretaker’s primary occupation:
### Details of the Incident

Account of the incident/Description of the incident (summarize the details of the incident in client’s words)

#### Stage of displacement at time of incident*:
- Not Displaced / Home Community
- Pre-displacement
- During Flight
- During Refuge
- During Return / Transit
- Post-displacement
- Other: ______________________________________

#### Time of day that incident took place*:
- Morning (sunrise to noon)
- Afternoon (noon to sunset)
- Evening/night (sunset to sunrise)
- Unknown/Not Applicable

#### Incident location / Where the incident took place*:
(Customize location options by adding new, or removing tick boxes according to your location)
- Bush / Forest
- Perpetrator’s Work Place
- Survivor’s Work Place
- Garden / Cultivated Field
- Road
- Other (give details) ______________________________________

#### Area where incident occurred*:
- Nairobi
- Mombasa
- Nakuru
- Eldoret
- Kakuma camp
- Dadaab camp
- Other (specify) :

#### Sub-Area where incident occurred*:
- Eastleigh
- Kawangware/Kabiria/Kangemi
- Rongai/Kiserian/Ngong
- Kasarani/Mwiki/Githurai
- Ruiru
- Huruma/Mathare/Kariobangi
- Kibera/Kuwinda
- CBD/Ngara/Kirinyaga rd.
- Umoja/Komarock/Kayole
- Mlolongo/Kitengela/Embakasi
- Zambezi/Limuru
- Hurligham/Jamhuri
- Other (specify) :

#### Camp/Town/Site:
- Camp
- Town
- Upcountry
- Country of Origin
- Other (specify) :

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### Details of the Incident Cont.

#### Type of Incident Violence*:
(Please refer to the GBVIMS GBV Classification Tool and select only ONE)

- **Rape** (includes gang rape, marital rape)
- **Sexual Assault** (includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation/cutting)
- **Physical Assault** (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)
- **Forced Marriage** (includes early marriage)
- **Denial of Resources, Opportunities or Services**
- **Psychological / Emotional Abuse**
- **Non-GBV (specify)**

*Note: these incidents will not be entered into the incident recorder

#### 1. Did the reported incident involve penetration?
- If yes → classify the incident as “Rape”.
- If no → proceed to the next incident type on the list.

#### 2. Did the reported incident involve unwanted sexual contact?
- If yes → classify the incident as “Sexual Assault”.
- If no → proceed to the next incident type on the list.

#### 3. Did the reported incident involve physical assault?
- If yes → classify the incident as “Physical Assault”.
- If no → proceed to the next incident type on the list.

#### 4. Was the incident an act of forced marriage?
- If yes → classify the incident as “Forced Marriage”.
- If no → proceed to the next incident type on the list.

#### 5. Did the reported incident involve the denial of resources, opportunities or services?
- If yes → classify the incident as “Denial of Resources, Opportunities or Services”.
- If no → proceed to the next incident type on the list.

#### 6. Did the reported incident involve psychological/emotional abuse?
- If yes → classify the incident as “Psychological / Emotional Abuse”.
- If no → proceed to the next incident type on the list.

#### 7. Is the incident a case of GBV?
- If yes → Start over at number 1 and try again to reclassify the incident (If you have tried to classify the incident multiple times, ask your supervisor to help you classify this incident).
- If no → classify the incident as “Non-GBV”

#### Was this incident a Harmful Traditional Practice*?

- **No**
- **Yes – FGM/C**
- **Yes – Wife Sharing**
- **Yes – Dowry Abuse**
- **Yes – Arranged marriage**
- **Yes – Widow Inheritance**
- **Yes – Son Preference**

- **Yes – Forced Male Circumcision**
- **Yes – Unequal/Denial of Inheritance**
- **Yes – Ritual Cleansing**
- **Yes – Forced Marriage**
- **after rape**

#### Type of abduction at time of the incident*:
- **None**
- **Forced Conscription**
- **Trafficked**
- **Other Abduction**

#### Has the client reported this incident anywhere else?*
(If yes, select the type of service provider and write the name of the provider where the client reported); (Select all that apply)
- **No**
- **Health/Medical Services**
- **Psychosocial/Counseling Services**
- **Police/Other Security Actor**
- **Legal Assistance Services**
- **Livelihoods Program**
- **Safe House/Shelter**
- **Other (specify) ________________________________**

#### Has the client had any previous incidents of GBV perpetrated against them?*
- **No**
- **Yes**

If yes, include a brief description:
**4-Alleged Perpetrator Information**

| Number of alleged perpetrator(s)*: | ☐ 1 | ☐ 2 | ☐ 3 | ☐ More than 3 | ☐ Unknown |
| Sex of alleged perpetrator(s)*: | ☐ Female | ☐ Male | ☐ Both female and male perpetrators |
| Nationality of alleged perpetrator: | Clan or ethnicity of alleged perpetrator: |
| Age group of alleged perpetrator* (if known or can be estimated): | ☐ 0 – 11 | ☐ 12 – 17 | ☐ 18 – 25 | ☐ 26 – 40 | ☐ 41-60 | ☐ 61+ | ☐ Unknown |
| Alleged perpetrator relationship with survivor *: | (Select the first ONE that applies) |
| Main occupation of alleged perpetrator (if known) *chluss: | (Customize occupation options by adding new, or removing tick boxes according to your location) |

| ☐ Farmer | ☐ Trader / Business Owner | ☐ Religious | ☐ CBO Staff | ☐ Unemployed |
| ☐ Student | ☐ Non-State Armed Actor / Rebel | ☐ Community Leader | ☐ Community Volunteer | ☐ Unknown |
| ☐ Civil Servant | ☐ Police | ☐ Security Official | ☐ UN Staff | ☐ Health Worker |
| ☐ State Military | ☐ Camp or Community Leader | ☐ NGO Staff | ☐ Private Security Official | ☐ Other |

**5-Planned Action / Action Taken: Any action / activity regarding this report.**

<table>
<thead>
<tr>
<th>Did you refer the client to health / medical services?*</th>
<th>Date reported or future appointment date (day/month/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>If ‘No’, why not?*</td>
<td>Date and Time:</td>
</tr>
<tr>
<td>☐ Service provided by your agency</td>
<td>Name and Location:</td>
</tr>
<tr>
<td>☐ Services already received from another agency</td>
<td>Notes (including action taken or recommended action to be taken):</td>
</tr>
<tr>
<td>☐ Service not applicable</td>
<td></td>
</tr>
<tr>
<td>☐ Referral declined by survivor</td>
<td></td>
</tr>
<tr>
<td>☐ Service unavailable</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<td>☐ Yes</td>
<td>☐ No</td>
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<tr>
<td>If ‘No’, why not?*</td>
<td>Date and Time:</td>
</tr>
<tr>
<td>☐ Service provided by your agency</td>
<td>Name and Location:</td>
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<td></td>
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<tr>
<td>☐ Service unavailable</td>
<td></td>
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<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Did you refer the client to psychosocial services?*</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If 'No', why not?*</td>
<td>□ Service provided by your agency</td>
</tr>
<tr>
<td></td>
<td>□ Services already received from another agency</td>
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<tr>
<td></td>
<td>□ Service not applicable</td>
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<tr>
<td></td>
<td>□ Referral declined by survivor</td>
</tr>
<tr>
<td></td>
<td>□ Service unavailable</td>
</tr>
<tr>
<td>Does the client want to pursue legal action?*</td>
<td>□ Yes □ No □ Undecided at Time of Report</td>
</tr>
<tr>
<td>Did you refer the client to legal assistance services?*</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If 'No', why not?*</td>
<td>□ Service provided by your agency</td>
</tr>
<tr>
<td></td>
<td>□ Services already received from another agency</td>
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<tr>
<td></td>
<td>□ Service not applicable</td>
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<tr>
<td></td>
<td>□ Referral declined by survivor</td>
</tr>
<tr>
<td></td>
<td>□ Service unavailable</td>
</tr>
<tr>
<td>Did you refer the client to the police or other type of security actor?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If 'No', why not?*</td>
<td>□ Service provided by your agency</td>
</tr>
<tr>
<td></td>
<td>□ Services already received from another agency</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td>□ Referral declined by survivor</td>
</tr>
<tr>
<td></td>
<td>□ Service unavailable</td>
</tr>
<tr>
<td>Did you refer the client to a livelihoods program?*</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If 'No', why not?*</td>
<td>□ Service provided by your agency</td>
</tr>
<tr>
<td></td>
<td>□ Services already received from another agency</td>
</tr>
<tr>
<td></td>
<td>□ Service not applicable</td>
</tr>
<tr>
<td></td>
<td>□ Referral declined by survivor</td>
</tr>
<tr>
<td></td>
<td>□ Service unavailable</td>
</tr>
</tbody>
</table>
### 6 - Assessment Point

**Describe the emotional state of the client at the beginning of the interview:**

________________________
________________________
________________________
________________________

**Describe the emotional state of the client at the end of the interview:**

________________________
________________________
________________________
________________________

Will the client be safe when she or he leaves? Yes ☐ No ☐

If no give reason:

________________________
________________________
________________________
________________________

**What actions were taken to ensure client’s safety?**

________________________
________________________
________________________
________________________

Who will give the client emotional support?

________________________
________________________
________________________
________________________

Other relevant information

________________________
________________________
________________________

If raped, have you explained the possible consequences of rape to the client (if over 14 years of age)?

☐ Yes ☐ No

Have you explained the possible consequences of rape to the client’s caregiver (if the client is under the age of 14)?

☐ Yes ☐ No
GBVIMS Health Service Provider Data Collection Form

CONFIDENTIAL
CONSENT FOR EXAMINATION

Note to the health worker:
This form should be read to the client or guardian in her/his first language. Clearly explain to the client what the procedure for the medical examination involves and allow her/him to chose any or none of the options listed. The survivor can change his/her mind at any time and a new form can be completed.

I, ______________________________, give my permission for _______________________ (Medical provider’s name and title) to perform the following (select one option for each, do not leave blank):

1. A medical examination: Yes ☐ No ☐

2. A pelvic examination: Yes ☐ No ☐

3. A speculum exam (if medically necessary): Yes ☐ No ☐

4. Collection of evidence, such as body fluid samples, collection of clothing, hair combings, scrapings or cuttings of fingernails: Yes ☐ No ☐

5. Blood draw: Yes ☐ No ☐

I understand that I can refuse any aspect of the examination I do not wish to undergo.

Patient Signature: ________________________________

Guardian Signature (if the patient is a minor): ________________________________

Staff Code: ___________________________ Date: ___________
### GBVIMS Health Service Provider Data Collection Form

#### 1. General Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the incident reported by the survivor or reported by survivor’s escort and survivor is present at reporting? *</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Date / Time of Exam*</td>
<td>DD / MM/ YYYY 00:00 HRS</td>
</tr>
<tr>
<td>Date / Time of Incident (if known)*</td>
<td>DD / MM/ YYYY 00:00 HRS</td>
</tr>
<tr>
<td>Age or Date of birth*</td>
<td></td>
</tr>
<tr>
<td>Sex*</td>
<td>☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

#### 2. Incident Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of incident *</td>
<td>Morning ☐ Afternoon ☐ Evening/Night ☐ Unknown</td>
</tr>
<tr>
<td>Area where incident occurred? *</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Sub-area where incident occurred? *</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Type of GBV * (Select the first option that applies)</td>
<td>☐ Rape / Penetration ☐ Sexual Assault ☐ Physical Assault ☐ Forced Marriage ☐ Denial of Resources, Opportunities or Services ☐ Psychological / Emotional Abuse</td>
</tr>
<tr>
<td>Did this incident involve a Harmful Traditional Practice? O*</td>
<td>☐ No ☐ Type of practice # 1 ☐ Type of practice # 2 ☐ Type of practice # 3 ☐ Type of practice # 4 ☐ Type of practice # 5</td>
</tr>
<tr>
<td>Were money, goods, benefits, and / or services exchanged in relation to this incident? *</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Type of abduction at the time of the incident *</td>
<td>☐ None ☐ Forced Conscription ☐ Trafficked ☐ Other Abduction / Kidnapping</td>
</tr>
<tr>
<td>Patient has reported this incident anywhere else? *</td>
<td>☐ No ☐ Unknown ☐ Yes (specify where &amp; when):</td>
</tr>
<tr>
<td>Has the client had any previous incidents of GBV perpetrated against them? *</td>
<td>☐ No ☐ Yes</td>
</tr>
</tbody>
</table>

#### 3. Alleged Perpetrator Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of alleged perpetrators *</td>
<td>1 ☐ 2 ☐ 3 ☐ More than 3 ☐ Unknown</td>
</tr>
<tr>
<td>Alleged perpetrator(s) age O*</td>
<td>☐ Adulte ☐ Mineur ☐ Adulte et Mineur</td>
</tr>
<tr>
<td>Alleged perpetrator’s relationship with survivor*</td>
<td>☐ Friend of the family / Neighbor ☐ Other member of the host community</td>
</tr>
<tr>
<td>☐ Primary caregiver / Former partner ☐ Family other than spouse or caregiver ☐ Housemate / Cohabitant</td>
<td></td>
</tr>
<tr>
<td>☐ Main occupation of alleged perpetrator O*</td>
<td>☐ UN Staff ☐ Soldier ☐ Teacher / School Official ☐ Religious / Community Leader ☐ Other /Unknown</td>
</tr>
<tr>
<td>☐ Chronic conditions?</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Previous operation for gynecological / obstetrical reasons?</td>
<td></td>
</tr>
<tr>
<td>Previous operation for other reasons?</td>
<td></td>
</tr>
<tr>
<td>Current contraception used? ☐ None ☐ Pill ☐ IUD ☐ Condoms ☐ Injectable contraceptive ☐ Other</td>
<td>☐ Did this incident involve penile penetration? ☐ Yes – Vaginal ☐ Yes – Other orifice ☐ No</td>
</tr>
<tr>
<td>Loss consciousness during incident? ☐ Serious wound(s) present?</td>
<td>☐ Suspicion of fistula?</td>
</tr>
<tr>
<td>Evidence of pregnancy?</td>
<td>HIV/AIDS status:</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>No</td>
<td>Positive</td>
</tr>
<tr>
<td>Yes ( # of Weeks: ___)</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Genital examination done?
- No - Patient Declined
- Yes - External Exam
- Yes - Speculum Exam

Anal examination done?
- No - Patient Declined
- Yes - External Exam
- Yes - Speculum Exam

4. Medical History & Examination (Continued)

If a genital or anal examination was done, were:

- Traumatic wounds present:
  - No
  - Yes

- Foreign objects present:
  - No
  - Yes

- Biological liquids present (sperm, etc.):
  - No
  - Yes

<table>
<thead>
<tr>
<th>Tests Done</th>
<th>No - Patient Declined</th>
<th>No - Not Available</th>
<th>No - Not Applicable</th>
<th>Yes - Negative</th>
<th>Yes - Positive</th>
<th>Yes – No results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Test</td>
<td></td>
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<tr>
<td>HIV Test</td>
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<tr>
<td>Gonorrhea Test</td>
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<tr>
<td>Chlamydia Test</td>
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<tr>
<td>Syphilis Test</td>
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<tr>
<td>Trichomoniasis Test</td>
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<tr>
<td>Hepatitis B Test</td>
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<tr>
<td>Echocardiogram</td>
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<tr>
<td>Radiology</td>
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<tr>
<td>EKG</td>
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</tbody>
</table>

5. Treatments Prescribed

- STI Prevention/Treatment:
  - Yes
  - No – Patient declined
  - No – Not applicable
  - No – Not Available

- Emergency Contraception:
  - Yes
  - No – Patient declined
  - No – Not applicable
  - No – Not Available

- Wound Treatment:
  - Yes
  - No – Patient declined
  - No – Not applicable
  - No – Not Available

- Tetanus Prophylaxis:
  - Yes
  - No – Patient declined
  - No – Not applicable
  - No – Not Available

- Hepatitis B Vaccination:
  - Yes
  - No – Patient declined
  - No – Not applicable
  - No – Not Available

- HIV Prophylaxis (PEP):
  - Yes
  - No – Patient declined
  - No – Not applicable
  - No – Not Available

6. Planned Action / Action Taken: Any action / activity regarding this report.

- Who referred this patient to you?*
  - Self-Referred
  - Health/Medical Service
  - Psychosocial Service
  - Police/Other Security Actor
  - Safe House/Shelter
  - Legal Services
  - Livelihoods Program
  - Community Outreach
  - Teacher/School Official
  - Other Humanitarian Actor
  - Other Government Service
  - Other (specify):

- Did you refer patient to a safe house /shelter? *
  - Yes
  - No-You provided services
  - No -Services already received
  - No-Patient declined
  - No-Service not applicable
  - No-Service unavailable

- Did you refer patient for higher level medical services? *
  - Yes (Indicate for which of the following reasons):
    - Antenatal Care
    - Vaccination
    - Family Planning
    - Closer Facility
    - Surgery
    - VCT
    - Other Advanced Treatment
  - No (Indicate for which of the following reasons):
    - You provided services
    - Services already received
    - Patient declined
    - Service not applicable
    - Service unavailable

- Did you refer patient for psychosocial services?*
  - Yes
  - No-You provided services
  - No -Services already received
  - No-Patient declined
  - No-Service not applicable
  - No-Service unavailable
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No - You provided services</th>
<th>No - Services already received</th>
<th>No - Patient declined</th>
<th>No - Service not applicable</th>
<th>No - Service unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you refer patient for security services?*</td>
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<td>Does the patient want to pursue legal action? *</td>
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<tr>
<td>Did you refer patient for legal assistance services?*</td>
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<tr>
<td>Did you refer patient for livelihoods services?*</td>
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<tr>
<td>Was medical evidence collected?</td>
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<tr>
<td>Did the patient request a medical certificate?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Was a medical certificate given to the patient?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Was a follow-up visit scheduled?*</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>Was the medical examination process explained prior to beginning the procedure?*</td>
<td>Yes</td>
<td>No</td>
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</tr>
<tr>
<td>Did the patient give their consent for release of non identifiable information for reporting?*</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
</tbody>
</table>
**Nairobi Urban Refugee GBV Information Sharing Protocol**

**Nairobi Urban Refugee GBV Information Sharing Protocol between GBV Working Group members**

**PURPOSE**

This information sharing protocol is to set out the guiding principles and describe procedures for sharing anonymous consolidated data on reported cases of GBV. HIAS Refugee Trust of Kenya (HIAS) will act as data consolidating agency in its capacity as UNHCR’s implementing partner for GBV prevention and response in Nairobi, Kenya.

The data gathering organizations and urban refugee GBV working group members recognize that sharing and receiving consolidated GBV data will contribute towards improved inter-agency coordination, identifying and targeting gaps, prioritization of actions, and improved programming of prevention and response efforts. It may also result in improved advocacy efforts, increased leverage for fund raising and resource mobilization, and improved monitoring. All agencies will protect information to ensure that no harm comes to any survivor or the community from information sharing efforts.

**GROUND RULES**

Information submitted by data gathering organizations to HIAS will only be submitted in a password protected incident recorder and will not contain any identifying information of survivors, staff or agencies.

The information shared by implementing agencies will be consolidated by HIAS into monthly and quarterly statistical reports. These reports are shared by HIAS with the following reservations:

- **The data is only from reported cases.** The consolidated data is in no way representative of the total incidence or prevalence of GBV in Nairobi.

- The aggregate data is based on monthly consolidated reports submitted from GBVIMS partners for the purposes of:
  - GBV prevention and response program planning, monitoring and evaluation
  - Identification of programming and service delivery gaps
  - Prioritization of actions and next steps
  - Improved service delivery
  - Policy and advocacy
  - Resource mobilization

All members of the Urban Refugee GBV Working Group who agree to these Information Sharing Protocols will receive the monthly and quarterly reports from HIAS. These include the following GBV WG members:

1. UNHCR
2. Heshima Kenya
3. Refugee Consortium of Kenya (RCK)
4. Kituo Cha Sheria
5. German International Cooperation (GIZ)
6. Jesuit Refugee Service (JRS)
7. Men for Gender Equality Now (MEGEN)
8. Women’s Rights Awareness Program (WRAP)
9. CISP
10. International Rescue Committee (IRC)
11. RefugePoint
12. Médecins Sans Frontières France (MSF)
13. Centre for Domestic Training and Development (CDTD)
14. Kenyatta National Hospital

In addition, the Ministry of Gender, Child and Social Development will be provided with quarterly reports.

MONTHLY REPORTS and INFORMATION SHARING PROCEDURE

1. Data gathering organizations will submit the incident recorder to HIAS by the first week of each month.
2. One (1) week after receipt of the reports from data gathering organizations, HIAS will have consolidated all reports and prepared a brief presentation of the data for the GBV working group meeting on the 2nd Friday of each month.
3. All GBV working group members will receive a PDF of the monthly statistical report.

DATA SECURITY

HIAS and the data gathering organizations will ensure that all data is safe and secure and will implement appropriate procedures to maintain confidentiality of the data. Organizations will submit an Incident Recorder with a password agreed with HIAS.

HIAS has outlined during the creation of this protocol how the data will be:

- Received
- Stored/deleted
- Protected in the computer
- Used by whom (who has access to the data and the computer)

HIAS

The monthly reports are shared with HIAS in its capacity as lead GBVIMS organization. In the event that the leadership changes hands, the information sharing protocol will be reviewed by each of the data gathering organizations.

WHEN OTHERS REQUEST GBV INFORMATION

When agencies or actors not already approved for data sharing by the data gathering organizations request GBV information, HIAS will issue an email request to each of the data gathering organizations every time there is a request to receive the consolidated data, specifying the reason/purpose for the request for information, what the information will be used for, how the information will be used, and how the information produced with the consolidated data and analysis will be fed back to the data gathering organizations.

The consolidated data will be shared only after receiving consent from the data gathering organizations. When a request for data sharing is submitted by the HIAS, the data gathering organizations will respond to the request within five (5) working days.

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21 See Annex to this document for sample of reporting tables.
The external party requesting the data will be required to sign a confidentiality form (see appendix).

By this information sharing protocol, the GBV WG members understand that they can refer any request for information to HIAS who can then share the consolidated data after receiving a written request.

**TIME LIMIT**

Once agreed, this information sharing protocol will take effect on September 1, 2012, and will be on trial basis until December 2012, upon which the data gathering organizations will review the effectiveness of, use of and adherence to the protocol.

Data gathering organizations reserve the right to stop sharing data for any reason at any time, and will inform HIAS in writing if/when they do so.

**BREACHES**

In cases of breach by any of those participating in this information sharing protocol, information sharing will cease until resolved, responsible parties will be held accountable and the information sharing protocol will be reviewed.

The data gathering organizations reserve the right to refuse sharing information about GBV reported cases to any external actor.
## GBVIMS Monthly and Quarterly Sample Report Format

### General Statistics

1. New GBV Incidents Reported this Month
2. New Incidents of Sexual Violence Reported this Month

### Survivor Statistics

3. Sex of Survivor
   - Female
   - Male

4. Age of Survivor
   - Children (17 & Younger)
   - 12 – 17 yrs Old
   - 0 – 11 yrs Old
   - 18 yrs & Older

5. Marital Status of Survivor
   - Single
   - Married / Cohabiting
   - Divorced / Separated
   - Widowed

6. Displacement Status at Time of Report
   - Resident
   - Foreign National
   - Refugee

7. Vulnerable Populations
   - Incidents Reported by a Survivor with a Disability
   - Unaccompanied or Separated Children

8. Incidents Reported by Survivors of Prior GBV

### Incident Statistics

9. Incident Type
   - Types of GBV Incidents Reported

10. Incident Time of Day
    - Morning
    - Afternoon
    - Evening / Night
    - Not Applicable

11. Time Between Incident and Report Date
    - 0 - 5 Days
    - 6 - 14 Days
    - More than 1 Month

12. Case Context
   - Intimate Partner Violence
   - Child Sexual Abuse
   - Early Marriage
   - Possible Sexual Exploitation
   - Possible Sexual Slavery
   - Harmful Traditional Practice

13. Number of Primary Perpetrators
    - 1 Perpetrator
    - 2 Perpetrators
    - More than 3 Perpetrators
    - Unknown

14. Alleged Perpetrator - Survivor Relationship
    - Intimate Partner / Former Partner
    - Primary Caregiver
    - Family other than spouse or caregiver
    - Employer
    - Educator
    - Teacher / School Official
    - Service Provider
15. Perpetrator(s) Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-11 Years Old</th>
<th>12-17 Years Old</th>
<th>18-25 Years Old</th>
<th>26-40 Years Old</th>
<th>41-60 Years Old</th>
<th>61 &amp; Older</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

16. Incidents That This Center is the First Point of Contact

17. Incidents Referred From Other Service Provider

17a. Referrals from Other Service Providers

18. Services Provided for New Incidents

18a. Services Provided for New Incidents

19. New Incident Referrals to Other Service Providers

19a. Referrals to Other Service Providers
CONFIDENTIALITY AGREEMENT FOR EXTERNAL ACTORS

Name of agency requesting GBVIMS statistical report: ______________

Date: ______________

Purpose for which the GBVIMS statistics are necessary: ____________________________________
________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Agency requests will only be approved if the agency plans to use the data for the purposes of:
• GBV prevention and response program planning, monitoring and evaluation
• Identification of programming and service delivery gaps
• Prioritization of actions and next steps
• Improved service delivery
• Policy and advocacy
• Resource mobilization

By signing this document, the agency agrees to uphold the principles of the GBVIMS Information Sharing Protocol to protect survivors and utilize the data appropriately. The agency understands that the GBVIMS monthly and quarterly reports include data that is only from reported cases. The consolidated data is in no way representative of the total incidence or prevalence of GBV in Nairobi.

Name and position of agency representative: ________________________________

Signature of agency representative: __________

Date: __________